BACK TO SCHOOL Toolkit

Updated 03-23-2021

ALABAMA DEPARTMENT OF PUBLIC HEALTH
EST. 1875

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October 7, 2020 – Major Toolkit Changes

1. Major Symptoms and Close Contacts:

In the new October 7, 2020 guidance, close contacts of ill students/athletes/coaches will only be sent home if the ill student/athlete/coach has the major symptom of new loss of sense of taste or smell. The close contact will be sent home to quarantine for the appropriate time frame.

The ill student/athlete/coach with any of the three major symptoms of COVID-19 will be sent home with the instructions to be evaluated by a physician.

Close contacts of major symptoms including new onset of cough or shortness of breath/difficulty breathing will no longer be immediately sent home.

NEW 2. Students that have tested positive for COVID-19 and are re-exposed/close contact of a positive case:

If students/athletes/coaches who were positive for COVID-19 and completed their isolation become exposed to COVID-19 again, they do not need to quarantine or get tested for up to 90 days as long as they do not develop symptoms. Students/athletes/coaches that develop symptoms again within 3 months of their first bout of COVID-19 should isolate and contact a healthcare provider to be evaluated for other causes of their symptoms, and possibly be retested.

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October 7, 2020 – ADPH COVID-19 Report Card Changes (see page 12)

1.School nurses should report positive laboratory confirmed or physician diagnosed cases and ill students with the major COVID-19 symptom of new loss of sense of taste or smell using the REPORT card.

2. Any ill student with a major symptom of COVID-19 will be sent home with the parent page and instructions to have their child evaluated by a physician.

3. Contacts of positive cases will be sent home to quarantine for the appropriate time frame.

4. The contact list for positive cases will be uploaded with the report.

5. Contacts of ill students will only be sent home if the ill student has the major symptom of new loss of sense of taste or smell to quarantine for the appropriate time frame.

6. The contact list for an ill student with the major symptom of new loss of sense of taste or smell should be uploaded with the report.

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December 11, 2020 – Major Toolkit Changes

New! Close Contacts (without symptoms) The COVID-19 incubation period and the ideal length of quarantine continues to be 14 days after last exposure to the case. If 14 days of quarantine is not practical, 10 days is acceptable in order to improve compliance if the following conditions are met:

- Continue to monitor for symptoms daily through day 14.
- If any one of the following symptoms are observed, isolate immediately and seek testing: fever, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- Wear a mask, stay at least 6 feet from others, avoid crowds, wash hands frequently, and take other steps to prevent the spread of COVID-19 in case infectious without symptoms for full 14-day period and beyond

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December 11, 2020 – ADPH COVID-19 Back to School Guidance Changes

- Page 11
- Page 14
- Page 22
- Addition of Page 22-A: 14 Day Symptom Log for Close Contacts of COVID-19 Cases

(A tool for school nurses. Does not need to be submitted to Public Health)

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February 26, 2021 – ADPH COVID-19 Isolation and Quarantine Guidance Changes

- Page 22

Exceptions to quarantine (i.e., persons who meet the following requirements do not need to quarantine):

- People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine as long as they do not experience symptoms.
- People who have been in close contact with someone who has COVID-19 are not required to quarantine if they meet all of the following criteria:
  - ✓ Are fully vaccinated (i.e., ≥ 2 weeks after second dose in a 2-dose series, or one dose of a single-dose vaccine)
  - ✓ Are within 3 months following receipt of the last dose in the series
  - ✓ Have remained asymptomatic (i.e., no symptoms) since the current COVID-19 exposure

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March 23, 2021
Updated CDC and ADPH School Guidance

- Page 8

Changes to Physical Distancing

- Elementary School
- Middle and High School
- Cohorting
- Close Contacts

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Introduction

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Introduction:

The Roadmap for Reopening K-12 Schools addresses the need for schools, local health departments, and healthcare providers to work together to support the goal of all students returning to school safely during the COVID-19 pandemic.

In order to ensure that our county health departments are providing consistent and accurate information to local schools, the Alabama Department of Public Health developed this toolkit of best practices recommended by ADPH and the CDC. This toolkit is a living document - new information is being updated daily on the COVID-19 virus. The toolkit will be used by ADPH staff to inform and support schools in their efforts to reduce COVID-19 transmission and will also be shared with school systems as a resource for local decision -making.

Training will be planned and open to all community healthcare providers, school system staff, and ADPH employees to ensure consistent communication around best practices, resources, and COVID-19 mitigation efforts covered in this toolkit.

There are very simple steps schools can take to help young people during this public health crisis:

- Encourage all students and staff to wear masks.
- Set up rooms, hallways and lunchrooms where cohorts of students can remain at least six feet apart. The 6 foot distance is supported by current research. COVID-19 spread occurs mainly among people who are within 6 feet for a prolonged period of time (15 minutes or more). When an infected person coughs, sneezes, sings or talks, the droplets from their mouth or nose are launched into the air and may land in the mouths or noses of people nearby or inhaled into the lungs of close contacts.
- Ensure all students have access to soap and water for frequent handwashing (20 seconds or more). Hand sanitizer with at least 60% alcohol may be used when hands are not visibly dirty and soap and water are not readily available.
- Avoid touching your eyes, nose, or mouth with unwashed hands.

COVID-19 is an easily transmissible virus. However, if the steps above are routinely followed, we can mitigate the transmission of the virus and help protect students and staff from spreading the disease.

COVID-19 Symptoms & Key Principles

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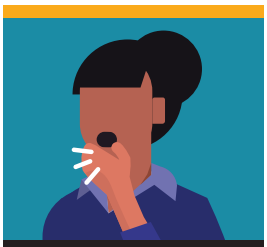
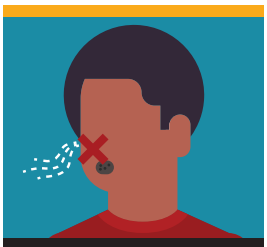
If you have these symptoms, please see the school nurse immediately

Patients with COVID-19 may have these symptoms:

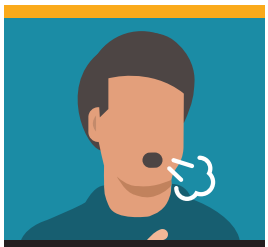
MAJOR SYMPTOMS



New Cough



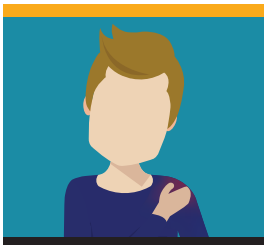
New loss of taste or smell



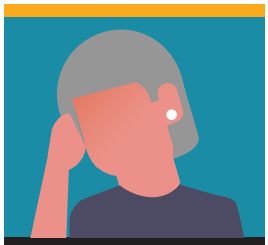
Shortness of breath or difficulty breathing

MINOR SYMPTOMS

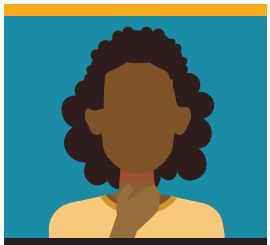
Fever or Chills



Muscle or body aches

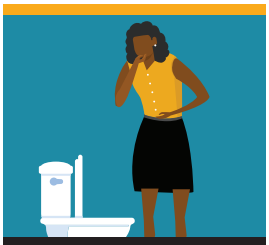


Headache



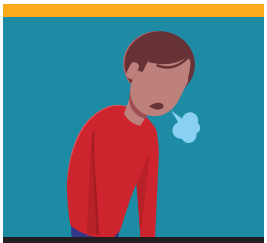
Sore throat

Congestion or runny nose



Nausea or vomiting

Diarrhea



Fatigue

Please wear your mask!

cdc.gov/coronavirus

Key Principles to Consider for Re-opening Schools

Social Distancing

There are many measures that can be taken to ensure students, school staff, and others maintain social distancing while face-to-face instruction is provided.

CDC recommends that individuals be at least 6 feet from other students or staff when feasible. COVID-19 spreads mainly among people who are in close contact for a prolonged period (less than 6 feet for 15 minutes or longer).

In an effort to prevent COVID-19 transmission, student's desks should be arranged to increase space between each student. All desks should be placed 6 feet apart. All desks should be facing the same direction. Students should have assigned seating and should remain seated in the classroom.

Staff should minimize the time that students are standing in line and should ensure that students are distanced at least 6 feet apart. There should be one-way traffic in areas where there is confined space.

Similar efforts should be followed on school buses. Family members of the same household should be allowed to sit together. All others need to space apart as much as possible. A seating chart is also recommended for students riding the bus.

These measures combined with other preventive practices such as wearing a face covering helps reduce the spread of COVID-19.

Face Coverings

CDC recommends that all staff and students wear cloth face coverings when feasible. The face coverings should cover the nose and mouth. This is especially important when adequate social distancing is not possible. Teaching and reinforcing the importance of cloth face coverings will be necessary. It is important to remind individuals not to touch their face covering. Face masks should never be used for anyone who has trouble breathing or is unconscious, or anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.

Face Shields

It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use. Plastic face shields for newborns and infants are NOT recommended.

Seating Charts in Classrooms and on Buses

It is recommended that seating charts be used in the classroom and school bus to help identify which students were in close contact to other students who test positive for COVID-19. The seating chart gives a good visual of which students were in close proximity to the person diagnosed with COVID-19. This will provide beneficial information to the school about the extent of the exposure, as well as ADPH and its ability to do contact tracing and investigation. Permanent assigned seating recommended.

Student Movement within School

It is recommended that staff and student groupings remain as static as possible. Whenever possible, the teacher should change classrooms instead of having the group of students change classes. This will drastically limit student and staff exposure to larger number of individuals.

It is recommended, that any activities combining large numbers of students or staff should be eliminated. This includes combining classes or grade levels, group assemblies, field trips, and other group activities.

In addition, it is recommended that students traveling to other buildings should be eliminated or minimized as much as possible.

Meals

It is recommended that efforts be made to limit the number of students in the cafeteria at the same time for meals. Some recommendations include students eating break and lunch in their classrooms, using additional space somewhere else outside of the cafeteria, or in an outdoor space when possible. If these options are not feasible, separate lunch periods to minimize the number of students in the cafeteria at the same time might be an option. It is important to maintain social distancing during meals.

Students will need to be reminded to wash hands or use hand sanitizer before and after eating.

Hand Washing / Use of Hand Sanitizer

It is recommended that handwashing should be done frequently for at least 20 seconds with soap and water. This is very important especially after coughing, sneezing, going to the bathroom and before eating. If soap and water are not readily available, hand sanitizer with at least 60% alcohol can be used for staff and older students. When using hand sanitizer, students should be encouraged to cover all surfaces of their hands and rub them together until dry. If hands are visibly dirty, soap and water are the best option. Remind students not to touch eyes, nose, or mouth with unwashed hands.

Cleaning and Disinfecting

It is recommended that frequently touched surfaces within the school and on school buses be cleaned and disinfected at least daily or between use as much as possible. Use of shared objects should be limited when possible or cleaned between use.

If transport vehicles are used by the school, drivers should practice all safety actions and protocols as indicated for other staff.

- To clean and disinfect school buses or other transport vehicles.
- Ensure safe and correct storage of cleaning and disinfection products, including storing products securely away from children. Use products that meet EPA disinfection criteria.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. (CDC)

Updated CDC and ADPH School Guidance – March 23, 2021

In Elementary Schools: CDC recommends all students remain at least 3 feet apart in classrooms where mask use is universal --- regardless of whether community transmission is low, moderate, substantial or high.

CDC has identified lower susceptibility and incidence among younger children compared to teenagers suggesting that younger students are likely to have less risk of in-school transmission due to in-person learning than older students in middle schools and high schools

Middle Schools and High Schools: In middle and high schools, CDC also recommends students should be at least 3 feet apart in classrooms where mask use is universal and in communities where transmission is low, moderate, or substantial.

Middle school and high school students should be at least 6 feet apart in communities where transmission is high, if cohorting is not possible.

Cohorting is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school. This recommendation is because COVID-19 transmission dynamics are different in older students. Older students are more likely to be exposed to COVID-19 and spread it than younger children.

CDC continues to recommend at least 6 feet of distance:

- Between adults in the school building and between adults and students
- In common areas, such as school lobbies and auditoriums
- When masks can't be worn, such as when eating
- During activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise. These activities should be moved outdoors or to large, well-ventilated spaces whenever possible.
- In community settings outside the classroom.

Close Contacts: The new CDC guidance does not change the definition of "close contact". All persons identified to be exposed to a person with confirmed of suspected COVID-19 when less than 6 feet away for 15 minutes or more, will still have to follow isolation requirements.

Other Back to School CDC Updates:

- Clarification that ventilation is a component of strategies to clean and maintain healthy schools
- The recommendation for physical barriers has been removed.

Classroom COVID-19 Positive & Potential Case Guidelines

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Scenario - Student or Staff Member is Positive or ill with COVID like symptoms

Reminder: Close Contact is defined as those students/staff that have been within 6 feet for at least 15 minutes. (6/15 rule)

In order to help determine the "6 feet 15 minute" scenario, an assigned seating chart for the bus and a seating chart for the classroom will assist school nurses in determining close contacts.

SCHOOL ROLE: Per our notifiable disease rule, the Healthcare Provider, school nurse, or principal should immediately report COVID-19 positive or potential cases to public health using our online ADPH Report Card. https://www.alabamapublichealth.gov/covid19/healthcare.html

STEP ONE:

Isolation

Positive or potential case student/staff will be isolated from others in a pre-designated COVID-19 room and sent home.

If Positive or If Parent/Staff call with Positive Test

Student /staff must quarantine for 10 days, with 1 day of recovery without fever or fever reducing medications.

If Symptomatic

Any sick student/staff is advised to see their healthcare provider to determine if student/staff has COVID-19 or other non-communicable disease. Please self-quarantine

STEP TWO: **Identify Close Contacts to symptomatic staff or student**

- The School Nurse will help determine who are close contacts to the positive or ill student or staff with the major COVID-19 sympton of new loss of sense of tatse or smell. These close contacts will be sent home (6/15 rule, masked or un-masked).
- School nurse will communicate that a representative from the Alabama Department of Public Health may be contacting them.
- Aggressively clean and disinfect per CDC guidance (see cleaning and disinfecting guidance).

