

**Clarkdale-Jerome Elementary School District**  
**Family Communication/Mitigation Plan**  
**2021-'22 School Year**  
**REVISED 3/8/2022**

**Introduction**

The Clarkdale-Jerome Elementary School District has updated its Family Communication/Mitigation Plan for the 2021-'22 school year. As the pandemic evolves, we will continue to focus on the health and safety of our educational community. We continue to utilize guidance from the AZ Department of Education (ADE) Roadmap for Re-opening Schools, the Centers for Disease Control (CDC) and state and local public health authorities.

It is important for the district to be flexible and make adjustments accordingly. Families will continue to receive the most up to date information when available. We thank you for your continued support as we enter the upcoming school year.

**In-Person Learning**

As we prepare for the upcoming school year and welcome our students, families and community back to campus, we want everyone to be mindful that our interactions with others should be respectful and courteous. With this in mind we expect our educational community to adhere to the rules and procedures set in place to ensure everyone's health and safety are at the forefront.

We expect our community to openly accept the following overarching guidelines:

- All members of our community and visitors to our campus will follow guidelines regarding washing and disinfecting their hands frequently, and be mindful of physical distancing norms;
- All members of our community and visitors to our campus will respectfully interact with each other in and out of the classroom, and take responsibility for maintaining a healthy environment;
- All parents and bus riders will comply with bus driver requests to follow rules on our buses;
- All members of our community and visitors to our campus will follow self-screening guidelines for symptoms of illness and refrain from coming to campus when symptomatic; and
- All members of our community and visitors to our campus will comply with self-quarantine rules regarding exposure to COVID-19.

**Social and Emotional Support**

At Clarkdale-Jerome School, we have always prioritized the social and emotional development and well-being of our students. We know that our current environment poses new, and challenging, opportunities for us to continue to prioritize these skills in a meaningful way. Our school counseling department plans to continue supporting students, families and faculty/staff in the following ways:

- Individual counseling
- Small group counseling
- Support families with referrals to outside agencies for resource support
- Provide resources for families in talking with their children about COVID-19
- Provide resources to families on social-emotional learning
- Support to families for resources on fostering resilience and addressing trauma
- Assist teachers in assessing student social emotional needs
- Support teachers in trauma sensitive teaching to identify students in need and make appropriate referrals
- Develop and present classroom-based guidance lessons designed for student achievement of skills in career, academic, personal and social development in small and large group settings

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- Offer parent education opportunities as needed

**Health and Safety Protocols**

The following measures will continue as part of the school's general operations when we return for the 2021-'22 school year.

**Physical Distancing**

- Physical Distancing protocols will be encouraged inside classrooms and in common areas to maintain three (3) feet of distance between individuals when possible (i.e. handwashing and waiting for meals in gym).
- At the teacher's discretion, in-class furniture will be spaced apart with desks facing the same direction.
- Encourage teachers to use technology to facilitate group work and group learning where appropriate for the age, subject, and capabilities of students.
- Continue to reduce, to the greatest extent possible, the number of students on the playground.
- Limit the number of students in the restroom at one time no larger than the number of stalls/urinals in the restroom and display posters reminding students of proper handwashing techniques and physical distancing while in the bathroom.
- We will continue to utilize physical dividers at the front desk area in the administration office and in the cafeteria. We will also continue to utilize our physical distance markers in the gym during breakfast and lunch.

**Hand Washing**

We will continue with handwashing procedures and the use of disinfectant throughout the school day.

Handwashing and disinfecting times will include:

- upon arrival into the classroom in the morning
- after being outside for physical activity,
- after using the restroom,
- before and after lunch,
- after sneezing, coughing, or blowing nose.

Quick Steps for Hand Washing:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air-dry them.

**\*\*Hand sanitizer will be available in all classrooms, the administration office and other areas around campus.**

Students will be reminded of proper respiratory hygiene, including:

- Avoiding touching the eyes, nose, and mouth.
- Covering the nose and mouth into the elbow (if tissue not available) when sneezing and coughing.
- Discard tissues after use.

