

Austin Public Health Recommendations for the 2021-22 School Year on COVID-19 Operations for Pre-K-12th Grade Schools



This document serves as Austin Public Health (APH) recommendations to school districts/systems about COVID-19 prevention and operations for the 2021-22 school year. These recommendations will be updated as the pandemic evolves. In addition to the recommendations in this document, APH strongly urges all Pre-K through 12th grade schools to continue following the CDC’s [Guidance for COVID-19 Prevention in K-12 Schools](#).

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1. Introduction

We have learned a lot about COVID-19 and how to reduce transmission since March 2020. We know more about how it spreads and measures that work to prevent the spread such as vaccination, masking, physical distancing, improving ventilation, and choosing outdoor options over indoor when possible.

APH understands that many people may be feeling “COVID fatigue” after all the work of this past school year to implement prevention measures and deal with COVID-19 cases and exposures as they arose. Nevertheless, it is important to recognize that the 2021-22 school year is set to begin during a critical phase of the pandemic. As of late July 2021, due in large part to the more contagious delta variant, our community’s COVID-19 positivity rate, case counts, and hospitalizations are increasing quickly. Those who are unvaccinated are most at risk, including those under the age of 12 who are not yet eligible for vaccination. Physical distancing will be more challenging this school year because many schools are planning to open with all students back on campus.

Given this landscape, it is vital that elementary, middle, and high schools implement multiple, layered COVID-19 prevention measures this school year. APH recognizes that private and independent schools have more flexibility than public schools with implementation of some prevention measures. APH encourages schools that are unable to require adherence to certain prevention measures, to *strongly recommend, encourage, and normalize* implementation of the latest prevention guidance from APH and the CDC by students, staff, and families throughout the school year.

2. Health Equity

Schools play critical roles in promoting [equity](#) in learning and health, particularly for groups disproportionately affected by COVID-19. People living in rural areas, people with disabilities, immigrants, and people who identify as American Indian/Alaska Native, Black or African American, and Hispanic or Latino have been disproportionately affected by COVID-19; these disparities have also emerged among children. For these reasons, health equity considerations related to the K-12 setting are a critical part of decision-making. School administrators can ensure safe and supportive environments and reassure families, teachers, and staff by planning and using comprehensive prevention strategies for in-person learning and communicating those efforts. Schools can work with parents to understand their preferences and concerns for in-person learning.

School administrators can [promote health equity](#) by ensuring all students, teachers, and staff have resources to support physical and mental health. School administrators can offer modified job responsibilities for staff at [higher risk for severe illness](#) who have not been fully vaccinated while protecting individual privacy. Federal and state disability laws may require an individualized approach for working with children and youth with disabilities consistent with the child’s Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan. Administrators should consider adaptations and alternatives to prevention strategies when serving [people with disabilities](#), while maintaining efforts to protect all children and staff from COVID-19.

Schools should actively apply an equity lens to the creation and implementation of health/safety and operational plans. Ensure school health and safety plans and all COVID-19 related education and communication is distributed and readily available to students and families in their primary language.

Use positive, rather than punitive, approaches to promoting behaviors that help mitigate the spread of COVID-19. Administrators can work with community partners to plan for additional school-based services and programs during the transition back to normal schedules in anticipation of an increased need for mental health services.

3. Mental Health, Coping, and Resilience

The National Academies of Sciences, Engineering, and Medicine note that during the pandemic, in particular:

“The socioemotional and mental health needs of students and families will need to be a high priority. While much attention has been paid in the media to potential learning losses and the negative consequences for academic achievement, the collective trauma of the pandemic should not be underestimated. Particularly in the communities hardest hit by COVID-19, children may have experienced the extreme illness or death of multiple close family members even as their families and communities are facing the stress of serious economic setbacks.”

It is important to recognize that school staff and administrators may be experiencing the same types of trauma and stress, as well, and will also need support.