STEP THREE: Report to ADPH

- The school nurse shall report the positive and contacts of positive cases using the ADPH on-line COVID-19 Report Card. https://www.alabamapublichealth.gov/covid19/healthcare.html
- Ill students with the major COVID-19 symptons of a new loss of sense of tatse or smell should also be reported in the ADPH online COVID-19 report card. The close contacts should also be uploaded.
- Information needed in the ADPH on-line COVID-19 Report Card includes the list of students in the classroom, Teacher/staff names, guardians for the students and telephone numbers.

STEP FOUR: School Communication with Parents/Guardians and School Staff

- The school will use their existing school process to notify parents/guardians that an exposure has occurred. Confidentiality and privacy must be maintained.

STEP FIVE: CLEANING and DISINFECTING CLASSROOM – See Pages - **36-47**

ALABAMA DEPARTMENT OF PUBLIC HEALTH'S ROLE

Public Health Staff will investigate and conduct contact tracing. Recommendations will be provided per the Alabama Department of Public Health and CDC guidelines.

ADPH Case Investigation

Public Health Staff work with a patient to help them recall anyone with whom they have had close contact during the time when they have been infectious.

ADPH Contact Tracing

Public Health Staff begin contact tracing by notifying exposed individuals (contacts) of their potential exposure as sensitively as possible, not revealing the infected patient's identity, and direct the 14 day quarantine from exposure.
(see CDC time frames on page **19**)

Student Name:_____
Screening Date: ____/____/_____

COVID-19 Student Screening Tool

This screening tool can be used in the event a student becomes ill or as a pre-screening tool for parents or school staff to determine if a student or staff member should be sent home and when they may return to school.

A YES answer to any of the following questions means that the student should not be at school.

1. Has this student had close contact (within 6 feet for at least 15 minutes) with or without a mask in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider advised the student to quarantine? *If yes*, date of last exposure to close contact: ____/____/_____

- ☐ Yes > The student should not be at school. The student can return 14 days after the last time he or she had close contact with someone with COVID-19. It is acceptable to reduce the quarantine to 10 days as long the contact has remained asymptomatic, continues monitoring their health for the full 14 days, wears a mask, practices social distancing, and good hygiene.
- ☐ No > The student can be at school if the student is not experiencing symptoms.

2. Does this student have any of the following symptoms? *If yes*, date first symptom began: ____/____/_____

- ☐ Shortness of breath or difficulty breathing
- ☐ New cough
- ☐ New loss of taste or smell

If a student has any of these symptoms, they should go home, stay away from other people, and the family member should call the student's health care provider.

NOTE: If students or staff have fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose, they should be sent home and medically assessed. Close contacts may remain at school until a clinical diagnosis or positive lab result is received for the ill individual.

3. Has this student been diagnosed with or tested positive for COVID-19 in the last 14 days? *If yes*, date: ____/____/_____

- ☐ Yes — If a student is diagnosed by their healthcare provider with COVID-19 based on a test and/or their symptoms, they should not be at school and should stay at home until they meet the criteria below. If a student has been tested, but has not received their result, the student should remain home until the result is known and further guidance is received.
- ☐ No

Returning to School

A student can return to school when a family member can ensure that they can answer YES to ALL three questions:

- ☐ Has it been at least 10 days since the student first had symptoms?
- ☐ Has it been at least 24 hours since the student had a fever (without using fever-reducing medicine)?
- ☐ Has there been symptom improvement, including cough and shortness of breath?

If a student has had a negative COVID-19 test, they can return to school after at least 10 days from the date the first symptom began once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a student has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a student has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative**.** It is acceptable to reduce the quarantine to 10 days as long the contact has remained asymptomatic, continues monitoring their health for the full 14 days, wears a mask, practices social distancing, and good hygiene

A student can return to school, following normal school policies, if they receive confirmation of an alternative diagnosis from a health care provider that would explain the COVID-19-like symptom(s), once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

Rev 12/11/2020

When to Use the COVID-19 REPORT Card

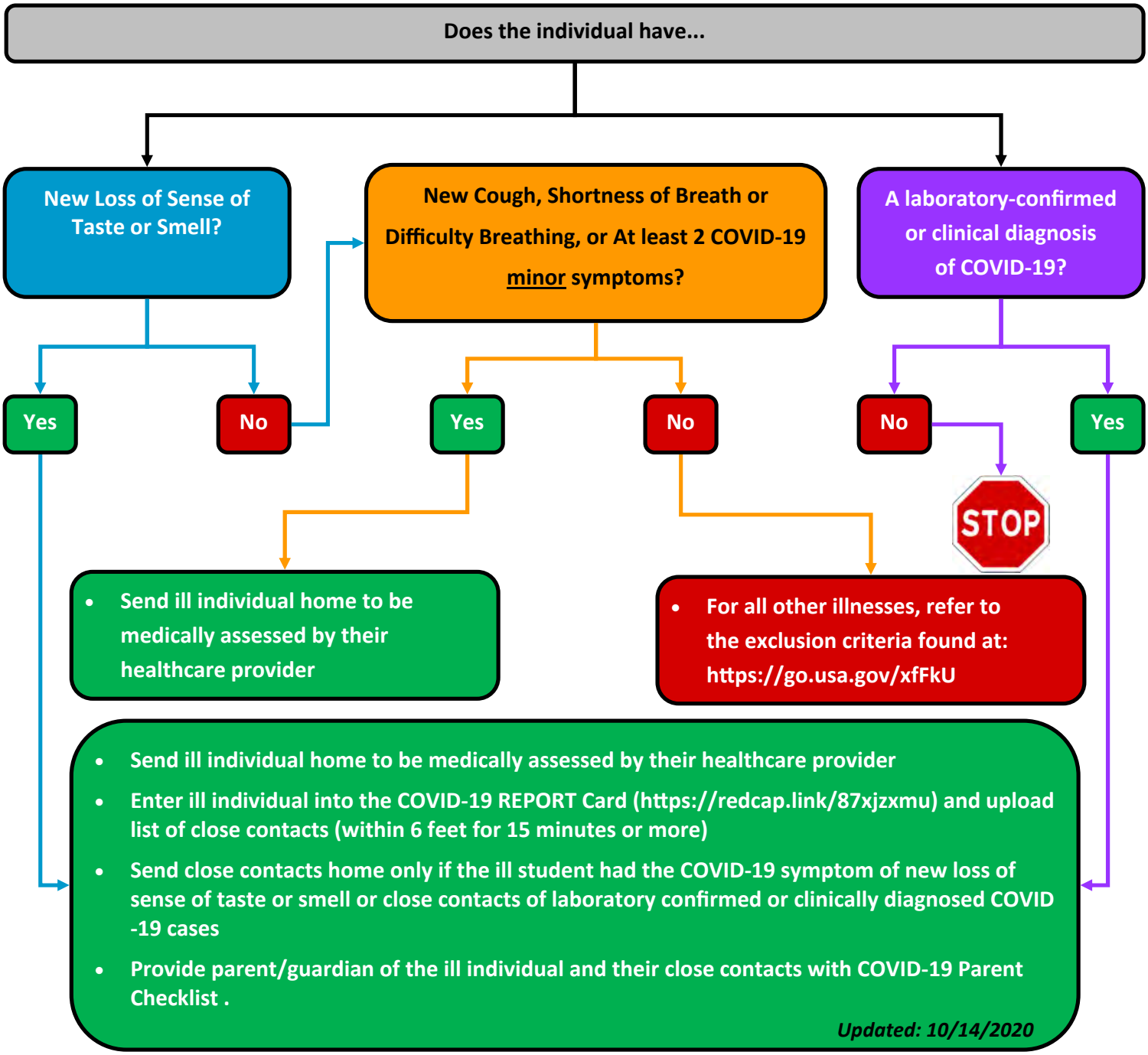
COVID-19 Major Symptoms

New loss of smell or taste | Shortness of breath or difficulty breathing | New cough*

**New uncontrolled cough that causes difficulty breathing (a change in cough from baseline for students with chronic allergic/asthmatic cough)*

COVID-19 Minor Symptoms

Fever (measured or subjective) | Chills or rigors | Myalgia | Headache | Sore throat
Nausea or vomiting | Diarrhea | Fatigue | Congestion or runny nose



COVID-19 School Contact Tracing Log

- Use this log to capture information pertaining to a student or school staff that was in close contact with a confirmed or potential COVID-19 case.
- Close contact is defined as being within 6 feet of a COVID-19 case for 15 minutes or longer in the two days prior to illness onset.
- Close contacts should remain at home to quarantine until test results are known.
- All close contacts should practice social distancing, wear masks/face coverings, and frequently wash hands.

_____ ___/___/_____

Name of Student or Staff **Date of Birth**

_____

If Student, Name of Parent/Guardian or Proxy

_____ _____

Phone # of Staff, or Parent/Guardian or Proxy **Alternate Phone # of Staff, or Parent/Guardian or Proxy**

Close Contact Name	DOB	Grade/Classroom	Phone # of Staff, or Parent/Guardian or Proxy	Alternate Phone # of Staff, or Patent/Guardian or Proxy

Student Name:_____
Date: ____/____/_____

COVID-19 Parent Checklist

☐ **Your student is being sent home from school because he or she has one or more of the following COVID-19 symptoms: shortness of breath or difficulty breathing,** new cough, new loss of taste or smell

Date first symptom began: ____/____/_____

- ✓ **Contact your student's healthcare provider/doctor for a medical evaluation**
- ✓ **If your student is diagnosed with COVID-19 or tested positive for COVID-19,** he or she can return to school when a parent/guardian can ensure that they can answer YES to ALL three questions:
  - ☐ Has it been at least 10 days since the student first had symptoms?
  - ☐ Has it been at least 24 hours since the student had a fever (without using fever-reducing medicine)?
  - ☐ Has there been symptom improvement, including cough and shortness of breath?
- ✓ **If your student has received an alternate diagnosis that would explain the COVID-19-like symptoms,** he or she can return to school following the advice of their healthcare provider/doctor and school policies.
- ✓ If your student has had a negative COVID-19 test, they can return to school after at least 10 days from the date the first symptoms began once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.
- ✓ **Report to the school nurse the results and outcome of the call to your student's healthcare provider/doctor.**

☐ **Your student has been identified as a close contact (within 6 feet for at least 15 minutes) with someone diagnosed with or exhibiting new loss of sense of taste or smell.**

Date of last exposure to close contact: ____/____/_____

- ✓ If your student has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact with COVID-19. It is acceptable to reduce the quarantine to 10 days as long the contact has remained asymptomatic, continues monitoring their health for the full 14 days, wears a mask, practices social distancing, and good hygiene
- ✓ If your student becomes symptomatic during this time, have them evaluated by their healthcare provider/doctor and r**eport to the school nurse the results and outcome of the medical evaluation. See section above for symptomatic students for return to school guidance.**
- ✓ If your student tests positive during this time and remains asymptomatic, he or she can return to school after it has been at least 10 days since the positive test result.
- ✓ If your student tests negative during this time, they still must complete the full 14 days of quarantine due to the incubation period (time they can develop) the virus. It is acceptable to reduce the quarantine to 10 days as long the contact has remained asymptomatic, continues monitoring their health for the full 14 days, wears a mask, practices social distancing, and good hygiene
- ✓ Any student who was determined to be a close contact of a student that exhibited COVID-19-like symptoms and was sent home, may return to school immediately if the COVID-19-like symptoms of the ill student are determined to be an alternative diagnosis (not COVID-19) by their healthcare provider.

Rev 12/11/2020

Contact Tracing: Do your part to keep your family, friends, and community safe.

WHAT YOU CAN EXPECT TO HAPPEN DURING CONTACT TRACING IF YOU HAVE BEEN DIAGNOSED WITH COVID-19.

1

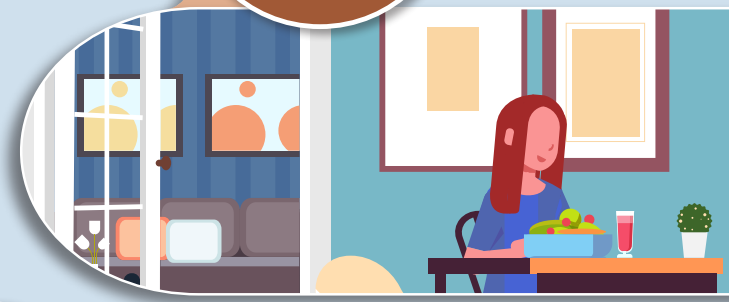
If you have been diagnosed with COVID-19, a public health worker will call you to check on your health.

They will ask you who you've been in contact with and where you spent time while you were sick and may have spread COVID-19 to others.

Any information you share with public health workers is **CONFIDENTIAL.**

This means that your personal and medical information will be kept private.

2



You will also be asked to **stay at home and self-isolate,** if you are not doing so already.

Self-isolation means **staying at home in a specific room away from other people and pets,** and **using a separate bathroom, if possible.**

Self-isolation helps slow the spread of COVID-19 and can keep your family, friends, and community safe.

3

If you need support or assistance while self-isolating, the health department or a local community organization **may be able to provide assistance.**

Continue to monitor your health. **If your symptoms worsen or become severe, you should seek medical care.** Severe symptoms include trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake or stay awake, or bluish lips or face.

cdc.gov/COVID19

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS317837-A

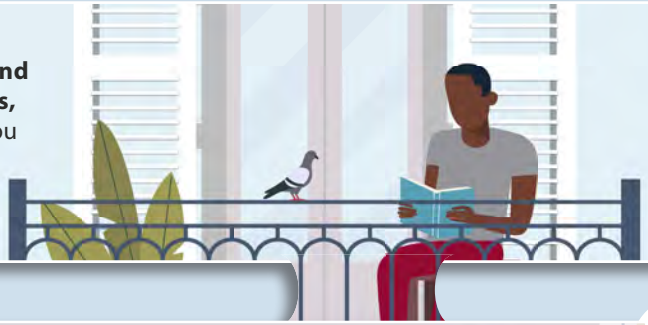
CONTACT TRACING: WHAT TO EXPECT IF YOU MAY HAVE BEEN EXPOSED TO SOMEONE WITH COVID-19

1

If you have been in close contact with someone who has COVID-19, a public health worker will call you to inform you that you may have been exposed to COVID-19.

2

You should stay at home and self-quarantine for 14 days, starting from the last day you were possibly exposed to COVID-19.



Self-quarantine means **staying home, monitoring your health, and maintaining social distancing** (at least 6 feet) from others at all times.