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**Daily Health Screenings and Temperature Checks**

***At Home:***

This is the first point on the screening continuum. Families should follow the student screening expectations for the symptoms (listed below) each morning before arriving to school, to self-report symptoms to the school, and keep students at home if any symptoms are present. We highly encourage a home temperature check each day.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever (100.4 or higher) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

**Face Coverings/Mask Policy**

Face covering/masks will be optional. It is important that parents/families communicate with the homeroom teacher that they would prefer their child wear a face covering at school. Parents also need to communicate with their teacher if they want their child to wear their face covering/mask throughout the school day or only during certain times of the day (i.e. in class only).

We encourage those who are **NOT** vaccinated to wear a face covering while on campus (as per CDC guidance).

**COVID Testing**

The District will have available rapid test kits and, upon permission granted by the parent/guardian, we can administer a test to students if they are showing COVID-like symptoms. Upon request, we will also make available rapid COVID tests for household members. Families can make arrangements to drive up to the front of the school and wait in their vehicle until the health aide arrives to administer the rapid test.

**Procedures for COVID-19-like Symptoms or a Confirmed Positive Test**

CJSD will work with the Yavapai County Community Health Services department in the event of a positive test and coordinate as appropriate for contact tracing. The district is bound by the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) and will honor the privacy of impacted individuals. This district is also required to report a confirmed COVID-19 case as per the AZ Dep't. of Health Services Emergency Measure 2020-03.

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CJSD faculty and staff should notify the health aide if visible COVID-like symptoms are present in either an employee or student (see below). To the greatest extent possible, confidentiality must be maintained.

If an employee develops a fever, cough or shortness of breath, they will be sent home as per instruction from the Health Aide. If an employee has two or more COVID-like symptoms, the Health Aide will evaluate them on a case-by-case basis. If the employee is able to self-transport, have the employee leave the site.

- If the employee is not able to safely self-transport, contact a family member, emergency contact, or other method of transport to get the employee home or to a healthcare provider.
- If the employee appears to be in medical distress, call 911
- Individuals will be encouraged to follow through with their healthcare provider for further guidance.

If a student develops a fever, cough or shortness of breath, they will be sent home as per instruction from the Health Aide. If a student has two or more COVID-like symptoms, the Health Aide will evaluate them on a case-by-case basis. If a student is being escorted to the Health Office, please utilize the following protocols:

- Have this staff member wear a face covering while maintaining a distance of at least 3 feet from the student at all times, unless there is an emergency.
- Contact the health aide for guidance
- Staff member should bring student to the health office for further evaluation
- Student will wear a face mask while in the health office until parent/guardian picks up the child or a negative result comes back after rapid testing.
- Staff member should communicate to the health aide the specific COVID-19 symptoms right away upon bringing student to the health office.
- Health aide will immediately notify parent or emergency contact to pick up the student or call 911 if student appears to be in distress.

**Employees or students who have developed COVID-like symptoms or had a positive COVID-19 test may not return to school and should follow the guidelines outlined in the ADHS "Release from Isolation and Quarantine Guidance" (located at the end of our mitigation plan).**

#### **Quarantining Classes or Closing School Buildings**

The school district is required to report any confirmed cases to the county health department. Having more than one case within a school does not constitute an outbreak. An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

The decision to quarantine a class, close a portion of the school, or close the school/district entirely should be made in close coordination and recommendation by the local health department. When there is a confirmed COVID-19 case in a classroom, our custodial crew will clean and sanitize the classroom prior to opening it back up.

The district will also determine whether other employees or students may have been exposed to the symptomatic individual. Close contact is defined as someone who was within 3 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. For clarity, it is individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).

- If so, notify those individuals (or in the case of students, their parents/guardians) of the potential exposure
- Do not disclose the name of the individual who is sick

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**Notification Basics**

The school district will notify parents within a grade level when a COVID-19 case has been confirmed. Communication could increase depending upon the circumstances. For example, we will notify the families of an athletic team upon a confirmed case. We will also periodically notify families of the total confirmed cases and quarantining statistics.

