New Jersey Department of Health
COVID-19 Guidance for Child Care and K-12 Schools

April 28, 2020

Per Executive Order 104 (2020) and Executive Order 107 (2020), effective Wednesday, March 18, 2020, all New Jersey public, private and parochial schools from Pre-Kindergarten to grade 12 will be closed to students as a result of COVID-19 and education will continue remotely, for as long as the Orders remain in effect.

School and childcare center administrators, teachers, and parents within New Jersey are concerned about how the current outbreak of the 2019 Novel Coronavirus (COVID-19) may impact their communities and wish to take appropriate steps to mitigate risk. The word “novel” means new. Novel strains of viruses are of particular concern because they are infecting humans for the first time. The Centers for Disease Control and Prevention (CDC) is working hard to learn as much as possible about this new virus. The New Jersey Department of Health (NJDOH) has also developed guidance and educational materials as this rapidly evolving situation continues to unfold.

Imported cases of COVID-19 in travelers have been detected in the United States, and cases of COVID-19 with no link to travel have now been documented. More cases are likely to be identified in the coming days in both New Jersey and the United States. On March 11, 2020, the World Health Organization (WHO) publicly designated COVID-19 as a pandemic. Widespread transmission of COVID-19 in the United States could translate into large numbers of people needing medical care at the same time, overwhelming hospital infrastructure and health care providers. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Schools, childcare centers, workplaces, and other places for mass gatherings may experience increased absenteeism. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected.

Due to its novel nature, there is no vaccine to protect against COVID-19 and no medications approved to treat the virus. As a result, efforts to control transmission and mitigate risk are critically important. The most important response strategy is the use of personal protective measures, including good hygiene habits and use of nonpharmaceutical interventions (NPIs). NPIs are strategies that can be used when other measures like treatment or vaccines are not available to combat an emerging illness.

What is the difference between seasonal and novel coronavirus?

Coronaviruses are a family of viruses and there are different types of coronavirus within that family, much like there are different types of influenza viruses. Coronaviruses in general are not new and are a frequent cause of respiratory illnesses, such as the common cold. Coronaviruses tend to circulate in the fall and winter months, similar to influenza. Most people get infected with these viruses at some point in their lives.
The type of coronavirus that has recently emerged in Wuhan, China is a new type of coronavirus and is infecting people for the first time (which means that people do not have any immunity to it). This newly discovered virus is called SARS-CoV-2 and is causing a disease named COVID-19.

What are common symptoms of COVID-19?

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. Symptoms may appear 2-14 days after exposure to the virus.

People with these symptoms or combinations of symptoms may have COVID-19:
- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

How is COVID-19 spread?

The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggest that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. COVID-19 is thought to spread mainly through close contact (within about 6 feet for a prolonged period) from person-to-person in respiratory droplets from someone who is infected.

People who are infected often have symptoms of illness. Some people without symptoms may be able to spread virus. A significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but there is still more to be learned about this virus.

What measures can be taken to prevent COVID-19?

There is currently no vaccine to prevent COVID-19 infection. The best way to prevent infection is to avoid being exposed to this virus. As a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including frequent handwashing for at least 20
seconds with soap and water or if unavailable, use hand sanitizer with at least 60% alcohol. Covering coughs and sneezes, cleaning frequently touched surfaces, and staying home while sick are other key measures to take to prevent COVID-19.

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.

- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

How is COVID-19 treated?

Currently, there is no specific antiviral treatment recommended for the coronavirus. There is no vaccine to prevent this virus, and the CDC advises that the best way to prevent infection is to avoid being exposed to this virus.

Who is most at risk for COVID-19?

Children have not been shown to be a high-risk group for serious illness from COVID-19.

People at higher risk include people:
- Over 60 years of age
- Who live in a nursing home or long-term care facility
- Of all ages with
  - underlying health conditions including include heart disease, lung disease, or diabetes
  - weakened immune systems
  - severe obesity (body mass index of 40 or higher)
  - diabetes
  - chronic kidney disease undergoing dialysis
  - liver disease
- Who are pregnant

Caregivers of children with underlying health conditions should consult with healthcare providers about whether their children should stay home. Anyone who has questions about whether their condition puts them at risk for novel coronavirus should consult with their healthcare providers.
Public Health recommends that people at higher risk of severe illness should stay home and away from large groups of people as much as possible, including public places with lots of people and large gatherings where there will be close contact with others. This includes concert venues, conventions, sporting events, and crowded social gatherings.