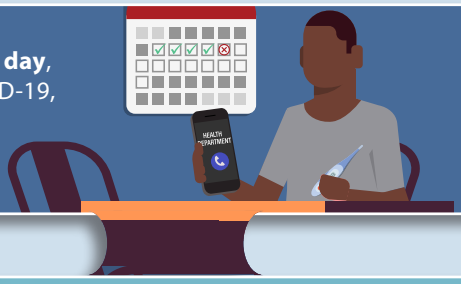
3

The **public health worker can provide information** about COVID-19 testing in your area.

If you need support or assistance with self-quarantine, your health department or community organizations may be able to provide assistance.

4

You should take your temperature twice a day, watch for fever and other symptoms of COVID-19, and notify your health department if you develop symptoms.



5

If you become ill during the 14 days of self-quarantine, you should notify the health department and seek medical care if your symptoms worsen or become severe. Emergency warning signs include **trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake or stay awake, or bluish lips or face.**

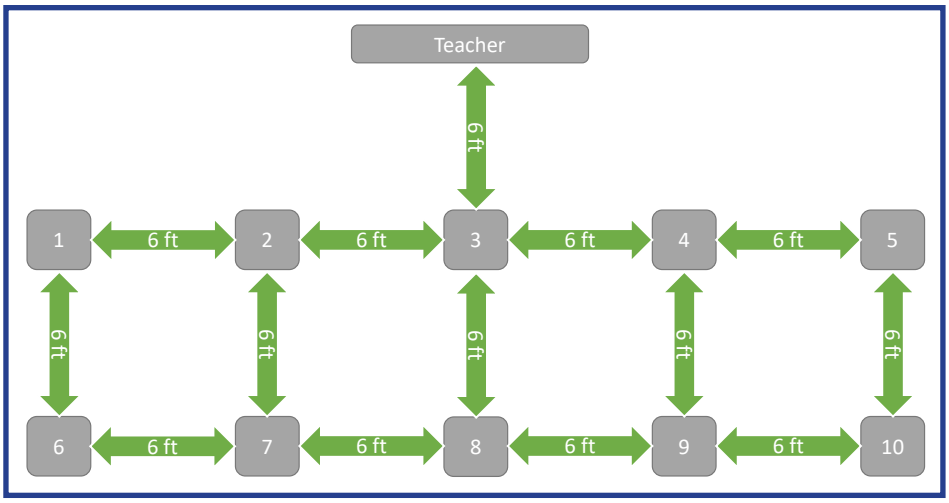
We can all work together to help slow the spread of COVID-19.

Do your part to keep your family and your community safe: **Answer the call to slow the spread.**

CS317837-A

Student or School Staff with COVID-19:

Schools with seating charts for classrooms and busses will help the school nurse identify close contacts for the COVID-19 School Contact Tracing Log.



Doctors, School Nurse, or principal are required to report COVID-19 positive cases to ADPH online through the ADPH online report card within 4* hours of notification

*24 hours is requirement by statute. Request is for 4 hours due to congregant setting

ADPH Report Card includes list of student/staff/guardian names and telephone numbers

Case Investigation will begin

Contact tracing

Self-isolation should occur until students/staff are contacted by ADPH and provided information on next steps. While home, monitor health and maintain social distance from others in your household.

Quarantine & Isolation Guidelines

alabamapublichealth.gov

Quarantine & Isolation Guidelines

Quarantine

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. 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 quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Require sick students and staff to stay home. Local school will update procedures for students and staff who are sick at school with COVID-19 symptoms

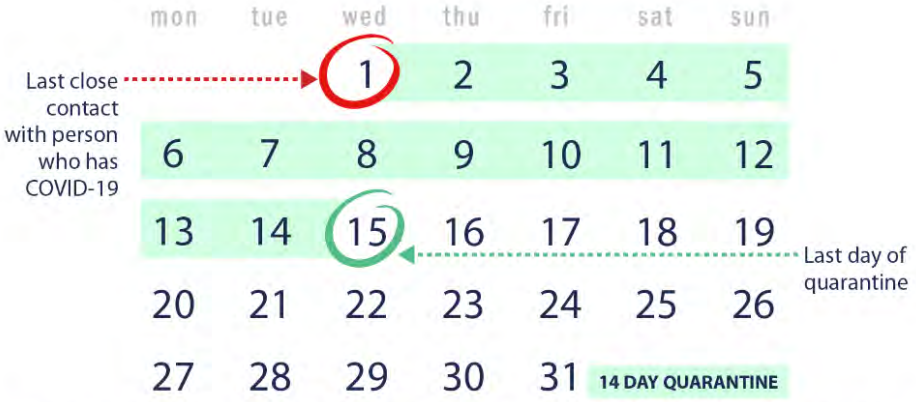
- Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible
- Keep sick students and staff, particularly those with symptoms of respiratory illness, separate from well students and staff until they can leave. Plan to have areas where these individuals can be isolated from well students and staff until they can leave school.
- Remember that schools are not expected to screen students or staff to identify cases of COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.

Scenario 1: Close contact with someone who has COVID-19—will not have further close contact

I had close contact with someone who has COVID-19 and will not have further contact or interactions with the person while they are sick (e.g., co-worker, neighbor, or friend).

Your last day of quarantine is 14 days from the date you had close contact.

Date of last close contact with person who has COVID-19 + 14 days= end of quarantine



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 2: Close contact with someone who has COVID-19—live with the person but can avoid further close contact

I live with someone who has COVID-19 (e.g., roommate, partner, family member), and that person has isolated by staying in a separate bedroom. I have had no close contact with the person since they isolated**.**

Your last day of quarantine is 14 days from when the person with COVID-19 began home isolation.

Date person with COVID-19 began home isolation + 14 days = end of quarantine

Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 3. Under quarantine and had additional close contact with someone who has COVID-19

I live with someone who has COVID-19 and started my 14-day quarantine period because we had close contact. What if I ended up having close contact with the person who is sick during my quarantine? What if another household member gets sick with COVID-19? Do I need to restart my quarantine?

Yes. You will have to restart your quarantine from the last day you had close contact with anyone in your house who has COVID-19. **Any time a new household member gets sick with COVID-19 and you had close contact, you will need to restart your quarantine.**

Date of additional close contact with person who has COVID-19 + 14 days = end of quarantine

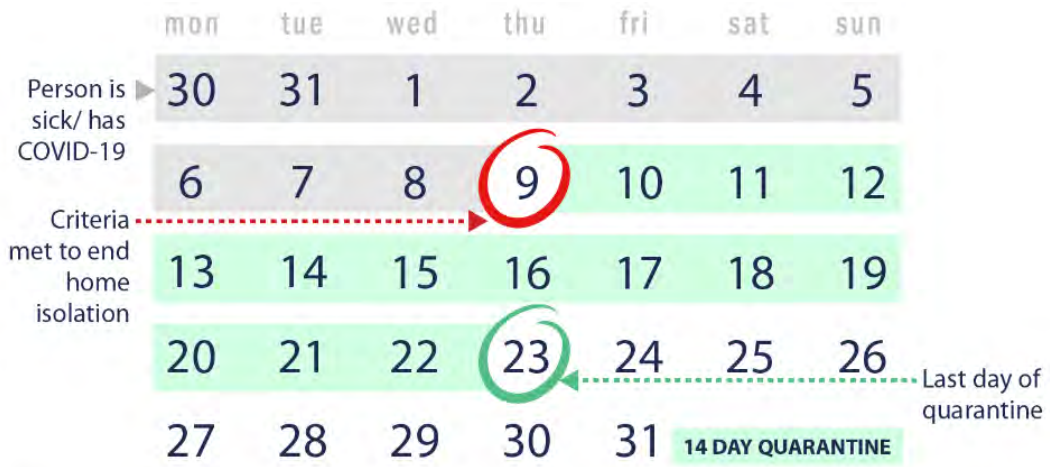
Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Scenario 4: Live with someone who has COVID-19 and cannot avoid continued close contact

I live in a household where I cannot avoid close contact with the person who has COVID-19. I am providing direct care to the person who is sick, don't have a separate bedroom to isolate the person who is sick, or live in close quarters where I am unable to keep a physical distance of 6 feet.

You should avoid contact with others outside the home while the person is sick, and quarantine for 14 days after the person who has COVID-19 meets the criteria to end home isolation.

Date the person with COVID-19 ends home isolation + 14 days = end of quarantine



Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.

Isolation and Quarantine Timeframes for COVID-19 for Non-Healthcare Personnel

Isolation separates people with an infectious disease, like COVID-19, from people who are not sick.

Cases *(includes symptomatic Close Contacts)*

- ✓ Must be isolated for at least **10* days** after symptoms first appeared and
- ✓ At least 24 hours since resolution of fever (without the use of fever-reducing medications) and
- ✓ Other symptoms have improved.

Symptoms may include any of the following: cough, shortness of breath, difficulty breathing, new olfactory or taste disorder, fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea/vomiting, diarrhea, fatigue, or congestion/runny nose.

** **Persons with severe illness** may be infectious beyond the 10 days and should isolate for up to 20 days; **severely immunocompromised persons** may be infectious for more than 20 days and require additional testing and consultation with infectious disease specialists and infectious disease experts. A test-based strategy to discontinue isolation (2 negative PCR test results, collected more than 24 hours apart) should be considered for severely immunocompromised persons, and may be considered if someone with severe illness wishes to discontinue isolation earlier than 20 days.*

Cases who never developed symptoms may discontinue isolation 10 days after the collection date of their 1st positive RT-PCR specimen for SARS-CoV-2 RNA. If re-infection is suspected, isolate if more than 3 months after 1st positive RT-PCR or symptom onset date.

Evidence does not support retesting cases within 3 months of their first positive result, if not symptomatic.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html

---

Quarantine separates non-ill persons exposed to an infectious disease to see if they may become sick.

Close Contacts *(without symptoms)*

The COVID-19 incubation period and the ideal length of quarantine continues to be 14 days after last exposure to the case. If 14 days of quarantine is not practical, **10 days is acceptable** in order to improve compliance **if** the following conditions are met:

- ✓ Continue to monitor for symptoms daily through day 14.
- ✓ If any one of the following symptoms are observed, isolate immediately and seek testing: fever, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new taste or smell disorder, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- ✓ Wear a mask, stay at least 6 feet from others, avoid crowds, wash hands frequently, and take other steps to prevent the spread of COVID-19 in case infectious without symptoms.

Must continue 14-day quarantine:

- Long-term care facilities, correctional facilities, and other congregate settings where safe distancing is not always feasible and populations may be at increased risk disease transmission, severe complications, or death should continue to follow the 14-day quarantine recommendation.
- Vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure.
- Close Contacts of persons identified as having a variant strain.

Exceptions to quarantine (i.e., persons who meet the following requirements do not need to quarantine):

- People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine as long as they do not experience symptoms.
- People who have been in close contact with someone who has COVID-19 are not required to quarantine if they meet all of the following criteria:
  - ✓ Are fully vaccinated (i.e., ≥ 2 weeks after second dose in a 2-dose series, or one dose of a single-dose vaccine)
  - ✓ Are within 3 months following receipt of the last dose in the series
  - ✓ Have remained asymptomatic (i.e., no symptoms) since the current COVID-19 exposure

Healthcare Personnel (HCP), continue to refer to this guidance:
https://alabamapublichealth.gov/covid19/assets/cov-timeframes-isolation-quarantine-hcp.pdf

Effective 2.18.2021

ALABAMA PUBLIC HEALTH

14 DAY SYMPTOM LOG FOR CLOSE CONTACTS OF COVID-19 CASES

USE TO MONITOR HEALTH FOR 14 DAYS FROM DATE OF LAST CONTACT TO THE POSITIVE CASE

How to use: Two times a day (morning and night), for 14 days, write down the date, your temperature and any COVID-19 symptoms (listed to the right) that you may have.

DAY	DATE	TEMP		SYMPTOMS	
DAY 0	DAY 0 IS THE DAY YOU WERE LAST EXPOSED TO COVID-19.				
DAY 1		AM		AM	
		PM		PM	
DAY 2		AM		AM	
		PM		PM	
DAY 3		AM		AM	
		PM		PM	
DAY 4		AM		AM	
		PM		PM	
DAY 5		AM		AM	
		PM		PM	
DAY 6		AM		AM	
		PM		PM	
DAY 7		AM		AM	
		PM		PM	
DAY 8		AM		AM	
		PM		PM	
DAY 9		AM		AM	
		PM		PM	
DAY 10		AM		AM	
		PM		PM	
DAY 11		AM		AM	
		PM		PM	
DAY 12		AM		AM	
		PM		PM	
DAY 13		AM		AM	
		PM		PM	
DAY 14		AM		AM	
		PM		PM	

Fever >99.9°F

Difficulty breathing

Loss of taste or smell

Muscle pain

Nausea, diarrhea, or vomiting

Chills

Cough

Runny nose or congestion

Sore throat

Headache

Fatigue

If you get sick: Stay home. Avoid contact with others. You might have COVID-19; most people are able to recover at home without medical care. If you have trouble breathing or are worried about your symptoms, call or text a health care provider. Tell them about your recent exposure and your symptoms. Call ahead before you go to a doctor's office or emergency room.

alabamapublichealth.gov/covid19

COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.

If you had close contact with a person who has COVID-19

- Stay home until 14 days after your last contact.

- Check your temperature twice a day and watch for symptoms of COVID-19.

- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

If you are sick and think or know you have COVID-19

- Stay home until after
  - At least 10 days since symptoms first appeared **and**
  - At least 24 hours with no fever without fever-reducing medication **and**
  - Symptoms have improved

If you tested positive for COVID-19 but do not have symptoms

- Stay home until after
  - 10 days have passed since your positive test

If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.

cdc.gov/coronavirus

CS317422-A 7/20/2020 7AM

ADPH Quarantine & Isolation Guidelines

The Alabama Department of Public Health has established Isolation and Quarantine guidelines -- both for individuals that have tested positive for COVID-19, and close contacts for COVID-19 positive individuals -- that guide Department-issued quarantine orders.