**Household Members**

All household members of someone confirmed or suspected to have COVID-19 should not physically attend school and quarantine at home for up to 5 days. Should a student become sick, families should notify the school of any household contact. It is important to note that release from isolation DOES NOT require a doctor's note and DOES NOT require repeat testing or a negative test. Verifying that a student or staff member meets criteria for release from isolation will be up to the health aide and in accordance with the ADHS "Release from Isolation and Quarantine Guidance (with revisions).

**Food Service**

- **COVID Breakfast/Lunch Protocols:** Meal service will be served from the gym during breakfast and lunch, with increased safety measures, including the following:
- Students will be ~~required~~ encouraged to wash hands with soap and water before entering the gym for lunch.
- Breakfast – We will continue to provide physical distancing during the breakfast time with the new 3 ft. guidance in mind.
- Lunch – K-2<sup>nd</sup> grade students will eat in the gym during lunch keeping a 3 ft. physical distance to the greatest extent possible. Students in grades 3-8 will be continue to eat outside.
- On occasion, with inclement weather, there may be multiple grade levels eating in the gym during any one time.
- We will continue to utilize the physical distancing markers in the gym.
- Once conditions improve, we will move back into a normal lunch/recess schedule. School/District administration will make that determination based on ADHS metrics.

**Cleaning Protocols**

We will continue daily cleaning and disinfecting of all frequently touched surfaces in work areas (desks, countertops, door handles, sinks, etc.).

**Air Quality**

We will continue to utilize HEPA air filters and purifiers in our classrooms.

**Other Campus Considerations**

**Visitors**

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Visitors and volunteers will be restricted from campus (classrooms and during lunch) including, family and guest speakers. Visitors will be required to check-in at our window by the front office. Once conditions have improved, then we will allow visitors and volunteers on campus.

**School Events/Field Trips**

Field trips are a part of our culture and one element that draws students to our school. As we began last spring, we will continue with field trips and bring back school events as we monitor conditions over the course of the school year

**Extra-curricular Activities and Athletics**

We will continue to rely on guidance from the Arizona Interscholastic Association (AIA) and follow guidelines set forth for safe participation.

**Future Revisions**

The CJSD Governing Board gives authority to the superintendent to make future revisions to the mitigation plan when necessary.

**Release from "Isolation and Quarantine" Guidance**

The AZ Department of Health Services released guidance several months ago related to isolation and guidance. This document details steps to be taken if someone has tested positive, negative, is asymptomatic (meaning no symptoms) and symptomatic. We have attached this document as an addendum to this mitigation plan. This will give you guidance as to what you can do if someone in your home has symptoms and we will rely on this to make our decisions. This guidance is included in the next few pages and has been recently updated.

Exceptions to the guidance will be implemented by the District to include:

- A student or staff member does not have to quarantine if they can prove, through test results, they have contracted COVID-19 in the past. Test results could include a positive PCR or antibody test.



## ARIZONA DEPARTMENT OF HEALTH SERVICES

### 'Release from Isolation and Quarantine' Guidance

Recommendations for [quarantine](#) and discontinuation of [isolation](#) precautions and home isolation, based upon a person's symptoms and clinical testing are below. COVID-19 [work restriction guidance for healthcare workers](#) differs from isolation and quarantine for the general population. The most recent updates to this document can be found [here](#).

- If a person is **symptomatic** and **awaiting**<sup>q</sup> COVID-19 test results:
  - Stay home away from others or under isolation precautions until results are available. If results are delayed, follow guidance for symptomatic and tested positive for COVID-19. Once results are available, follow the recommendations below based on results.
  
- If a person is **symptomatic** and **tested positive** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
  - At least 5 days<sup>1</sup> have passed since symptoms first appeared; AND
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.
  - Individuals should continue to wear a mask around others and take additional precautions<sup>1</sup> through at least day 10 from when symptoms first began. If you cannot wear a mask during this time, you must continue to isolate for 10 full days after symptoms first began.
  
- If a person is **symptomatic** and **tested negative**<sup>q</sup> for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.
  
