

Responding to COVID-19 in K-12 Schools and Child Care Facilities February 7, 2022

Updates to this document are indicated in orange text.

Background

Please note: this guidance replaces previous publications of the State of NH Coronavirus Disease 2019 (COVID-19) School and Child Care Toolkit for COVID-19.

This guidance is intended to update schools and child care programs about recommendations for COVID-19 case reporting to the NH Department of Health and Human Services (NH DHHS), and assist schools and child care facilities in responding to clusters or outbreaks of COVID-19. Multiple resources exist that K-12 school and child care programs can draw upon when making decisions about COVID-19 prevention measures including:

1. CDC guidance for [K-12 schools](#) and [child care programs](#)
2. American Academy of Pediatrics (AAP) [guidance](#) for K-12 schools

Schools and child care agencies should follow NH requirements for [isolation and quarantine](#) (including this [flowchart for deciding quarantine](#)), and the reporting and contact tracing guidance found in this document (which may differ from CDC's guidance linked above).

Weekly Case and Cluster Reporting

Given the increasing use of at-home tests, tracking every COVID-19 infection is neither possible nor necessary for managing the COVID-19 pandemic within our communities and schools. Therefore, NH DHHS is no longer asking schools and childcare programs to report individual details for persons diagnosed with COVID-19 within a school or child care program.* This is consistent with a national [transition away from universal case investigation and contact tracing](#) to focus surveillance and public health efforts on preventing severe outcomes of COVID-19.

Infections will continue to be reported to the State, but instead of daily reports NH DHHS is implementing weekly aggregate reporting of all persons diagnosed with COVID-19 associated with a school[†], as allowed under NH State Statute [RSA 141-C](#). Aggregate reporting is intended to dramatically decrease the burden of reporting and contact tracing on school staff, while maintaining State and local situational awareness of how COVID-19 is impacting facilities. Please report weekly aggregate data using [this link](#) at the end of each week, **even if you have zero cases to report. Reporting will open Friday morning by 8am; in order to be included in weekly public reporting, data must be submitted no later than 10am on the following Monday.**

NH DHHS is also no longer asking schools or child care programs to actively conduct contact tracing to identify clusters or outbreaks. Rather, if a large cluster or outbreak is suspected based on weekly aggregate reporting, or if a school/child care official is concerned about uncontrolled transmission within a facility, the school or child care program can contact NH DHHS to report the situation and seek advice on mitigating further spread of COVID-19.

Report concerns by calling 603-271-4496 (after-hours, call 603-271-5300 and ask for the public health professional on-call to be paged). School and child care programs should designate a primary point of contact

(e.g., school nurse, director, principal or administrative staff) who is responsible for coordinating with the NH DHHS COVID-19 Congregate Setting Investigation (CSI) Unit. The facility primary point of contact will need to be prepared to communicate the following information:

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

If a cluster or outbreak is identified in your facility and you would like assistance from NH DHHS, a public health professional will assist your primary point of contact in controlling spread of disease. Every school or child care should be prepared to implement enhanced prevention strategies in response to an outbreak of COVID-19. In uncontrolled outbreak situations, NH DHHS will provide additional guidance to assist the facility as necessary.

Responding to People with Symptoms or a Diagnosis of COVID-19

Viral Testing Pending? ‡	Action:
Yes	<ul style="list-style-type: none"> • Symptomatic person isolates pending test result • HHCs can remain in school/work as long as they remain asymptomatic, but if the symptomatic person tests positive for COVID-19, then the HHCs who are not up to date on COVID-19 vaccination must quarantine
No	<ul style="list-style-type: none"> • Symptomatic person must remain on isolation until they have met criteria for release from isolation • HHCs who are not up to date on COVID-19 vaccination must quarantine for 5 days starting after the last day of exposure

‡ Appropriate COVID-19 viral testing includes molecular- (i.e., PCR) or antigen-based tests (antigen tests must be conducted within an appropriate time frame after symptom onset, as specified in manufacturer instructions). Antibody tests are not appropriate for diagnosing active infection.

Action Steps for School and Child Care Programs to Take for All Cases of COVID-19:

- Exclude students/staff with COVID-19 from facility for appropriate duration of [isolation](#).
- Exclude persons with [symptoms of COVID-19](#) from facility and instruct them to get tested, if needed, provide student and parent/guardian with [“Letter to Providers Concerning COVID-19 Testing and Exclusion” to facilitate appropriate action and testing](#).
- Advise affected classroom/cohort of [action items](#) for persons who do not need to quarantine.
- Exclude [quarantined](#) household contacts (e.g., siblings who are unvaccinated or not up to date on receiving all recommended COVID-19 vaccine doses).

Identifying and Responding to a Cluster or Outbreak

Additional Action Steps for Clusters or Outbreaks of COVID-19:

1. Review [prevention strategies](#) and consider implementing additional layers of prevention, or more closely monitor existing prevention strategies.
2. Notify NH DHHS when concerned with uncontrolled transmission within a facility. NH DHHS will assess information provided and provide additional support, if indicated.
3. Notify school community (e.g., affected classroom, team) of potential cluster or outbreak.
4. Advise affected classroom/cohort of [action items](#) for persons who do not need to quarantine.

Definition of Key Terms

Household contact	Any individual who lives and sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as occurs as sleep-over events, shared camp cabins, vacation rentals, etc.
K-12 school or child care associated case	COVID-19 case (confirmed or probable) who is a student, teacher, or staff member physically present in the school setting or participated in a school sanctioned extracurricular† activity <ol style="list-style-type: none">a. Within 14 days prior to illness onset or a positive test result ORb. Within 10 days after illness onset or a positive test result
A cluster in the school or child care setting	Three or more individuals confirmed with COVID-19 who are part of a related group of individuals (e.g., classroom) who had the potential to transmit infections to each other through close contact
An outbreak in a school or child care setting	Two or more unrelated clusters in the school with onset (based on source case symptom onset date) within 14 days of each other

Additional Resources

[CDC K-12 School Parent FAQs](#)

[CDC K-12 Administrator FAQs](#)

[CDC COVID-19 Print Resources](#)

* The exception to this is when school staff (e.g., school nurses) are conducting point-of-care COVID-19 testing, then under federal regulations those test results still need to be reported to NH DHHS (see information here about [options to report point-of-care tests](#)).

† This includes persons who may or may not have been present in the facility while infectious.