For more information about the Department's Isolation and Quarantine guidelines, please visit:

https://www.alabamapublichealth.gov/covid19/assests/cov-timeframes-isolation-quarantine.pdf

alabamapublichealth.gov

Reporting Positive or Potential Cases to ADPH

alabamapublichealth.gov

Notifying ADPH of Positive or Potential COVID-19 Cases

ADPH has an online Novel Coronavirus (COVID-19) REPORT Card that is available for reporting positive or potential COVID-19 Cases. The School Nurse or Principal will need to report all known positive or potential COVID-19 cases. Refer to the Decision Tree in the School Toolkit to help determine which students need to be reported using the COVID-19 REPORT Card. Please complete the entire form.

https://epiweb.adph.state.al.us/redcap/surveys/?s=WK7TY9PT7J

Resize font:

Novel Coronavirus (COVID-19) REPORT Card

Use this online form to submit laboratory-confirmed (or pre-approved epidemiologically-linked) cases or deaths of Novel Coronavirus (COVID-19) to the Alabama Department of Public Health. All required fields are marked with a red asterisk (*); it is not possible to submit the report without completing all required fields. Complete the other fields when known. **Public Health will follow-up with the reporter for the patient demographics and lab report, if missing.**

If you are a **laboratorian**, **reporting on behalf of a laboratory**, **blood bank**, or **plasma center**, the REPORT Card **is not** the mechanism you should use to report a patient that has a reportable disease or health condition. Please email **mu.elr@adph.state.al.us** to learn more.

For all other reporters, please complete the requested information below.

Thank you!

Reportable Disease/Health Condition Information

Which reportable disease/health condition are you trying to report?

Reportable Disease/Health Condition:
* must provide value

Novel Coronavirus (COVID-19)
The drop-down will auto-complete if needed.

What type of case are you trying to report?
* must provide value

- ○ A laboratory-confirmed COVID-19 case
- ○ A laboratory-confirmed COVID-19 case who has died
- ○ An individual with compatible COVID-19 symptoms **AND** close contact with a known case of COVID-19 disease or a member of a risk cohort as defined by public health authorities during an outbreak (e.g., schools, universities, long-term care facilities, correctional facilities, or childcare settings)

reset

Patient Demographics

Patient's First Name:
* must provide value

Patient's Last Name:
* must provide value

Patient's Phone Number:
* must provide value

###-###-####

Alabama Department of Public Health

District Investigators

Northern District
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(F) 256-383-8843
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Cheryl Lahrs, RN
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Barbara Gibbs, RN
(W) 251-690-8970

Infectious Diseases and Outbreaks Division
Phone: 334-206-5971
Toll-Free: 800-338-8374
Fax: 334-206-3734

Considerations for Schools

alabamapublichealth.gov

ADPH Risk Category Dashboard

The State of Alabama developed a color-coded health guidance system called the Alabama COVID19 Risk Indicator Dashboard. This dashboard is updated weekly and provides a tool for decision-makers to identify trends in the community spread of COVID-19 on the county level.

Categories: Very High (red), High (orange), Moderate (yellow), and Low (green) indicate the risk of spread in the community. Each level of the dial is guided by a rigorous measurement system which can be different by county.

The alabamapublichealth.gov website describes the four color-coded risk levels as well as the factors used in determining these county risk levels. Guidelines associated with each risk level are included in the Superintendent's toolkit to help guide actions to reduce the risk of community spread.

If a county has case numbers that are staying the same or increasing, the category will be Very High Risk (Red).

If a county has decreasing case counts for 1 to 6 days, they will be in in the High Risk (orange) category.

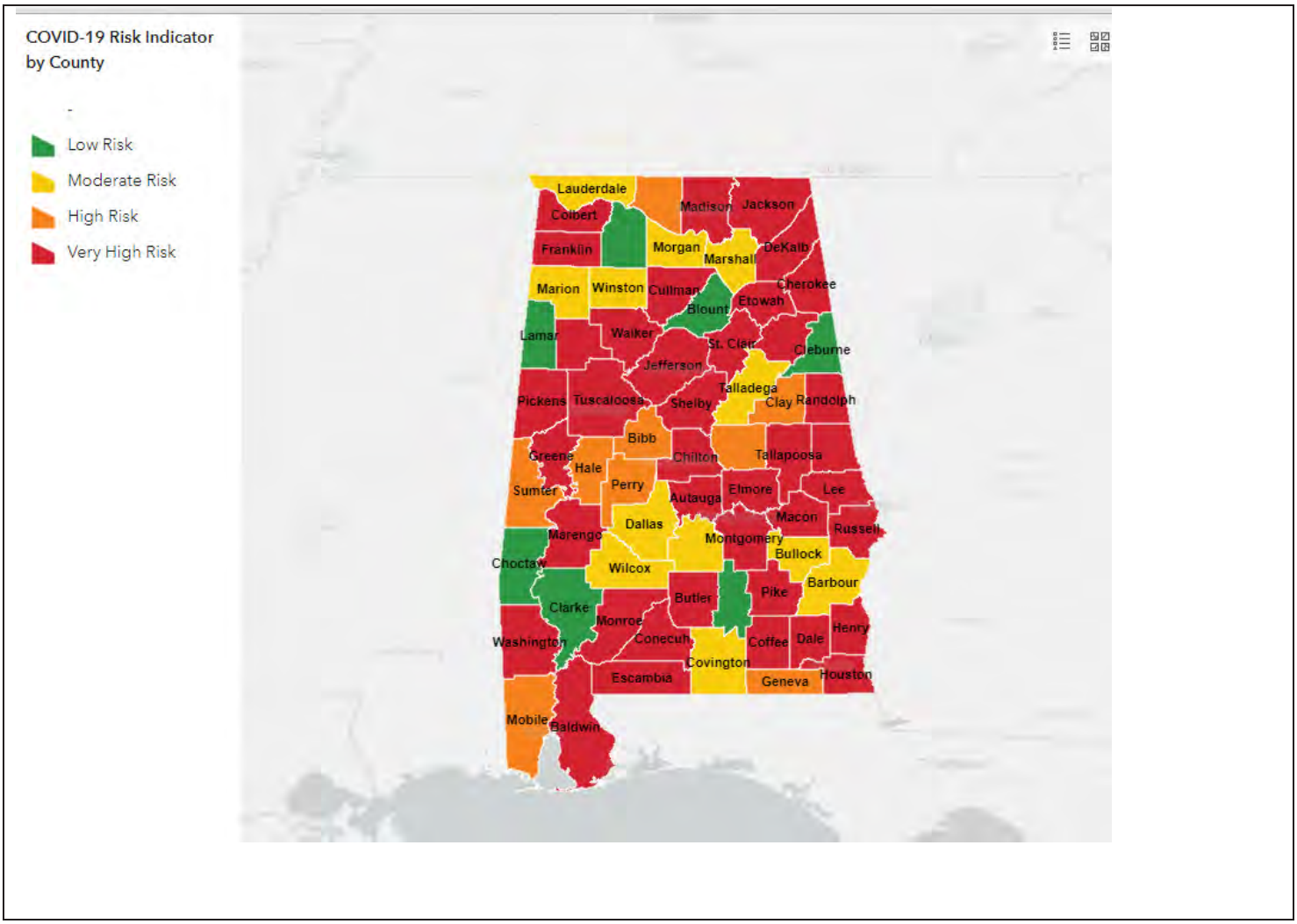
If a county is in a downward trajectory of 7-13 days, they will begin in the Moderate (yellow) category.

If a county is in a downward trajectory of 14 or more days (or has a rate of 10 or less over the previous 2 weeks), they will begin in the Low Risk (green) category.

Several factors can influence a county's trajectory of COVID-19 cases, so other factors are examined to additionally inform which level a county should be in.

To access the ADPH Risk Category Dashboard, go to www.alabamapublichealth.gov

HIGH
MODERATE
VERY HIGH
LOW
Find out what your county's risk category is using our COVID-19 Risk Indicator Dashboard.
RISK
ALABAMA PUBLIC HEALTH


COVID-19 Risk Indicator by County
Low Risk
Moderate Risk
High Risk
Very High Risk
Lauderdale
Colbert
Madison
Jackson
Franklin
Morgan
Marshall
DeKalb
Marion
Winston
Cullman
Cherokee
Blount
Etowah
Lamar
Walker
St. Clair
Cleburne
Jefferson
Talladega
Pickens
Tuscaloosa
Shelby
Clay
Randolph
Bibb
Greene
Hale
Chilton
Tallapoosa
Sumter
Perry
Autauga
Elmore
Lee
Macon
Dallas
Marengo
Montgomery
Russell
Bullock
Choctaw
Wilcox
Barbour
Pike
Butler
Clarke
Monroe
Henry
Washington
Conecuh
Coffee
Dale
Covington
Escambia
Geneva
Houston
Mobile
Baldwin

Alabama's Low Risk Phase
What does it mean and what can you do?

ALABAMA PUBLIC HEALTH

LOW RISK

The Alabama Department of Public Health has developed a color-coded dial to help people reduce risks posed by COVID-19. The department sets risk levels – very high, high, moderate, or low – based on a measurement system that shows the extent of the COVID-19 problem in a region, county, city, or community. People living in a place in the green phase should follow the general guidelines below to help keep their area in the low risk phase.

High-risk people operate under stricter instructions because they are more likely to suffer severe illness from COVID-19. People at high risk of serious illness from COVID-19 include people 65 or older and people with heart disease, diabetes, other chronic diseases, or weakened immune systems.

GENERAL GUIDELINES

Maintain social distancing in public settings.

Wear face coverings when social distancing is difficult to maintain.

Continue social distancing at work. Wear face coverings at work when social distancing is not possible.

Large gatherings and venues allowed with increased hygiene measures, physical distancing, face coverings, and symptom monitoring.

Check yourself for fever, coughing, or other symptoms of COVID-19 before team sports or practices.

Stay home if you're sick.

Wash hands often for 20 seconds.

Places of worship are encouraged to consider social distancing, hygiene measures, and face coverings.

HIGH-RISK PEOPLE:

- ✔ Avoid people showing signs of sickness, such as a fever.
- ✔ Be especially careful to stay at least six feet from people outside your household.
- ✔ Use face coverings when around people outside your household, and ask visitors to do the same.
- ✔ Avoid crowds when at all possible, especially where people aren't staying six feet apart from each other.
- ✔ Don't take unneeded trips.

CHILDREN:

- ✔ Hygiene measures, physical distancing, face coverings, and symptom monitoring are encouraged for all group gatherings.

The current state health order and additional COVID-19 information can be found here: alabamapublichealth.gov/covid19

Alabama's Moderate Risk Phase
What does it mean and what can you do?

ALABAMA PUBLIC HEALTH

MODERATE RISK

The Alabama Department of Public Health has developed a color-coded dial to help people reduce risks posed by COVID-19. The department sets risk levels – very high, high, moderate, or low – based on a measurement system that shows the extent of the COVID-19 problem in a region, county, city, or community. People living in a place in the yellow phase should follow the general guidelines below to help move their area from the moderate risk to the low risk phase.

High-risk people operate under stricter instructions because they are more likely to suffer severe illness from COVID-19. People at high risk of serious illness from COVID-19 include people 65 or older and people with heart disease, diabetes, other chronic diseases, or weakened immune systems.

GENERAL GUIDELINES

Maintain social distancing in public settings.

Wear face coverings when social distancing is difficult to maintain.

Continue social distancing at work. Wear face coverings at work when social distancing is not possible. Work from home when possible.

Avoid groups of more than 50 people.

Remember to keep six-foot distances from people outside your household in theaters and other entertainment venues.

Check yourself for fever, coughing, or other symptoms of COVID-19 before team games or practices.

Hold on-line worship services if possible. When meeting in person, keep six-foot distances between people of different households; consider holding more services for lower attendance, and more spacing between people, at each service.

HIGH-RISK PEOPLE:

- ✔ Wear face coverings where social distancing is hard to maintain.
- ✔ Don't take unneeded trips.
- ✔ Work from home, if possible. If not, maintain six-foot distances at work.
- ✔ When visiting friends or family, wear face coverings when within a 6-foot distance.
- ✔ Limit in-person meetings, if possible, with people outside your household, especially other people at high risk of serious illness from COVID-19.
- ✔ Avoid groups of more than 20 people.
- ✔ Avoid unnecessary visits to hospitals, nursing homes, or other residential care facilities.

CHILDREN:

- ✔ In public, children should keep a six-foot distance from others outside their household, for their health and the health of others.
- ✔ Children with fevers, coughing and other symptoms of COVID-19 should stay home from school or child care, and should be sent home from child care or schools if they show symptoms.
- ✔ Interaction between children at playgrounds and other public places should be limited, if possible.

The current state health order and additional COVID-19 information can be found here: alabamapublichealth.gov/covid19

Alabama's High Risk Phase
What does it mean and what can you do?

ALABAMA PUBLIC HEALTH

HIGH RISK

The Alabama Department of Public Health has developed a color-coded dial to help people reduce risks posed by COVID-19. The department sets risk levels – very high, high, moderate, or low – based on a measurement system that shows the extent of the COVID-19 problem in a region, county, city, or community. People living in a place in the orange phase should follow the general guidelines below to help move their area from the high risk to the moderate risk phase.

In every phase, high-risk people operate under stricter instructions because they are more likely to suffer severe illness from COVID-19. People at high risk of serious illness from COVID-19 include people 65 or older and people with heart disease, diabetes, other chronic diseases, or weakened immune systems.

GENERAL GUIDELINES

Maintain social distancing in public settings.

Wear face coverings when social distancing is difficult to maintain.

Continue social distancing at work. Wear face coverings at work when social distancing is not possible. Work from home when possible.

Avoid groups of more than 20 people.

Limit out-of-state travel.

Takeout, pickup or delivery from restaurants is encouraged rather than dining in.

Maintain social distancing during outdoor recreation.

Hold on-line worship services if possible. When meeting in person, keep six-foot distances between people of different households; consider holding more services for lower attendance, and more spacing between people, at each service.

The current state health order and additional COVID-19 information can be found here: alabamapublichealth.gov/covid19

HIGH-RISK PEOPLE:

- ✔ Always wear face coverings in public.
- ✔ Don't take non-essential trips. If working from home is not possible, travel for work only, if possible.
- ✔ Limit visits with friends, or family outside your household, if there is no urgent need.
- ✔ Limit in-person meetings, if possible, with people outside your household, especially other people at high risk of serious illness from COVID-19.
- ✔ Avoid groups of any size, if possible, with people outside of your household.
- ✔ Avoid unnecessary visits to hospitals, nursing homes, or other residential care facilities.

CHILDREN:

- ✔ Keep children away from in-person playdates or similar activities outside of the school setting that can be avoided.
- ✔ Do not allow children on public playgrounds.

Alabama's Very High Risk Phase
What does it mean and what can you do?

ALABAMA PUBLIC HEALTH

VERY HIGH RISK

The Alabama Department of Public Health has developed a color-coded dial to help people reduce risks posed by COVID-19. The department sets risk levels – very high, high, moderate, or low – based on a measurement system that shows the extent of the COVID-19 problem in a region, county, city, or community. People living in a place in the red phase should follow the general guidelines below to help move their area from the very high risk to the high risk phase.