- If a person is **symptomatic** and has **not been tested**<sup>q</sup> for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
  - At least 5 days<sup>1</sup> have passed since symptoms first appeared; AND
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.
  - Individuals should continue to wear a mask around others and take additional precautions<sup>1</sup> through at least day 10 from when symptoms first began. If you cannot wear a mask during this time, you must continue to isolate for 10 full days after symptoms first began.
  
- If a person is **asymptomatic** and **awaiting**<sup>q</sup> COVID-19 test results:

- No isolation is required while waiting for test results. Take everyday precautions to prevent the spread of COVID-19. Once results are available, follow recommendations based on results.
- If a person is **asymptomatic** and **tested positive** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
  - At least 5 days<sup>1</sup> have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic.
  - If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.
  - Individuals should continue to wear a mask around others and take additional precautions<sup>1</sup> through at least day 10 since specimen collection of the first positive test. If you cannot wear a mask during this time, you must continue to isolate for 10 full days after collection of the first positive test.
- If a person is **asymptomatic** and **tested positive**<sup>9</sup> for COVID-19 by serology:
  - No isolation is required since there is a low likelihood of active infection. Take everyday precautions to prevent the spread of COVID-19.
- If a person is **asymptomatic** and **tested negative**<sup>9</sup> for COVID-19 by PCR, antigen testing, or serology:
  - No isolation is required. Take everyday precautions to prevent the spread of COVID-19.
- If a person has other non-compatible symptoms and has not been tested for COVID-19, stay home away from others or under isolation precautions until:
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.

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**NOTE:** The guidance above has symbolic notation for additional considerations denoted by "I" for [isolation](#) and "Q" for [quarantine](#). See respective sections below for additional considerations.

## ISOLATION

In general, inpatients/residents in healthcare or [congregate settings](#) should complete a 10-day isolation period. However, public health may use additional considerations in determining the period of isolation in these settings.

A person who had [severe/critical illness](#) who is not [moderately or severely immunocompromised](#) should consult with their healthcare provider about when they can resume being around other people:

- If symptomatic, stay home away from others or under isolation precautions until:
  - At least 10 and up to 20 days have passed since symptoms first appeared; AND
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.
- If asymptomatic, stay home away from others or under isolation precautions until:
  - At least 10 and up to 20 days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.

Moderately and [severely immunocompromised](#) people with COVID-19 should [consult with their healthcare provider](#) about when they can resume being around other people since they may remain infectious beyond 20 days after their



symptoms began and require additional SARS-CoV-2 testing (test-based strategy) and consultation with infectious diseases specialists and infection control experts.

#### Additional Precautions for Shortened Isolation

- A person who ends isolation before a full 10 days should:
  - Avoid people who are immunocompromised or at high risk for severe disease, and nursing homes and other high-risk settings, until after at least 10 days.
  - Not travel during their 5-day isolation period. After ending isolation, they should avoid travel until a full 10 days after their first day of symptoms. If they must travel on days 6–10, they should wear a mask when around others for the entire duration of travel. If they are unable to wear a mask, they should not travel during the 10 days.
  - Not go to places where they are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until a full 10 days after their first day of symptoms.
- If a person tests positive on an antigen test towards the end of their 5-day isolation period, they should continue to isolate through day 10.

Outside of the criteria above, extension of isolation is not routinely recommended if an individual is retested within 3 months (90 days) of symptom onset or date of first positive test (asymptomatic). However, if a person within 3 months (90 days) of symptom onset or date of first positive test (asymptomatic) has or develops new symptoms consistent with COVID-19 within 14 days of a new exposure to a person with suspected or confirmed COVID-19, they should consult with a healthcare provider. Consultation with infectious disease or infection control experts may be necessary. If an alternative cause of the symptoms cannot be identified, retesting for SARS-CoV-2 infection may be warranted. In the absence of clinical evaluation to rule out SARS-CoV-2 reinfection, this person should be isolated following the recommendations above.