Mental health issues among school age children have increased. According to the CDC, [“the proportion of mental health–related emergency department \(ED\) visits among adolescents aged 12–17 years increased 31%” in 2020 compared to the rate in 2019.](#)

Schools can support a healthy and safe return to the school year by:

- Recognizing that students, families, and staff may need extra support as they transition back into school and throughout the school year
- Making school counselors available to students and staff, both in person and virtually – The American School Counselor Association has resources on [School Counseling and School Reentry During COVID-19](#) available on their website
- Encouraging employees 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
- Encouraging employees and students to eat healthy, exercise, get enough sleep, spend time outdoors, and find time to unwind
- Encouraging employees and students to talk with people they trust about their concerns and how they are feeling
- Sharing with parents and families the CDC’s [COVID-19 Parental Resources Kit](#)
- Sharing crisis support information with students, staff, and families available on the CDC [Coping with Stress](#) website
- Share the information in the Suicide Prevention flier from Integral Care with students, teachers, and families. The flier, in Appendix A of this document, includes signs to look out for that indicate someone may be thinking about suicide and ways people can help.
- Making information about mental health supports such as the following readily, regularly, and widely available to students, staff, and families:

- [Integral Care’s 24/7 HELPLINE](#) at **512-472-HELP (4357)** for immediate support in a **mental health crisis** from a mental health professional.
 - Based on the nature of the call, hotline staff can direct callers (whether students, school staff, or parents) on the appropriate crisis services, including dispatching our mobile crisis intake team. Helpline staff can also help callers get appointments.
- Call 9-1-1 and ask for a mental health officer
- [Texas HHSC COVID-19 Mental Health Support Line](#) at **833-986-1919** to speak with a mental health professional for help dealing with stress, anxiety, depression, grief, or worry – Available 24/7
- [National Suicide Prevention Lifeline](#): 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#)
- [National Domestic Violence Hotline](#): 1-800-799-7233 or text LOVEIS to 22522
- [National Child Abuse Hotline](#): 1-800-4AChild (1-800-422-4453) or text 1-800-422-4453
- [National Sexual Assault Hotline](#): 1-800-656-HOPE (4673) or [Online Chat](#)
- [Veteran’s Crisis Line](#): 1-800-273-TALK (8255) or [Crisis Chat](#) or text: 8388255
- [Disaster Distress Helpline](#): CALL or TEXT 1-800-985-5990 (press 2 for Spanish).
- [The Eldercare Locator](#): 1-800-677-1116 – [TTY Instructions](#)

It is also important to consider that some students, adults, or groups of people in the school community may be experiencing stigma related to COVID-19. Stigma can negatively affect the emotional, mental, and physical health of stigmatized groups and the communities they live in. Stigmatized individuals may experience isolation, depression, anxiety, or public embarrassment. Everyone can help stop stigma related to COVID-19 by knowing the facts and sharing them with others in their communities. Stopping stigma is important to making all communities and community members safer and healthier.

Schools should actively work to prevent and address stigma related to COVID-19 and educate the school community:

- Correct negative language that can cause stigma by sharing accurate information about how the virus spreads
- Provide mental health or other social support services to individuals in the school community who have experienced stigma or discrimination
- Maintain the privacy and confidentiality of those seeking healthcare and those who may be part of any contact tracing investigation

4. Virtual Learning Options

During 2021-22 school year, APH strongly urges schools to make plans to offer and facilitate a virtual learning option for students who:

- Have tested positive for or been diagnosed with COVID-19 and need to isolate
- Are a close contact of a person with COVID-19 and need to quarantine
- Have one or more symptoms of COVID-19
- Are medically fragile, who have conditions that put them at high risk if they contract COVID-19, or who have family members at high risk

Schools should include virtual learning as part of their emergency operations plans and ensure virtual learning can be scaled up to serve a large portion of the student body if circumstances necessitate.

For many students, in-person school is more effective than virtual learning, and a return to primarily in-person instruction will have positive results across a range of factors (academic, social, mental and emotional, physical) for most students, teachers, and parents. However, offering a virtual learning option for at least the circumstances listed in the bullets above will help avoid students missing large periods of instruction and learning time.

Schools should [refer to the Texas Education Agency](#) to ensure plans comply with any state requirements related to virtual learning, and for the latest TEA Attendance and Enrollment FAQs and Public Health Guidance.