People at high risk of serious illness from COVID-19, including people 65 or older and people with heart disease, diabetes, other chronic diseases, or weakened immune systems, should exercise extreme caution and stay at home if at all possible. People who work or live with high-risk people should be especially careful to try to reduce their chances of getting the virus.

GENERAL GUIDELINES

- 6 FEET — Maintain social distancing in public settings.
- Wear face coverings when social distancing is difficult to maintain.
- Work at home, if possible. If not, keep a six-foot distance from others. Wear face coverings at work when such social distancing is not possible.
- GROUPS OF 20 OR FEWER — Avoid groups of more than 20 people.
- Avoid all unnecessary travel. If you must travel, avoid crowded areas if possible.
- Takeout, pickup or delivery from restaurants is strongly encouraged rather than dining in.
- Avoid unnecessary visits to hospitals, nursing homes, or other residential care facilities.
- Even when visiting friends or family, wear face coverings when within six feet of people outside your household.
- Hold on-line worship services if possible. When meeting in person, keep six-foot distances between people of different households; consider holding more services for lower attendance, and more spacing between people, at each service.

HIGH-RISK PEOPLE:

- ✔ Always wear face coverings in public.
- ✔ Stay at home if at all possible. Avoid non-essential travel.
- ✔ Avoid in-person visits with people outside your household, if possible.
- ✔ Avoid groups of any size, if possible, with people outside of your household.
- ✔ Avoid unnecessary visits to hospitals, nursing homes, or other residential care facilities.

CHILDREN:

- ✔ Children with COVID-19 should stay home, or be sent home from child care or school if showing symptoms. Symptoms include cough, shortness of breath, fever, chills, muscle pain, and sore throat.
- ✔ Do not allow children on public playgrounds, and limit other public interaction between children.

The current state health order and additional COVID-19 information can be found here: alabamapublichealth.gov/covid19

Cleaning & Disinfecting

alabamapublichealth.gov

GUIDANCE FOR CLEANING AND DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

SCAN HERE FOR MORE INFORMATION

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other daily habits to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger United States Government plan and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.

Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

For more information, please visit **CORONAVIRUS.GOV**

This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using EPA-approved disinfectants against COVID-19 can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document.
It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. EPA-approved disinfectants are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see CDC's website on Cleaning and Disinfection for Community Facilities.
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

> If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on Control and Prevention.

DEVELOP YOUR PLAN

Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an EPA-approved disinfectant.
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at CDC's website on Cleaning and Disinfecting Your Facility.

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the Reopening Decision Tool.

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at CDC's Guidance for Childcare Programs that Remain Open.

These questions will help you decide which surfaces and objects will need normal routine cleaning.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on CDC's website on Food Safety and the Coronavirus Disease 2019 (COVID-19).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on Visiting Parks & Recreational Facilities.

Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the safety of your building water system. It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of coronaviruses. For healthcare facilities, additional guidance is provided on CDC's Guidelines for Environmental Infection Control in Health-Care Facilities.

Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from EPA's list of approved products that are effective against COVID-19.

These questions will help you choose appropriate disinfectants.

Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult EPA's list of approved products for use against COVID-19. This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit CDC's website on How to Clean and Disinfect for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets,
- faucets and sinks,
- gas pump handles,
- touch screens, and
- ATM machines.

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have specific guidance for application of cleaning and disinfection.

Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials. Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on CDC's website on Cleaning and Disinfecting Your Facility for developing strategies for dealing with soft and porous materials.

Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see CDC's website on Cleaning and Disinfection for Community Facilities.

IMPLEMENT YOUR PLAN

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

EPA approved disinfectants, when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

MAINTAIN AND REVISE YOUR PLAN

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. CDC provides tips to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for updates on COVID-19. This will help you change your plan when situations are updated.

Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on COVID-19 and how to Prevent Getting Sick.

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission.

GUIDANCE FOR CLEANING & DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

SCAN HERE FOR MORE INFORMATION

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

2 IMPLEMENT

CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE

CONTINUE ROUTINE CLEANING AND DISINFECTION. Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

Follow guidance from state, tribal, local, and territorial authorities.

For more information, please visit **CORONAVIRUS.GOV**

MAKING YOUR PLAN TO CLEAN AND DISINFECT

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Is the area indoors?

YES

It is an indoor area.

NO

Maintain existing cleaning practices.

Coronaviruses naturally die in hours to days in typical indoor and outdoor environments. Viruses are killed more quickly by warmer temperatures and sunlight.

Has the area been occupied within the last 7 days?

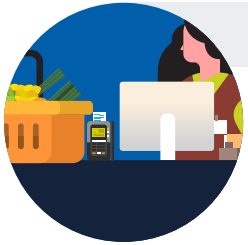
YES

Yes, the area has been occupied within the last 7 days.

NO

The area has been unoccupied within the last 7 days.

The area will need only routine cleaning.



Is it a frequently touched surface or object?

YES

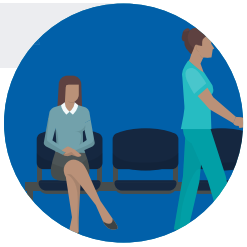
Yes, it is a frequently touched surface or object.

NO

Thoroughly clean these materials.

Consider setting a schedule for routine cleaning and disinfection, as appropriate.

What type of material is the surface or object?



Hard and non-porous materials like glass, metal, or plastic.

Visibly dirty surfaces should be cleaned prior to disinfection.

Consult EPA's list of disinfectants for use against COVID-19, specifically for use on hard, non-porous surfaces and for your specific application need. More frequent cleaning and disinfection is necessary to reduce exposure.

Soft and porous materials like carpet, rugs, or material in seating areas.

Thoroughly clean or launder materials.

Consider removing soft and porous materials in high traffic areas. Disinfect materials if appropriate products are available.

66

Cleaning And Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant. Follow the instructions on the label** to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

  Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

  Leave solution on the surface for **at least 1 minute**

  Bleach solutions will be **effective** for disinfection **up to 24 hours.**

  To make a bleach solution, mix:

  - 5 tablespoons (1/3rd cup) bleach per gallon of water

    OR

  - 4 teaspoons bleach per quart of water

- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.

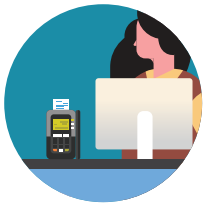
cdc.gov/coronavirus

- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** These disinfectants meet EPA's criteria for use against COVID-19.

Electronics



- For electronics, such as **tablets, touch screens, keyboards, remote controls, and ATM machines**
- Consider putting a **wipeable** cover on electronics.
- **Follow manufacturer's instruction** for cleaning and dinfecting.
  - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items**.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- **Remove gloves,** and wash hands right away.

Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.

- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routing cleaning and disinfection.

When cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.

- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

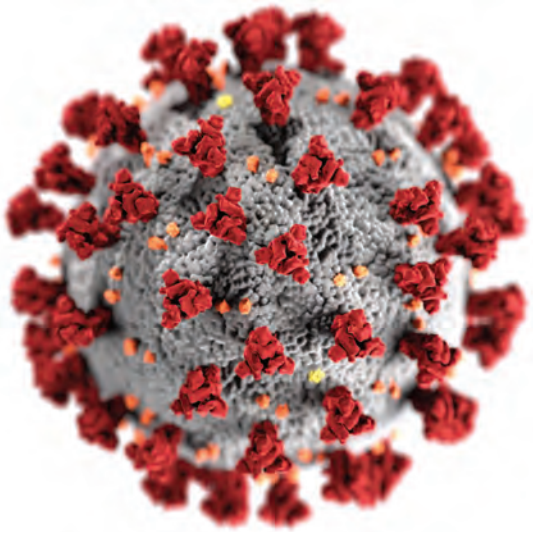
- **Additional key times to wash hands** include:
  - After blowing one's nose, coughing, or sneezing.
  - After using the restroom.
  - Before eating or preparing food.
  - After contact with animals or pets.
  - Before and after providing routine care for another person who needs assistance (e.g., a child).

Additional Considerations for Employers

- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
  - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.1200).
- **Comply** with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).

For facilities that house people overnight:

- Follow CDC's guidance for colleges and universities. Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting the bedroom/bathroom for someone who is sick, review CDC's guidance on disinfecting your home if someone is sick.



6 Steps for Safe & Effective Disinfectant Use

Step 1: Check that your product is EPA-approved

Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at: ***epa.gov/listn***

Step 2: Read the directions

Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

Step 3: Pre-clean the surface

Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.

Step 4: Follow the contact time

You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

Step 5: Wear gloves and wash your hands

For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19. Wash your hands after removing the gloves.

Step 6: Lock it up

Keep lids tightly closed and store out of reach of children.

coronavirus.gov

COVID-19
Definitions & Concepts

alabamapublichealth.gov

Definitions and Concepts Related to COVID 19

Asymptomatic: An individual who does not report or appear to have any symptoms or signs of illness. To be responsible, everyone should act as if they are carriers of COVID-19. (CDC)

Close contact: Being within approximately 6 feet (2 meters) of an individual with COVID-19 for at least 15 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with an individual who has COVID-19.

Coronavirus: Coronaviruses are a large family of viruses which may cause illness. They are named for the crown-like spikes on their surface. Several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases. (CDC)

COVID-19: COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This novel (new) coronavirus was first reported in China in December 2019. The World Health Organization announced COVID-19 as the official name of the disease in February 2020. Other names used to refer to COVID-19 include SARS-CoV-2 and 2019-nCoV. (WHO)

Community spread: The spread of a contagious disease to individuals in a particular geographic location who have no known contact with other infected individuals. (CDC)

Disease cluster: An increased incidence of a disease occuring around the same time, and in the same geographic area. (CDC)

Epidemic: An epidemic occurs when an infectious disease spreads rapidly to many people. An epidemic is generally larger and more severe than an outbreak, but less severe than a pandemic. (APIC)

Face Coverings: To prevent infection, it is recommended that the nose and mouth be covered with a mask or cloth face covering. Face coverings slow the spread of COVID 19 by limiting the release of the virus into the air.

Handwashing guidelines: Proper handwashing reduces the spread of COVID-19. Hands should be washed frequently with soap and water for at least 20 seconds. If soap and water are not readily available, use of a hand sanitizer that contains at least 60% alcohol is appropriate. Hand sanitizer should be applied to all surfaces of both hands and rubbed together until they feel dry. (CDC)

Higher risk populations: Individuals who are at a higher risk for developing severe illness from COVID-19 include: older adults age 65 and older, and people of any age with serious underlying conditions such as lung disease, heart disease, diabetes, or who are immunocompromised. (CDC)

How COVID-19 Spreads: COVID-19 is thought to primarily spread through person-to-person contact, either "between people who are in close contact with one another (within about 6 feet)", or through respiratory droplets that are produced when an infected person coughs or sneezes and can land in the mouth, noses, or eyes of nearby people. The virus can also spread through contaminated surfaces, where it may be present for a few hours or even a few days.(CDC)

Immunocompromised: Individuals with a weakened immune system. Immunocompromised individuals "have a reduced ability to fight infections and other diseases" and are more likely to experience severe illness from COVID-19.(NIH) (CDC)

Incubation period: The time from exposure to when the first symptoms develop. Recent studies have found the incubation period of COVID-19 to be 2-14 days and is most commonly around 5 days. (CDC)

Isolation: The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order. (CDC)

Outbreak: The occurrence of cases in excess of what would normally be expected in a defined community, geographical area or season. An outbreak is similar to an epidemic, but usually occurs in a smaller area. (CDC)

Pandemic: A global spread of disease to several countries or continents, usually affecting a large number of people. A pandemic affects a greater geographical area and a greater number of people than an outbreak or epidemic. (WHO)

Prevention methods: There are several actions that individuals should take to protect themselves from COVID-19 and to reduce transmission.

1. Clean hands often and avoid touching eyes, nose, and mouth.
2. Avoid close contact (6 ft) with others and practice social distancing.
3. Cover mouth and nose with a tissue when coughing or sneezing, or use the inside of elbow, and immediately wash hands.
4. Stay home if sick.
5. Wear a facemask around other people.
6. Clean and disinfect frequently touched surfaces daily, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. (CDC)

Quarantine: The separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease. (CDC)

Self-Observation: Individuals should remain alert for signs and symptoms of COVID 19. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed. (CDC)

Social Distancing: The act of remaining out of crowded public places where close contact with others may occur and maintaining a distance of at least 6 feet from others. (CDC)

Symptoms of COVID 19: The most common symptoms of COVID-19 are cough, fever, chills, muscle pain, shortness of breath, sore throat, nausea, diarrhea, or a new loss of taste or smell. These symptoms usually occur 2-14 days after exposure to the virus that causes COVID 19. Symptoms can range from very mild to severe. In some cases, individuals have no symptoms. (CDC) (WHO)

Underlying Conditions: Individuals with serious pre-existing medical conditions, as well as older adults, are more at risk of developing serious illness from COVID-19 than others. Serious underlying health conditions that make a person more at risk for developing severe illness include: chronic lung disease, moderate to severe asthma, heart disease with complications, hypertension, diabetes, BMI $\geq$ 30, renal disease, liver disease, or those who are immunocompromised due to conditions such as receiving cancer treatment. (CDC)

Virus: Viruses are very tiny germs that are made of genetic material inside of a protein coating. Viruses invade living, normal cells inside your body and can kill, damage, or change the cells and make you sick. Different viruses attack certain cells in your body such as your liver, respiratory system, or blood. Viruses cause infectious diseases such as the common cold, flu, warts, and HIV. COVID-19 is a virus that affects the respiratory system.