#### **QUARANTINE**

A person who had known [close contact](#) with a confirmed COVID-19 case should [quarantine](#) (exceptions below) for at least 5 days from their last exposure and should get tested at least 5 days after exposure. If they are negative or are unable to get tested, they should continue to watch for symptoms and wear a mask around others through at least day 10 from last exposure. If they are unable to wear a mask when around others or are inpatients/residents in healthcare or [congregate settings](#), they should continue to quarantine for 10 days. Inpatients/residents in [congregate healthcare settings](#) that are asymptomatic can discontinue quarantine after 7 days if they test negative on a PCR/antigen test within 48 hours before discontinuing quarantine. If they are positive, they should follow [isolation guidance](#). If they develop symptoms, they should get tested for COVID-19, remain at home, and follow [isolation guidance](#).

#### Not Required to Quarantine – People Up-to-Date on Vaccination

- Vaccinated people with an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria but should wear a mask around others for 10 days from last exposure:
  - Are ages 18 years or older and have received all recommended COVID-19 vaccine doses, including boosters and additional primary shots for some immunocompromised people; OR
  - Are ages 5–17 and completed their primary series of COVID-19 vaccines.
- People are recommended to get tested at least 5 days after close contact with someone with COVID-19. If they experience symptoms consistent with COVID-19, they should immediately self-isolate and be evaluated by their healthcare provider for COVID-19, including testing.
- People who test positive for COVID-19 by PCR or antigen test should follow [isolation guidance](#), regardless of vaccination status.

#### Not Required to Quarantine – People that had COVID-19 within 3 months (90 days)

- People that had COVID-19 within 3 months (90 days) of an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria but should wear a mask around others for 10 days from last exposure:
  - Have met criteria to end isolation; AND

- Remain asymptomatic (i.e., no new symptoms).
- People that had COVID-19 within 3 months (90 days) and remain asymptomatic do not need to get tested after close contact.
- However, if a person is identified as a contact of a case more than 3 months (90 days) after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow the above recommendations for quarantine or recommendations for people up-to-date on vaccination.
- There might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing inpatients/residents in healthcare or congregate settings for SARS-CoV-2 and quarantine following exposure that occurs within 3 months (90 days) after their initial infection, Examples could include:
  - Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) within 3 months (90 days) of SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
  - Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
  - Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

#### Quarantine Recommendations for Admissions and Readmissions of Residents to Post-Acute Care Facilities

- Quarantine is not recommended for asymptomatic residents who are being admitted or readmitted (left the facility for ≥24 hours) to a post-acute care facility if they are [up-to-date on vaccination](#).
  - If they are not [up-to-date on vaccination](#), they should quarantine for 10 days. They can discontinue quarantine after 7 days if they are asymptomatic and test negative on a PCR/antigen test within 48 hours before discontinuing quarantine.
- Residents who are being admitted or readmitted (left the facility for ≥24 hours), regardless of vaccination status, should have a series of two tests (PCR or antigen) for SARS-COV-2 infection; immediately and, if negative, again 5–7 days after their admission.
- People that had COVID-19 within 3 months (90 days) of an exposure to someone with COVID-19 do not need to quarantine or be tested if they meet ALL of the following criteria:
  - Have met criteria to end isolation; AND
  - Remain asymptomatic (i.e., no new symptoms).
- However, if a person is identified as a contact of a case more than 3 months (90 days) after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow the above recommendations for quarantine or recommendations for people up-to-date on vaccination.
- There might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing inpatients/residents in healthcare and congregate settings for SARS-CoV-2 and quarantine following exposure that occurs within 3 months (90 days) of their initial infection; if testing is performed on these people, an antigen test instead of a PCR test is recommended. This is because some people may remain PCR positive but not be infectious during this period. Examples could include:
  - Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) within 3 months (90 days) of SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
  - Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
  - Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

Healthcare facilities should follow CDC guidance that includes special consideration for infected or exposed healthcare workers: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#). If you are a healthcare worker, please follow-up with your employer or HR for specific guidelines.

Public health may use additional considerations in determining the period or need to quarantine on a case-by-case basis, including ongoing transmission within a [congregate healthcare setting](#) that is not controlled with initial interventions and outbreaks of [variants of SARS-CoV-2](#).