5. Messaging to the School Community

It is strongly recommended that, prior to and throughout the 2021-22 school year, schools clearly communicate to parents, students, and staff the following:

- COVID-19 is still present in our community and COVID-19 prevention measures will be in place during the 2021-22 school year
- Any COVID-19 operational plans that school districts/systems create are subject to change before the school year starts and/or during the school year based on how the COVID-19 situation evolves
- [Vaccines are widely available](#) (currently for those 12+ years old) and the more eligible students and families who get vaccinated, the less interruptions and COVID-19 illness there will be throughout the school year. Schools can also help spread the word to families when younger children become eligible for vaccination and about any recommendations for vaccine booster shots in the event such recommendations are made.
- Share facts about vaccines with families so they will feel comfortable having their child get vaccinated. Disseminate these fact sheets from the Texas Medical Association in [English](#) and [Spanish](#) about why children need the COVID-19 vaccine.
- Students and staff should stay home if they:
 - Have any symptoms of COVID-19 (symptomatic)
 - Are a close contact of a COVID-positive person and are not fully vaccinated (quarantining)
 - Test positive or are diagnosed with COVID-19 (isolating)
- Staying home for these reasons (symptomatic, quarantining, or isolating) is strongly urged and students who stay home for these reasons will not be penalized for doing so
- There will be a virtual learning option available for students who need to stay home for these reasons (if your district or system will offer this option)



Some schools are communicating to families that all students are encouraged to attend school in person this year to prevent further learning losses. This message should be conveyed in such a way that families and staff also know that **anyone who feels sick, tests positive for COVID-19, or has been a close contact (unless fully vaccinated), should not come to school.**

When crafting COVID-19 messaging for students, families, and staff, schools are encouraged to:

- Consider how messaging may be interpreted by people of different backgrounds and cultures, such as by immigrant families, for example
- Provide vital messaging about COVID-19 to families and staff in their native languages and through multiple modes of communication (text, robocall, email, web, social media, paper handouts, etc.)

6. Phased Reopening

It is recommended that school systems that are able to do so implement a phased reopening to on-campus learning based on levels of community spread. Schools can use the following phased-in reopening strategy based on local risk stages to scale up based on the risk stages listed in the APH [“COVID-19: Risk-Based Guidelines.”](#)



COVID-19: Risk-Based Stages for Phased-in Learning

	CDC Level of Community Transmission	On-campus Population
Stage 1	No to minimal transmission	Up to 100% on-campus learning
Stage 2	Minimal to moderate transmission	Up to 75% on-campus learning
Stage 3	Substantial, controlled transmission	Up to 50% on-campus learning
Stage 4	Substantial, uncontrolled transmission	Up to 25% on-campus learning
Stage 5	Widespread uncontrolled transmission threatening our healthcare infrastructure	100% virtual learning

7. Vaccines

Achieving [high levels of COVID-19 vaccination](#) among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools operate safely.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A [growing body of evidence](#) suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

People 12 years and older are now eligible for COVID-19 vaccination. Schools can [promote vaccinations](#) among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Teachers, staff, students, and their families may differ in their level of [vaccine confidence](#). School administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate, including those on social media, to promote COVID-19 vaccination among people who may be hesitant to receive it.

To promote vaccination, schools can:

- Promote vaccination information for parents and guardians, siblings who are eligible for vaccines, and other household members as part of school enrollment families entering the school system
- Work with local partners to offer [COVID-19 vaccination](#) for eligible students and eligible family members during pre-sport/extracurricular activity summer physicals
- Encourage teachers, staff, and families, including extended family members that have frequent contact with students, to get vaccinated as soon as they can
- Partner with local vaccine providers to offer vaccines on-site before, during, and after the school day to decrease barriers to getting vaccinated against COVID-19
- Host information sessions to connect parents and guardians with information about the COVID-19 vaccine. Teachers, staff, and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions
- Find ways to adapt [key messages to help families, teachers, and staff become more confident about the vaccine](#) by using the language, tone, and format that fits the needs of the community and is responsive to concerns
- Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have [side effects](#) after vaccination
- Provide students and families flexible options for excused absence to receive a COVID-19 vaccination and for possible side effects after vaccination
- Visit [vaccines.gov](#) or <http://austintexas.gov/covid19-vaccines> to find out where teachers, staff, students, and their families can get vaccinated against COVID-19 in the community

8. Masks



Per an [Austin-Travis County Health Authority](#) rule, a City of Austin Order, and a Travis County order, students, staff, and visitors over the age of two are required to wear a face covering while on school property or school buses during Stages 3, 4, and 5 as set forth in [Austin Public Health's Risk-Based Chart](#). This rule applies to public schools in the City of Austin and Travis County, including public charter schools. APH strongly urges private and independent schools to require masks for individuals when:

- **Indoors (regardless of vaccination status)**
- **Outdoors, when in crowded settings or during activities that involve sustained close contact with others**

The above masking guidance aligns with the positions of medical and public health experts, including the [Texas Medical Association](#), the [Texas Pediatric Society](#), the [Texas Public Health Coalition](#), the [Centers for Disease Control and Prevention](#), and the [American Academy of Pediatrics](#). Universal indoor masking in schools, regardless of vaccination status, is the best non-pharmaceutical intervention available to prevent the spread of COVID-19 in schools and protect children and staff, especially younger children who are not yet eligible to be vaccinated.