Appendix A
Considerations for K-12 Schools Readiness Planning Tool

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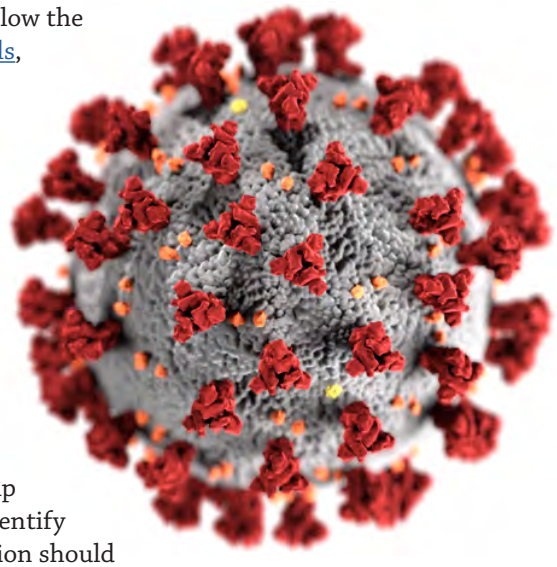
Considerations for K-12 Schools: Readiness and Planning Tool

CDC Readiness and Planning Tool to Prevent the Spread of COVID-19 in K-12 Schools

CDC offers the following readiness and planning tool to share ways school administrators can help protect students, staff, and communities, and slow the spread of COVID-19. This tool aligns with the Considerations for Schools, and includes the following:



- General Readiness Assessment
- Daily/Weekly Readiness Assessment
- Preparing for if Someone Gets Sick
- Special Considerations and Resources

School administrators may review and complete the general readiness assessment while working with state, local, tribal, territorial, or federal officials when making initial preparations to promote healthy behaviors, environments, and operations that reduce the spread of COVID-19. The daily/weekly readiness assessment can be used to monitor recommended practices. Planning tools are also included to help school administrators prepare to respond if someone gets sick and to identify special considerations specific to their school community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs and context of each community.

Guiding Principles to Keep in Mind

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects.
- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

Considerations for Schools: **General Readiness Assessment**

Use the following tool when making initial preparations to promote healthy behaviors, environments, and operations that reduce the spread of COVID-19.

Policies and Procedures

Point Person(s): _____

- ☐ Review relevant local/state regulatory agency policies and orders, such as those related to events, gatherings, and travel.
- ☐ Consult local health officials about the school's approach to planning for COVID-19.
- ☐ Designate a staff person responsible for responding to COVID-19 concerns. Make sure other staff, parents, and students know how to contact this person.
- ☐ Develop policies that encourage sick staff members to stay at home without fear of job loss or other consequences and protect their privacy, particularly for those with underlying medical conditions and at higher risk for severe illness.
  - ☐ Offer options (e.g., telework or virtual learning opportunities) for staff and students at higher risk for severe illness.
  - ☐ Offer flexible sick leave policies and practices.
  - ☐ Offer options for flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts).
- ☐ Develop a plan to monitor absenteeism of students and staff, cross-train staff, and create a roster of trained back-up staff.
- ☐ Monitor absenteeism of students and staff, cross-train staff, and create a roster of trained back-up staff.
- ☐ Develop a plan to conduct daily health checks (e.g., temperature screening and/or symptom checking) of staff and students, as possible, and in accordance with any applicable privacy laws and regulations.

Facilities and Supplies

Point Person(s): _____

- ☐ Obtain supplies including:
  - ☐ soap
  - ☐ hand sanitizer (at least 60% alcohol)
  - ☐ paper towels
  - ☐ tissues
  - ☐ cleaning and disinfection supplies
  - ☐ cloth face coverings (as feasible)
  - ☐ no-touch/foot pedal trash cans
  - ☐ no-touch soap/hand sanitizer dispensers
  - ☐ disposable food service items
  - ☐ other: _____
- ☐ Develop a schedule for increased routine cleaning and disinfection in collaboration with maintenance staff, including areas such as the following:
  - ☐ buses or other transport vehicles
  - ☐ frequently touched surfaces (e.g., desks, door handles, railings)
  - ☐ communal spaces (e.g., restrooms)
  - ☐ shared objects (e.g., gym equipment, art supplies, games)
  - ☐ other: _____
- ☐ Assess the ability of staff, students, and families to obtain cloth face coverings for everyday use.

Education and Training

Point Person(s): _____

- ☐ Educate staff, students, and their families about when they should stay home if they have COVID-19 symptoms, have been diagnosed with COVID-19, are waiting for test results, or have been exposed to someone with symptoms or a confirmed or suspected case, and when they can return to school.
- ☐ Educate staff on flexible work and leave policies that encourage sick staff members to stay at home without fear of job loss or other consequences.
- ☐ Teach the importance of handwashing with soap and water for at least 20 seconds.
- ☐ Teach the importance of social distancing and staying with small groups, if applicable.
- ☐ Identify who should wear cloth face coverings, and communicate the importance of wearing them. Cloth face coverings should **not** be placed on:
  - ☐ Children younger than 2 years old
  - ☐ Anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the cover without help
- ☐ Provide information on proper use, removal, and washing of cloth face coverings.
- ☐ Train staff on all safety protocols.
  - ☐ Conduct training virtually or maintain social distancing during training.
- ☐ Other: _____

Considerations for Schools: **General Readiness Assessment**

(continued from previous page)

Policies and Procedures

- ☐ Develop a plan for organizing students and staff into small groups (cohorting) that remain together while social distancing, with limited mixing between groups (all school day for young students, and as much as possible for older students).
- ☐ Develop appropriate COVID-19 accommodations, modifications, and assistance for students with special healthcare needs or disabilities.
  - ☐ Incorporate considerations for students in special education who have a 504 plan or individualized education plan to ensure education remains accessible.
  - ☐ Incorporate considerations for children and youth who need assistance with activities of daily living, as well as their service providers.
- ☐ Develop a plan for serving students individually plated, boxed, or wrapped meals in classrooms instead of in a cafeteria, or for implementing staggered mealtimes to reduce the number of students or small groups within a cafeteria.
- ☐ Develop protocols to limit contact among small groups and with other students' guardians (e.g., staggered arrival and drop-off times or locations).
- ☐ Develop a plan for if someone gets sick or shows symptoms of COVID-19.
- ☐ Other: _____

Facilities and Supplies

- ☐ Close communal spaces or develop a plan for staggered use and cleaning and disinfecting.
- ☐ Develop a protocol to ensure safe and correct use and storage of cleaners and disinfectants, including storing products securely away from students.
- ☐ Ensure ventilation systems operate properly. If using fans, make sure they do not blow from one person onto another.
- ☐ Ensure all water systems and features are safe to use after a prolonged facility shutdown.
- ☐ Follow CDC's considerations for Pools, Hot Tubs, and Water Playgrounds During COVID-19 if applicable.
- ☐ Install physical barriers, such as sneeze guards and partitions, in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
- ☐ Provide physical guides, such as tape on floors and signs on walls, to promote social distancing.
- ☐ Space seating at least 6 feet apart and turn desks to face in the same direction.
- ☐ Develop protocol to increase circulation of outdoor air as much as possible throughout the school day (e.g., opening windows and doors when it is safe to do so).
- ☐ Develop a protocol to monitor and ensure adequate supplies to minimize sharing of objects, or limit use to one group of students at a time, and clean and disinfect between use.
- ☐ Encourage organizations that share the school facilities to follow these considerations.
- ☐ Other: _____

Considerations for Schools: **General Readiness Assessment**

Use the following tool when making initial preparations to promote healthy behaviors, environments, and operations that reduce the spread of COVID-19.

Communication and Messaging

Point Person(s): _____

- ☐ Post signs in highly visible locations to promote everyday protective measures and describe how to stop the spread of germs. Signage locations include:
  - ☐ entrances
  - ☐ dining areas
  - ☐ restrooms
  - ☐ classrooms
  - ☐ administrative offices
  - ☐ cafeteria
  - ☐ auditorium
  - ☐ janitorial staff areas
  - ☐ other _____
- ☐ Develop plans to include messages (e.g., videos) about behaviors that prevent spread of COVID-19 when communicating with staff and families on:
  - ☐ websites
  - ☐ email
  - ☐ social media accounts
  - ☐ other _____
- ☐ Develop plans to broadcast regular announcements on reducing the spread of COVID-19 on PA systems or during morning announcements.
- ☐ Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.
- ☐ Notify all staff and families of who to contact for questions and concerns related to COVID-19.
- ☐ Ensure communication is developmentally appropriate and accessible for all students, including those with disabilities.
- ☐ Other: _____

Gatherings, Visitors, and Events

Point Person(s): _____

- ☐ Review local/state regulatory agency policies related to group gatherings to determine if events (e.g., sport games, extracurricular activities) can be held.
- ☐ Identify opportunities to pursue virtual group events, gatherings, or meetings, if possible, and develop a protocol to limit those where social distancing cannot be maintained.
- ☐ Develop a protocol to limit nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible—especially those who are not from the local geographic area (e.g., community, town, city, country.)
- ☐ Identify opportunities to pursue virtual activities and events, such as field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, if possible.
- ☐ If offering sporting activities, develop a plan to follow considerations that minimize transmission of COVID-19 to players, families, coaches, and communities.
- ☐ Identify and prioritize outdoor activities where social distancing can be maintained as much as possible.
- ☐ Other: _____

Action Planning—Notes and Next Steps

Point Person(s): _____

Use this space to note any required resources and next steps, or potential barriers and opportunities:

Considerations for Schools: **Daily/Weekly Readiness Assessment**

Use the following tool to monitor and maintain healthy behaviors, environments, and operations that reduce the spread of COVID-19.

Policies and Procedures

Point Person(s): _____

- ☐ Maintain regular contact with local health authorities and review relevant local/state regulatory agency policies and orders for updates.
- ☐ Ensure a staff person is assigned to respond to COVID-19 concerns.
- ☐ Monitor absenteeism of students and staff.
- ☐ Ensure roster of trained back-up staff is updated.
- ☐ Conduct daily health checks (e.g., temperature screening and/or symptom checking) of staff and students, as possible, and in accordance with any applicable privacy laws and regulations.
- ☐ Ensure options for flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) are available and used when needed.
- ☐ Ensure students are kept together in small groups with dedicated staff and remain with the same group throughout the day, every day, if possible.
- ☐ Monitor and ensure appropriate accommodations, modifications, and assistance for students with special healthcare needs or disabilities.
  - ☐ Ensure education remains accessible for students in special education who have a 504 plan or individualized education plan.
  - ☐ Ensure safety for children and youth who need assistance with activities of daily living, as well as their service providers.
- ☐ Adhere to and review protocols to limit contact between small groups and with other students' guardians.

Facilities and Supplies

Point Person(s): _____

- ☐ Monitor and restock supplies including:
  - ☐ soap
  - ☐ hand sanitizer (at least 60% alcohol)
  - ☐ paper towels
  - ☐ tissues
  - ☐ cleaning and disinfection supplies
  - ☐ cloth face coverings (as feasible)
  - ☐ no-touch (preferably covered) trash cans
  - ☐ no-touch soap/hand sanitizer dispensers
  - ☐ disposable food service items
  - ☐ other: _____
- ☐ Monitor adherence to the schedule for increased, routine cleaning and disinfection of:
  - ☐ buses or other transport vehicles
  - ☐ frequently touched surfaces (e.g., desks, door handles, railings)
  - ☐ communal spaces (e.g., restrooms)
  - ☐ shared objects (e.g., gym equipment, art supplies, games)
  - ☐ other: _____
- ☐ Monitor availability and use of gloves when food is prepared and served, and when handling and disposing of trash.

Education and Training

Point Person(s): _____

- ☐ Educate staff, students, and their families about when they should stay home if they have COVID-19 symptoms, have been diagnosed with COVID-19, are waiting for test results, or have been exposed to someone with symptoms or a confirmed or suspected case, and when they can return to school.
- ☐ Educate staff on flexible work and leave policies that encourage sick staff members to stay at home without fear of job loss or other consequences.
- ☐ Reinforce and monitor handwashing with soap and water for at least 20 seconds.
- ☐ Reinforce the importance of social distancing and staying with small groups, if applicable.
- ☐ Encourage covering coughs and sneezes with a tissue, and then washing hands with soap and water for at least 20 seconds.
- ☐ Reinforce the use of cloth face coverings. Cloth face coverings should **not** be placed on:
  - ☐ Children younger than 2 years old
  - ☐ Anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the cover without help.
- ☐ Provide information on proper use, removal, and washing of cloth face coverings.
- ☐ Train staff on all safety protocols.
  - ☐ Conduct training virtually or maintain social distancing during training.
- ☐ Other: _____

Considerations for Schools: **Daily/Weekly Readiness Assessment**

(continued from previous page)

Policies and Procedures

- ☐ Ensure small groups maintain a physical distance of at least 6 feet to avoid mixing between groups, if possible.
- ☐ Ensure students eat in separate areas or with their small group.
- ☐ Ensure each student's belongings are separated from others' and in individually labeled containers, cubbies, or designated areas.
- ☐ Ensure limited sharing of electronic devices, toys, books, and other games or learning aids, and clean and disinfect between users.
- ☐ Other: _____

Facilities and Supplies

- ☐ Monitor safe and correct use and storage of cleaners and disinfectants, including storing products securely away from students.
- ☐ Ensure that there is adequate ventilation when cleaners and disinfectants are used to prevent students or staff from inhaling toxic fumes.
- ☐ Ensure ventilation systems operate properly.
- ☐ Ensure seating is spaced at least 6 feet apart and that desks remain facing the same direction.
- ☐ In transport vehicles, ensure one student per row, skipping rows when possible.
- ☐ For communal spaces, ensure staggered use, and cleaning and disinfecting frequently touched surfaces and shared objects between users.
- ☐ Increase circulation of outdoor air as much as possible throughout the school day (e.g., opening windows and doors when it is safe to do so).
- ☐ Ensure adequate supplies (e.g., writing utensils, art supplies) to minimize sharing of frequently touched surfaces and shared objects, and monitor cleaning and disinfecting between use.
- ☐ Other: _____

Considerations for Schools: **Daily/Weekly Readiness Assessment**

Use the following tool to monitor and maintain healthy behaviors, environments, and operations that reduce the spread of COVID-19.