**How should schools prepare for the potential of a coronavirus outbreak in their community when there is no current community spread?**

With the potential for more community transmission of COVID-19, the most important thing for schools to do now is **plan** and **prepare**. Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19) can be found at [https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html).

- Review and update or develop your outbreak response/pandemic plan and share with stakeholders before an outbreak occurs.
- Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible.
- Prepare for the potential of school closures or dismissals or cancellation of school events.
- Prepare to offer home instruction to students.
- Implement flexible attendance and sick leave policies.
- Establish relationships with local public health officials and identify points of contact.
- Create emergency communication plan and maintain up to date contact information for everyone in your communication chain.
- Establish leadership team, identify essential staff functions, assign tasks and responsibilities.
- Plan workshops and trainings to educate staff on prevention measures.
- Continue to monitor current information from health officials.

**What preventive measures should a school take to help reduce the spread of respiratory illness, including COVID-19 and the flu?**

NJDOH recommends that schools and childcare settings increase education on respiratory hygiene. Staff and children (as developmentally appropriate) should all be taught and asked to follow these steps that prevent the transmission of respiratory infections:

- Cover your coughs and sneezes with a tissue or into your sleeve, not your hands.
- Avoid touching your eyes, nose and mouth.
- Wash hands often for at least 20 seconds, especially after coughing or sneezing. Use alcohol-based hand sanitizer if soap and water are not available.
- Stay home if you’re sick, especially with a fever.
- Avoid people who are sick.
- Clean and disinfect frequently touched surfaces and objects.

Additional preventive measures include:

- Continue to monitor students and staff who my exhibit respiratory symptoms.
• Adhere to exclusion recommendations from public health. For acute respiratory illness; fever free for 24 hours without fever-reducing medication. Doctors notes for return do not supersede public health recommendations.
• Separate sick students and staff from others until they can be picked up to go home.
• Provide adequate supplies, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.
• Encourage routine surface cleaning through education, policy, and the provision of supplies.
• Get a flu shot – it’s not too late to be protected!

School Cleaning Procedures

Schools should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product for use against SARS-CoV-2 [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2). Typically, this means at least daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys. Information on cleaning and disinfecting your facility can be found at [https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html). Increasing the frequency of cleaning when we are seeing an increase in respiratory or other seasonal illness is always a recommended prevention and control measure.

What should a school do when a student or staff member presents with symptoms of COVID-19?

• COVID-19 presents with signs and symptoms that may be indistinguishable from much more common respiratory viruses. 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. Schools are not expected to screen students or staff to identify cases of COVID-19.
• Students with fever, cough, or difficulty breathing should be placed away from others and asked to wear a facemask until they can be sent home. If a mask is not tolerated by the student, health office staff should use proper personal protective equipment.
• Staff members should be sent home and advised to seek medical advice.
• We do not recommend that students be required to obtain a doctor’s note in order to be excused from school – this may dissuade those who are ill from staying out of school and crowd doctors’ offices with patients who do not need to be seen.
• Notify your local health department with any questions or concern about an ill student [www.localhealth.nj.gov](http://www.localhealth.nj.gov).

Will schools be asked to close if there is a COVID-19 outbreak in the community and why?

The decision to close a school rests with the body having control or direction over the school. School leaders should consult with their local health departments to determine if school closure is warranted due to COVID-19.

Waiting to enact school closures until at the correct time in the epidemic (e.g., later in the spread of disease) combined with other social distancing interventions allows for optimal impact despite disruption.

- Modeling data for other respiratory infections where children have higher disease impacts, suggests that early short-term closures are not impactful in terms of overall transmission.
- Social mixing may still occur outside of school with less ability to monitor, especially among older students.
- Will increase risk to older adults or those with co-morbidities, as almost 40% of US grandparents provide childcare for grandchildren. School closures will likely increase this percentage.

If a school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19, short-term dismissals or closures for school and extracurricular activities may be implemented as needed (e.g., if cases in staff/students) for cleaning and contact tracing.

- School closures and school dismissals are two recommended strategies to limit transmission within the community.
- During school dismissals, childcare programs and schools may stay open for staff (if not ill) while students stay home. This allows teachers to develop and deliver lessons remotely and for other staff to continue to provide services.
- Schools may be asked to close preemptively or reactively, therefore schools should be making plans for what to do if there are recommendations for closing schools or cancelling events.
- Childcare and school administrators should work closely with local health officials when making decisions on dismissals or closures.

Do school-related events need to be canceled?