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## Recent Updates to Guidance

The following changes were made to the guidance:

- Updated quarantine guidance for the general inpatients/residents in healthcare and congregate settings.

## Glossary of Terms

1. **Close contact\*** for COVID-19 is defined as any of the following exposures to an individual during their infectious period:

- Individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\*\*
- Individual providing care in a household without using [recommended infection control precautions](#)
- Individual who has had direct physical contact (hugging or kissing)
- Individual who has shared eating and/or drinking utensils, or
- Individual who has been sneezed on, coughed on, or got respiratory droplets on them.

\*Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices. Please see [work restriction guidance for healthcare workers](#) for more information.

\*\*Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Factors to consider when defining close contact include proximity (closer distance increases exposure risk), the duration of exposure (longer exposure time increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, indoors or outdoors space). In some settings, mask use may be a factor in determining close contact, or in determining recommendations for follow-up after an exposure.

2. **Congregate setting:** Any facility where people living in a group setting share living space (including bathroom or kitchen) **AND** those living there depend on the facility for:

- Completion of activities of daily living; OR
- Temporary shelter; OR
- Medical services

Congregate healthcare settings include, but are not limited to:

- Long-term care facilities (LTCFs)
- Hospice
- Assisted living facilities
- Group homes (Division of Developmental Disabilities - DDD, Department of Child Safety - DCS)
- Inpatient physical rehabilitation facilities
- Inpatient behavioral/addiction rehabilitation

**Non-healthcare congregate settings, include but are not limited to:**

- Shelters with dormitories
- Jails, prisons, and detention centers (ICE and ORR)
- Temporary shelters for people who are asylum-seeking/unaccompanied children

**Non-congregate settings include, but are not limited to:**

- Student or faculty housing (e.g., dormitories or residence halls)
- Apartments
- Independent living facilities
- Shelters with apartment-style living arrangements (own bathroom and kitchen)
- Outpatient behavioral/addiction rehabilitation
- Multi-generational or multi-family homes

**3. Up-to-Date on Vaccination:**

- 18 years of age or older and have received all recommended COVID-19 vaccine doses, including boosters and additional primary shots for some immunocompromised people.
- 5–17 years of age and completed the primary series of COVID-19 vaccines.

This applies to COVID-19 vaccines currently approved or authorized for emergency use by the U.S. Food and Drug Administration (FDA): Pfizer-BioNTech, Moderna, and Johnson & Johnson (J&J)/Janssen COVID-19 vaccines. This guidance also applies to [COVID-19 vaccines listed for emergency use by WHO](#) but not approved or authorized by FDA.

4. **Infectious period** is the timeframe an individual can transmit disease to others. For COVID-19, this starts from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the individual discontinues isolation.
5. **Isolation** separates sick people with a contagious disease from people who are not sick.
6. **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. For COVID-19, this means staying home or in a private room with a private bathroom for 10 days after last contact with a person who has COVID-19. However, individuals may be eligible for the acceptable options to shorten quarantine outlined [here](#).
7. **Severe/critical illness:** Illness due to COVID-19 that required hospitalization, intensive care, or ventilation support.
8. **Moderately or severely immunocompromised** means you have:
- Been taking chemotherapy for cancer recently;
  - HIV and a CD4 T-cell count <200;
  - An immunodeficiency disorder;
  - Been taking high-dose steroids (like prednisone  $\geq 20$  mg/day for  $\geq 14$  days); OR
  - Another condition that a healthcare provider has told you makes you moderately or severely immunocompromised.
9. **Symptomatic:** People with these symptoms may have COVID-19:
- |                                               |                              |
|-----------------------------------------------|------------------------------|
| ● Fever or chills                             | ● Headache                   |
| ● Cough                                       | ● New loss of taste or smell |
| ● Shortness of breath or difficulty breathing | ● Sore throat                |
| ● Fatigue                                     | ● Congestion or runny nose   |
| ● Muscle or body aches                        | ● Nausea or vomiting         |
|                                               | ● Diarrhea                   |

This list does not include all possible symptoms. Public Health will [continue to update](#) this list as we learn more about COVID-19.