Communication and Messaging

Point Person(s): _____

- ☐ Continue to post or update signs in highly visible locations to promote everyday protective measures and describe how to stop the spread of germs. Signage locations include:
  - ☐ entrances
  - ☐ dining areas
  - ☐ restrooms
  - ☐ classrooms
  - ☐ administrative offices
  - ☐ cafeteria
  - ☐ auditorium
  - ☐ janitorial staff areas
  - ☐ other _____
- ☐ Continue to provide or update messages (e.g., videos) about behaviors that prevent spread of COVID-19 when communicating with staff and families on:
  - ☐ websites
  - ☐ email
  - ☐ social media accounts
  - ☐ other _____
- ☐ Broadcast regular announcements on reducing the spread of COVID-19 on PA systems or during morning announcements.
- ☐ Ensure all staff and families know which staff person is responsible for responding to COVID-19 concerns and how to contact this person.
- ☐ Encourage staff and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
- ☐ Promote healthy eating, exercising, getting sleep, and finding time to unwind.
- ☐ Encourage staff members and students to talk with people they trust about their concerns and how they are feeling.
- ☐ Ensure communication is developmentally appropriate and accessible for all students, including those with disabilities.
- ☐ Other: _____

Gatherings, Visitors, and Events

Point Person(s): _____

- ☐ Continue to encourage social distancing of at least 6 feet between people who don't live together at group events, gatherings, or meetings, including outdoor activities.
- ☐ Continue to restrict nonessential visitors, volunteers, and activities involving external groups or organizations—especially those who are not from the local geographic area (e.g., community, town, city, country).
- ☐ Continue to pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, if possible.
- ☐ Continue to follow considerations for students and staff participating in sporting activities.
- ☐ Continue to offer pre-packaged boxed or bagged meals at events or gatherings and use disposable food service items.
- ☐ Other: _____

Action Planning—Notes and Next Steps

Point Person(s): _____

Use this space to note any required resources and next steps, or potential barriers and opportunities:

Considerations for Schools: **Preparing for if Someone Gets Sick**

Use the following tool when making initial preparations for if a student, teacher, or other school staff member gets sick with COVID-19.

Before Someone Gets Sick

Point Person(s): _____

- ☐ Make sure staff and families know they should not come to school, and that they should notify school officials if they have COVID-19 symptoms, are diagnosed with COVID-19, are waiting for test results, or have been exposed to someone with symptoms or a confirmed or suspected case.
- ☐ Develop systems to:
  - ☐ Have individuals self-report to administrators if they have symptoms of COVID-19, have been diagnosed with COVID-19, are waiting for test results, or were exposed to someone with COVID-19 within the last 14 days.
  - ☐ Notify individuals of closures and restrictions put in place to slow the spread of COVID-19.
  - ☐ Develop policies for returning to school after COVID-19 illness. CDC's criteria to discontinue home isolation and quarantine can inform these policies.
- ☐ Identify an isolation room or area to separate anyone who has COVID-19 symptoms or who has tested positive but does not have symptoms.
- ☐ Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility, if necessary.
- ☐ Develop a plan to support staff, students, and families experiencing trauma or challenges related to COVID-19.
- ☐ Other: _____

When Someone Gets Sick

Point Person(s): _____

- ☐ Immediately separate individuals with COVID-19 symptoms or who test positive for COVID-19.
- ☐ If necessary, transport sick individual(s) home or to a healthcare facility, depending on how severe their symptoms are.
- ☐ If calling an ambulance or bringing someone to a healthcare facility, alert them ahead that the person may have COVID-19.
- ☐ Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).
- ☐ Advise sick individuals that they should not return to school until they have met CDC's criteria to discontinue home isolation.
- ☐ Other: _____

Notes and Next Steps:

After Someone Gets Sick

Point Person(s): _____

- ☐ In accordance with state and local laws and regulations, notify local health officials, staff, and families of cases of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA).
- ☐ Notify individuals of closures and restrictions put in place due to COVID-19 exposure.
- ☐ Advise those who have had close contact with a person diagnosed with COVID-19 to stay home, self-monitor for symptoms, and follow CDC guidance if symptoms develop.
- ☐ Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing them securely away from children.
- ☐ Other: _____

Considerations for Schools: **Special Considerations and Resources**

Use the following resources to address any additional considerations specific to your school community.

Special Considerations

Point Person(s): _____

Use this space to note any modifications necessary for specific groups within the school community, as well as any other considerations specific to the context of the school community.

Other Resources

Point Person(s): _____

- Latest COVID-19 Information
- Cleaning and Disinfection
- Guidance for Businesses and Employers
- Guidance for Schools and Childcare Centers
- Guidance for Park Administrators
- Shared and Congregate Housing
- COVID-19 Prevention
- Handwashing Information
- Face Coverings
- Social Distancing
- COVID-19 Frequently Asked Questions
- People at Higher Risk
- People with Disabilities
- Coping with Stress
- HIPAA and COVID-19
- CDC communication resources
- Community Mitigation

Checklist for Teachers

Teachers: Get Your School Ready for Coronavirus Disease 2019

You can protect yourself and your students by practicing and promoting healthy habits during the school year. Use this checklist to plan and take action if a COVID-19 outbreak occurs in your community.

PLAN AND PREPARE

- ☐ **Encourage students to stay home if sick.**
  - » If your student gets sick at school, keep the sick student away from well students until picked up. Encourage your student to stay home if they are sick with any illness.
- ☐ **Clean and disinfect frequently touched surfaces and objects in the classroom.**
  - » Follow CDC's guidance for cleaning and disinfecting community facilities, such as schools.
- ☐ **Monitor absenteeism.**
  - » Let administrators know if you see a large increase in absenteeism.
- ☐ **Talk to your administrators about plans for teaching through digital and distance learning.**

IF YOUR SCHOOL IS DISMISSED

- ☐ **Implement a plan to continue educating students through digital and distance learning *(if applicable)*.**
- ☐ **Seek guidance from your school administrator to determine when students and staff should return to schools.**

Duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific situation in your community. Students and staff should be prepared for durations that could last several days. Administrators should work with their local health authorities to determine duration of dismissals.

Schools and Childcare Programs

Checklist for Parents

Parents: Get Your Children Ready for Coronavirus Disease 2019

You can help protect your family from COVID-19 by practicing and promoting everyday healthy habits. If an outbreak occurs in your community, your school may dismiss students to prevent further spread of the virus. Use this checklist to plan and take action if a COVID-19 outbreak occurs in your community.

PLAN AND PREPARE

☐ **Practice and reinforce good prevention habits with your family.**

- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

☐ **Keep your child at home if sick with any illness.**

If your child is sick, keep them at home and contact your healthcare provider. Talk with teachers about classroom assignments and activities they can do from home to keep up with their schoolwork.

☐ **Be prepared if your child's school or childcare facility is temporarily dismissed.**

Talk with your employer about sick leave and telework options in case you need to stay home with your child. Consider planning for alternate childcare arrangements.

IF YOUR SCHOOL/CHILDCARE PROGRAM IS DISMSSED

☐ **Keep track of school dismissal updates.**

Read or watch local media sources that report school dismissals or stay in touch with your school.

☐ **Talk to your school about options for digital and distance learning.**

☐ **Discourage children and teens from gathering in other public places while school is dismissed to help slow the spread of COVID-19 in the community.**

☐ **Seek guidance from your school administrator to determine when students and staff should return to schools.**

Duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific situation in your community. Students and staff should be prepared for durations that could last several days. Administrators should work with their local health authorities to determine duration of dismissals.

K-12 Schools and Childcare Programs
FAQs for Administrators, Teachers, and Parents

Administrators

WHAT SHOULD WE DO IF A CHILD, STUDENT, OR STAFF MEMBER HAS RECENTLY TRAVELED TO AN AREA WITH COVID-19 OR HAS A FAMILY MEMBER WHO HAS TRAVELED TO AN AREA WITH COVID-19?

Review updated CDC information for travelers, including FAQ for travelers, and consult with state and local health officials. Health officials may use CDC's Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

Planning and Responding to COVID-19

WHAT SHOULD I CONSIDER AS I PLAN AND PREPARE FOR COVID-19?

Administrators should always reinforce healthy practices among their staff and students, as well as prepare for a potential case of COVID-19, regardless of the current level of community transmission.

As you create and update your preparedness plans, work with your local health officials to determine the most appropriate plan and actions for your school or program. Together, you will need to consider your local community situation—whether you have local transmission in your community, and if so, the level of transmission (none/minimal, minimal to moderate, substantial).

CDC has created overall guidance, as well as guidance tailored for transmission level in your area to help childcare programs, schools, and their partners understand how to help prevent COVID-19 and react quickly when a case is identified. The guidance includes information about the following:

- How to prepare if you have no community spread of COVID-19.
- How to prepare if you have minimal to moderate community spread in your community.
- How to prepare if you have substantial community spread in your community.
- What to do if a person with COVID-19 has entered your school.

See CDC's full interim guidance for more details.
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html

WHAT CAN STAFF AND STUDENTS DO TO PREVENT THE SPREAD OF COVID-19?

Encourage students and staff to take everyday preventive actions to prevent the spread of respiratory illnesses. These actions include staying home when sick; appropriately covering coughs and sneezes; cleaning and disinfecting frequently touched surfaces; and washing hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if they are visibly dirty. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.

HOW SHOULD MY SCHOOL PREPARE WHEN THERE IS *NO COMMUNITY TRANSMISSION* IN OUR AREA?

The most important thing you can do now is to prepare. Schools need to be ready if COVID-19 does appear in their communities. Here are some strategies:

- Review, update, and implement emergency operations plans.
- Develop information-sharing systems with partners.
- Teach and reinforce health hygiene practices.
- Intensify cleaning and disinfection efforts.
- Monitor and plan for absenteeism.
- Assess group gatherings and events. Follow current guidance about non-critical gatherings and events.
- Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.
- Create and test communications plans for use with the school community.
- Review CDC's guidance for business and employers.

WHAT SHOULD I INCLUDE IN MY EMERGENCY OPERATIONS PLAN?

Review and update your emergency operations plan in collaboration with your local health department. Focus on the components or annexes of the plans that address infectious disease outbreaks.

- Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease. The plan should also include strategies for continuing education, meal programs, and other related services in the event of school dismissal.
- Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.

HOW SHOULD MY SCHOOL PREPARE WHEN THERE IS *MINIMAL TO MODERATE COMMUNITY TRANSMISSION* IN OUR AREA?

Work with your local health officials to determine a set of strategies appropriate for your community's situation. Continue using the preparedness strategies implemented for no community transmission, and consider the following social distancing strategies:

- Cancel field trips, assemblies, and other large gatherings.
- Cancel or modify classes where students are likely to be in very close contact.
- Increase the space between desks to at least 6 feet.
- Stagger arrival and/or dismissal times.
- Reduce congestion in the health office.
- Limit nonessential visitors.
- Limit bringing in students from other schools for special programs (e.g., music, robotics, academic clubs)
- Teach staff, students, and their families to maintain a safe distance (6 feet) from each other in the school.

WHAT SHOULD I DO WHEN THERE IS *SUBSTANTIAL COMMUNITY TRANSMISSION*?

If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for childcare programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community.

You may need to consider extended school dismissals (e.g. dismissals for longer than 2 weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community. During extended school dismissals, also cancel extracurricular group activities, school-based after-school programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Remember to implement strategies to ensure the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.

SHOULD MY SCHOOL SCREEN STUDENTS FOR COVID-19?

Schools and childcare programs are not expected to screen children, students, or staff to identify cases of COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and follow up on next steps.

WHAT RESOURCES DOES CDC HAVE AVAILABLE TO SHARE WITH STAFF, STUDENTS, AND PARENTS?

Share resources with the school community to help them understand COVID-19 and steps they can take to protect themselves:

- CDC's health communication resources
  https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html
- CDC information on stigma and COVID-19
  https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html

- CDC information on COVID-19 and children https://www.cdc.gov/coronavirus/2019-ncov/faq.html
- CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.
- Other health and education professional organizations may also have helpful resources your school can use or share, such as the American Academy of Pediatrics
- CDC's information on helping children cope with emergencies https://www.cdc.gov/childrenindisasters/helping-children-cope.html

WHAT SHOULD I DO IF MY SCHOOL EXPERIENCES INCREASED RATES OF ABSENTEEISM?

If your school notices a substantial increase in the number of students or staff missing school due to illness, report this to your local health officials.

WHAT STEPS SHOULD MY SCHOOL TAKE IF A STUDENT OR STAFF MEMBER SHOWS SYMPTOMS OF COVID-19?

You should establish procedures to ensure students and staff who become sick at school or who arrive at school sick are sent home as soon as possible. Keep anyone sick separate from well students and staff until the sick person can be sent home.

WHAT SHOULD I DO IF THE SUSPECTED SICK STUDENT OR STAFF MEMBER IS CONFIRMED TO HAVE COVID-19?

Immediately notify local health officials. These officials will help administrators determine a course of action for their childcare programs or schools.

You will likely dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

IF CHILDREN WITH ASTHMA USE "BREATHING TREATMENTS" OR PEAK FLOW METERS, DO SCHOOLS NEED TO BE CONCERNED ABOUT AEROSOLIZING THE VIRUS THAT CAUSES COVID-19?

First, students with symptoms of COVID-19 should not attend school. Symptoms of asthma and COVID-19 may overlap, including cough and shortness of breath. Therefore, students experiencing acute asthma attacks should not be attending school without approval by a healthcare provider; if an asthma attack starts at school, a student may need a bronchodilator treatment before being sent home or before an ambulance arrives. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers/mouthpieces and nebulizers with disposable tubing with mask/mouthpieces. Inhalers and nebulizers should be used and cleaned according to the manufacturer's instructions.

During this COVID-19 pandemic, asthma treatments using inhalers with spacers (with or without face mask, according to each student's individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.

Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. During this COVID-19 pandemic, nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).

Use of peak flow meters, including in the school setting, includes forceful exhalation. Based on limited available data1, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. However, for some people with asthma, using a peak flow meter can trigger cough.

Schools should obtain the appropriate personal protective equipment (PPE) for staff who administer nebulizer treatments and peak flow meters to students with asthma. PPE for use when administering nebulizer treatments or peak flow meters to students with asthma consists of gloves, medical or surgical facemask and eye protection. School staff should be trained on when to use PPE, what PPE is necessary, where this PPE is stored, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of used PPE. CDC has information on using PPE. Staff should also be trained on how to administer nebulizer treatments and peak flow meters.

During this COVID-19 pandemic, if a nebulizer treatment or use of peak flow meter is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter. If appropriate based on the student's age and level of maturity, the staff member could leave the room and return when the nebulizer treatment is finished. After the nebulizer treatment or use of peak flow meter, this room should undergo routine cleaning and disinfection. CDC has information on how to clean and disinfect and how to prevent asthma attacks triggered by cleaning and disinfecting activities.

People with moderate to severe asthma may be at higher risk of severe COVID-19. CDC has more information on COVID-19 for schools and healthcare providers (including school nurses).

IF EACH CHILD HAS HIS OR HER OWN SPACER, CAN A SCHOOL'S METERED DOSE INHALER BE USED BY MORE THAN ONE STUDENT IF THE ACTUATOR IS CLEANED BEFORE USE BY ANOTHER STUDENT?

CDC is not aware of data regarding practices to prevent transmission of the virus that causes COVID-19 or other respiratory viruses, when multiple people share one asthma inhaler.