- The decision to cancel school events rests with the body having control or direction over the school.
- Reducing the frequency of large gatherings and limiting the number of attendees per gathering can serve as mitigation strategies.
- Based on local circumstances, it may be in the best interest of public health to modify, postpone, or cancel mass gatherings.
- In general, students and parents should be reminded that part of good respiratory hygiene is staying home when ill.

If we have a student/staff who has been ill at school and is now being evaluated for COVID-19 with test results pending, what should we tell parents?

In general, continue to follow your usual procedures for notification of parents/guardians whose students are ill at school. Public health will follow up with schools who need more specific guidance.
If COVID-19 test results are negative, when can a student/staff return to work or school?

An individual with a negative result should remain home from work or school and avoid contact with others until 72 hours after their fever has resolved (without fever reducing medication) and respiratory symptoms (such as cough and shortness of breath) have significantly improved.

What if a student/staff has been in close contact with someone who has COVID-19?
Indians have been in close contact with someone who has COVID-19 if:

- They live with or care for someone with COVID-19.
- They have been within 6 feet of someone with COVID-19 for more than 10 minutes.
- They have been in direct contact with secretions from someone with COVID-19 (being coughed on, kissing, sharing utensils, etc.).

If an individual has not been in close contact with a person with COVID-19, they are considered to be low-risk for infection. They can continue to go to work and school but should monitor their health for 14 days.

Students/Staff who are close contacts of someone with confirmed COVID-19 and do not have symptoms should:

- Not go to work or school and avoid public places except to get medical care for 14 days.
- Monitor their health for fever, cough and shortness of breath for 14 days after exposure.
- Contact their healthcare provider to let them know they have been exposed if they are pregnant, have medical conditions, or are 60+ years old.

Students/Staff that have been exposed to someone with confirmed COVID-19 and have symptoms should:

- Not go to work or school and avoid public places except to get medical care.
- Wear a facemask when around other people or pets.
- Separate themselves from people and pets in the home and avoid sharing household items.
- Practice good hygiene habits: cover coughs and sneezes, wash hands often, clean all “high-touch” surfaces daily.
- Monitor symptoms and seek prompt medical attention if illness worsens. Call ahead before visiting your healthcare provider.

How long should students/staff diagnosed with COVID-19 be excluded from school/work?

After an individual is diagnosed, they will be asked to isolate themselves at home until 7 days after they first developed symptoms AND 72 hours (3 days) after their fever has ended without the use of fever-reducing medications and symptoms have significantly improved ( whichever period is longer).

If there is a student or staff member who recently returned from a country with widespread sustained (ongoing) transmission of COVID-19, should they be excluded from work or school?

- Travelers returning from countries with level 3 travel advisories will undergo various levels of quarantine and monitoring to ensure they have not contracted the virus and do not pose a public health risk.
- Schools should be prepared to offer alternate instruction while a student is quarantined. Please consult NJDOE regarding home instruction.

**When can a student or staff member return to school/work after being quarantined or self-isolated?**

Travelers who have been quarantined for 14 days and have remained asymptomatic may return to school unless they meet other criteria for school exclusion (see link to exclusion list below).

**Is a physician letter required for the student to return to school after their monitoring period is complete?**

Returning travelers under monitoring are not being monitored by their healthcare provider. If a letter is requested, the monitoring agreement the individual or guardian signs would serve as proof that the monitoring period is complete.

**Students are going for spring break; can they still go?**

Prior to traveling, individuals should consider the potential risks that may be involved in visiting their destination, including risk of transmission as well as the risk of quarantine upon returning. Destinations experiencing sustained community transmission should be avoided. The situation is evolving. Stay up to date with CDC’s travel health notices related to this outbreak at [https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html). These notices will be updated as more information becomes available.

Outbreaks involving novel viruses evolve quickly and recommendations from public health officials may change frequently as new information becomes available. These recommendations are based on the information we have at this time. Please check the following websites often for updated information.

- **Centers for Disease Control and Prevention**
  - [Considerations for School Closure](https://www.cdc.gov/coronavirus/2019-ncov/strategies/education SCHOOL Closure.html)
  - [Get Your School Ready for Pandemic Flu](https://www.cdc.gov/pandemicflu/prepare/casestudy.html)
  - [EPA-List N](https://www.epa.gov/coronavirus)

- **New Jersey Department of Health**
  - [School Health](https://www.nj.gov/health/cd/topics/schoolhealth.shtml)
- School Exclusion List
- Local Health Department Directory  www.localhealth.nj.gov

- Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center
  - Readiness and Emergency Management for Schools

- World Health Organization
  - Rolling updates on coronavirus disease COVID-19