Students should be permitted to use their personal inhaler, as needed, to the extent permitted by state law and school policies. When students need to use of the school's stock inhaler, the inhaler should be used and cleaned according to the manufacturer's instructions. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers/mouthpieces. Additional strategies to further minimize cross-contamination include using spacers with one-way valves and not allowing the student to touch the inhaler (e.g., the student can touch the spacer, but only the school staff administering the inhaler can touch the inhaler). Limited data from healthcare settings suggest wiping all surfaces of an inhaler with an alcohol-based wipe containing at least 70% alcohol after inhaler use, and then allowing these surfaces to air-dry can prevent bacterial cross-contamination. CDC is not aware of data on whether this has helped prevent viral infections or infections in the school setting.

CDC is not aware of data regarding viral contamination of spacer devices. A study evaluating the persistence of SARS-CoV-2 (the virus that causes COVID-19) on plastic, stainless steel, and cardboard surfaces showed that the virus is able to remain viable for up to 72 hours. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers or disposable mouthpieces.

School staff who administer asthma medication to students should use good hand hygiene, including washing hands with soap and water for at least 20 seconds before and after administration. If soap and water are not available and hands are not visibly dirty, staff should use an alcohol-based hand sanitizer that contains at least 60% alcohol.

People with moderate to severe asthma may be at higher risk of getting very sick from COVID-19. CDC has more information on COVID-19 for schools and healthcare providers (including school nurses).

CDC has additional information about asthma (non-COVID related) for health professionals and schools here:https://www.cdc.gov/asthma/info.html

IF A SCHOOL IS CONSIDERING LIMITING STUDENTS TO THE LOCAL GEOGRAPHIC AREA DUE TO A PHASED OPENING, WOULD CHILDREN DISPLACED DUE TO HOMELESSNESS BE PROHIBITED FROM ATTENDING THEIR HOME SCHOOL?

No. Per the Mc-Kinney-Vento Act, students experiencing homelessness should receive equal access to free, appropriate public education as provided to other students. Per the Act, residency requirements should not be a barrier to the enrollment, attendance, or success in school for children and youths experiencing homelessness.

Dismissals

WHEN SHOULD I DISMISS OUR SCHOOL/CHILDCARE PROGRAM?

Any decision about school dismissal or cancellation of school events should be made in coordination with your local health officials. Schools are not expected to make decisions about dismissals on their own.

You may need to temporarily dismiss school for 2-5 days, if a student or staff member attended school before being confirmed as having COVID-19. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

If there is substantial transmission in the local community, local health officials may suggest extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community.

ARE THERE WAYS FOR STUDENTS TO KEEP LEARNING IF WE DECIDE TO DISMISS SCHOOLS?

Yes, consider implementing e-learning plans, including digital and distance learning options as feasible and appropriate. Determine, in consultation with school district officials or other relevant state or local partners:

- If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding.
- How to convert face-to-face lessons into on-line lessons and how to train teachers to do so.
- How to triage technical issues if faced with limited IT support and staff.
- How to encourage appropriate adult supervision while children are using distance learning approaches.
- How to deal with the potential lack of students' access to computers and the internet at home.

IF I MAKE THE DECISION FOR A SCHOOL DISMISSAL, WHAT ELSE SHOULD I CONSIDER?

In the event of a school dismissal, extracurricular group activities and large events, such as performances, field trips, and sporting events should also be cancelled. This may require close coordination with other partners and organizations (e.g., high school athletics associations, music associations). In addition, discourage students and staff from gathering or socializing anywhere, like at a friend's house, a favorite restaurant, or the local shopping mall.

Ensure continuity of meal programs for your students. Consider ways to distribute food to students who receive free or reduced cost meals. Check with the US Department of Agriculture – Food and Nutrition Service for additional information: https://www.fns.usda.gov/disaster/USDAfoodsPandemicSchools. If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.

Consider alternatives for providing essential medical and social services for students. Continue providing necessary services for children with special healthcare needs, or work with the state Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

IF WE DISMISS SCHOOL, WHAT DO WE NEED TO CONSIDER WHEN RE-OPENING THE BUILDING TO STUDENTS?

CDC is currently working on additional guidance to help schools determine when and how to re-open in an orderly manner. If you need immediate assistance with this, consult local health officials for guidance. Stay in touch with your local and state health department, as well as the Department of Education.

WHAT SHOULD WE DO IF A CHILD, STUDENT, OR STAFF MEMBER HAS RECENTLY TRAVELED TO AN AREA WITH COVID-19 OR HAS A FAMILY MEMBER WHO HAS TRAVELED TO AN AREA WITH COVID-19?

Review updated CDC information for travelers, including FAQ for travelers, and consult with state and local health officials. Health officials may use CDC's Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

Parents

WHAT ARE SCHOOLS DOING TO PREPARE FOR COVID-19?

Schools are advised to ensure adequate supplies are available to support healthy hygiene practices, and to routinely clean and disinfect objects and surfaces that are frequently touched.

They are also working closely with local health officials to review and update their school emergency operation plans, and to determine if or when to dismiss schools.

HOW WILL I KNOW IF MY CHILD'S SCHOOL IS CLOSED?

Look out for information from your school district. Information may come via phone, email, or website depending on your school's communication plan. Local media outlets may provide updates, since they often monitor this information.

ARE CHILDREN MORE AT-RISK?

Information about COVID-19 in children is somewhat limited, but the information that is available suggests that healthy children generally have mild symptoms. However, a small percentage of children have been reported to have more severe illness. Children and adults with serious chronic medical conditions are believed to be at higher risk, as well as older adults. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.

HOW SHOULD PARENTS TALK TO CHILDREN ABOUT COVID-19?

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Parents 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-19 and ways they can avoid getting and spreading the disease https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html.

Teachers:

WHAT CAN TEACHERS DO TO PROTECT THEMSELVES AND THEIR STUDENTS?

Teachers and students are in close contact for much of the day, and schools can become a place where respiratory diseases like COVID-19 can quickly spread. Protect yourself and your students by practicing and promoting healthy habits during the school year. You should also plan to say home if you have symptoms of COVID-19 like fever, cough, or shortness of breath. Encourage parents to keep students at home if they're sick. Consider social distancing strategies, such as modifying classes where students are likely to be in very close contact; increasing space between desks; and allowing students to eat meals in the classroom.

HOW SHOULD I TALK TO MY STUDENTS ABOUT COVID-19?

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with 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-19 and ways they can avoid getting and spreading the disease
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html.

Appendix B
General Resources

Please feel free to print as needed.

alabamapublichealth.gov

Cover Coughs and Sneezes

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

Cover your mouth and nose with a **tissue** when you sneeze or cough.

If you don't have a tissue, use your **elbow**.

Wash hands often, **especially** after coughing or sneezing.

Prevent the spread of COVID-19 if you are sick

Accessible version: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation,** ride-sharing, or taxis.

Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
  - See **COVID-19 and Animals if you have questions about pets:** https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals
  - Additional guidance is available for those **living in close quarters.** (https://www.cdc.gov/coronavirus/2019-hj ncov/daily-life-coping/living-in-close-quarters.html) and **shared housing** (https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html).

Monitor your symptoms.

- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19.

If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.

cdc.gov/coronavirus

Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water are the best option**, especially if your hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.

Clean all "high-touch" surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a cloth face covering and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most EPA-registered household disinfectants should be effective.

When you can be around others after you had or likely had COVID-19

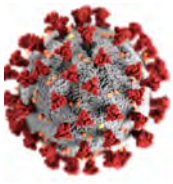
When you can be around others (end home isolation) depends on different factors for different situations.

- **I think or know I had COVID-19, and I had symptoms**
  - You can be with others after
    - 3 days with no fever

      AND
    - symptoms improved

      AND
    - 10 days since symptoms first appeared
  - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.
- **I tested positive for COVID-19 but had no symptoms**
  - If you continue to have no symptoms, you can be with others after:
    - 10 days have passed since test
  - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.
  - If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

cdc.gov/coronavirus

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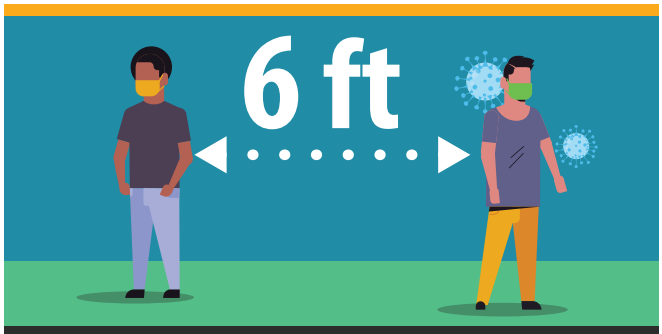
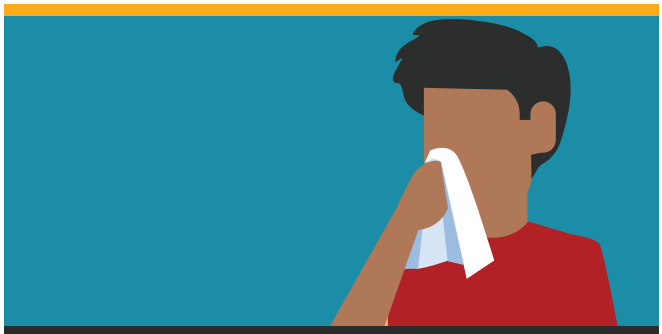
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

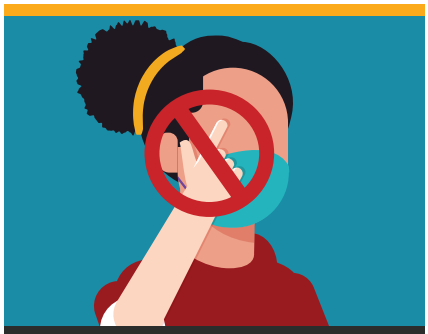


Stay at least 6 feet (about 2 arms' length) from other people.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.

When in public, wear a cloth face covering over your nose and mouth.



Do not touch your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

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What You Can do if You are at Higher Risk of Severe Illness from COVID-19

Are You at Higher Risk for Severe Illness?

Based on what we know now, those at higher risk for severe illness from COVID-19 are:

- Older adults

People of any age with the following :

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

Here's What You Can do to Help Protect Yourself

Limit contact with other people as much as possible.

Wash your hands often.

Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.

Clean and disinfect frequently touched surfaces.

Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's How to Protect Yourself.

cdc.gov/coronavirus

316216A July 9, 2020 11:05 AM

Wear a Cloth Face Covering to Protect You and Your Friends

PUT ON

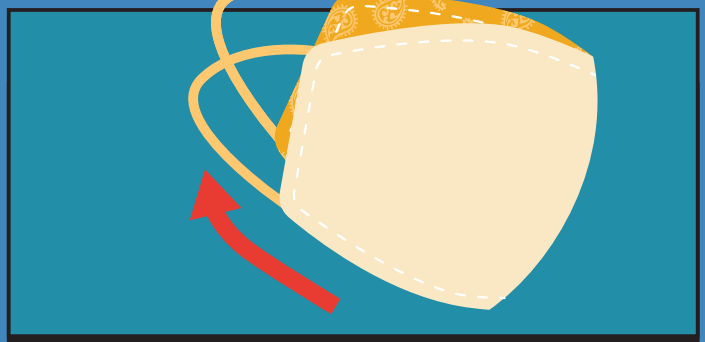
WASH YOUR HANDS

PLACE OVER NOSE AND MOUTH

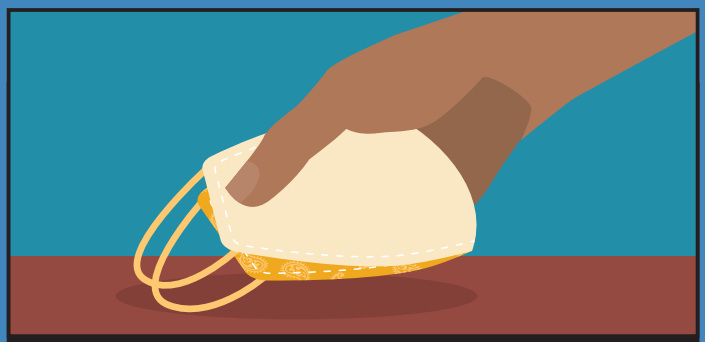
MAKE SURE YOU CAN BREATHE EASILY

TAKE OFF

TAKE OFF YOUR FACE COVERING



FOLD OUTSIDE CORNERS TOGETHER



PUT ASIDE FOR WASHING

WASH YOUR HANDS

WASH YOUR HANDS OFTEN, WEAR A MASK, AND STAY 6 FEET FROM OTHERS.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CDC

cdc.gov/coronavirus

CS 318104-A 07/08/2020

Hands that look clean can still have icky germs!
1 Wet
2 Get Soap
Wash Your Hands!
3 Scrub
4 Rinse
5 Dry
CDC
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
This material was developed by CDC. The Life is Better with Clean Hands campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

HANDWASHING

is your superpower!

cdc.gov/coronavirus

Please wear a cloth face covering.

Maintain a distance of 6 feet whenever possible.

CDC

cdc.gov/coronavirus

What Your Test Results Mean

Accessible version available at https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html

If you test positive for COVID-19

TAKE STEPS TO HELP **PREVENT THE SPREAD** OF COVID-19

STAY HOME.
Do not leave your home, except to get medical care. Do not visit public areas.

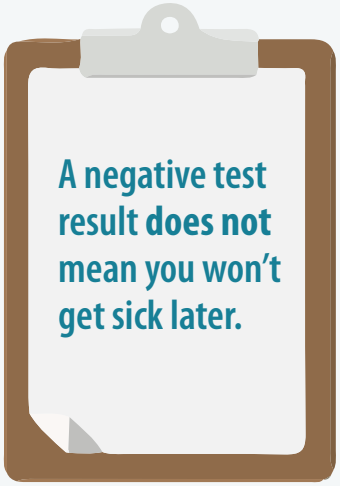
STAY IN TOUCH WITH YOUR DOCTOR.

GET REST AND STAY HYDRATED.
Take over-the-counter medicines, such as acetaminophen, to help you feel better.

SEPARATE YOURSELF FROM OTHER PEOPLE.
As much as possible, stay in a specific room and away from other people and pets in your home.

If you test negative for COVID-19

- You probably were not infected at the time your sample was collected.
- However, **that does not mean you will not get sick**.
- It is possible that you were very early in your infection when your sample was collected and that **you could test positive later**.



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CDC.GOV/CORONAVIRUS