The [American Academy of Pediatrics](#) recommends that, “All students older than 2 years and all school staff should wear face masks at school (unless medical or developmental conditions prohibit use).” CDC guidance on circumstances that would warrant requiring universal masking in schools are reflective of the situation in Austin-Travis County at the start of the 2021-22 school year. Some of those reasons include:

- Having a student population that is not yet eligible for vaccination (e.g., schools with grades prekindergarten through 6).
- Increasing or substantial or high COVID-19 transmission within the school or their surrounding community.
- Increasing community transmission of a variant that is spread more easily among children and adolescents or is resulting in more severe illness from COVID-19 among children and adolescents.
- Lacking a system to monitor the vaccine status of students and/or teachers and staff.

- Difficulty monitoring or enforcing mask policies that are not universal.

Additional reasons the CDC lists may reflect the situation of some of the schools in our area:

- Awareness of low vaccination uptake within the student, family, or teacher/staff population or within the community.
- Responding to community input that many teachers, staff, parents, or students would not participate in in-person learning if mask use was not universal.

Per the Health Authority Rule and the City and County “Mask to be Safe” orders, a principal, the responsible staff, or administrator of the students, may determine when it is not appropriate to require students, staff, and visitors to wear a face covering. Circumstances in which the responsible staff could consider that are when individuals are outdoors (e.g., participating in outdoor play, recess, and physical education activities). However, particularly in areas of [substantial to high transmission](#) levels, people should wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. When physical education activities or recess are held indoors, it is particularly important for people to wear masks and maximize distance when possible.

In addition, **schools are strongly encouraged to implement education and communication strategies to normalize mask wearing, promote acceptance of mask wearing, and combat any stigma against masking.**

The CDC advises that, “Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. No disciplinary action should be taken against a student who does not have a mask, as described in the U.S. Department of Education [COVID-19 Handbook, Volume 1.](#)”

Refer to the CDC for more information on [“Consistent and Correct Mask Use” in schools.](#)

9. Physical distancing

Per the CDC, physical distancing is one of two prevention strategies, along with the use of masks, that schools should prioritize. The use of physical distancing will be critical in all schools, and especially in elementary schools where most students will be unvaccinated at the start of the year. However, given that it is likely more people will be in person on campuses in the 2021-22 school year, physical distancing will be more of a challenge.

As they did in the 2020-21 school year, schools should continue physical distancing policies and structural interventions to promote physical distance between people. For example, schools can remove nonessential furniture and make other changes to classroom layouts to maximize distance between students.

Based on studies from 2020-2021 school year, CDC recommends schools **maintain at least 3 feet of physical distance between students within classrooms**, and six feet between students and staff, combined with **indoor mask wearing**, to reduce transmission risk.

When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk.

Mask use is particularly important when physical distance cannot be maintained. A distance of **at least 6 feet is recommended between students and teachers/staff**.

10. Cohorting

[Cohorting](#) means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels.

The use of cohorting can limit the spread of COVID-19 between cohorts but **should not replace other prevention measures** within each group.

Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education [COVID-19 Handbook, Volume 1](#).

11. Ventilation Upgrades

APH strongly recommends that school districts/systems make any needed [ventilation](#) upgrades as soon as possible.

APH further encourages schools to [take advantage of any federal COVID-19 relief funding to make ventilation upgrades](#). It is hoped schools can make all necessary upgrades across districts/systems, but to the extent districts must prioritize, these upgrades will be especially important in schools in which there are a higher number of unvaccinated individuals, such as elementary schools. Upgrades should also be prioritized in schools in communities or parts of Austin/Travis County that have been most impacted by COVID-19, such as those with [lower vaccination rates](#) and those with [higher numbers of COVID-19 cases](#).

The [CDC has found](#) that schools can reduce COVID-19 transmission by [improving ventilation](#) through:

- **Dilution methods** (opening doors, opening windows, and using fans to improve circulation from open windows);
- **Filtration methods** (installation of high-efficiency particulate absorbing [HEPA] filters); and
- **Purification methods** (installation of ultraviolet germicidal irradiation [UVGI] units, installed in upper room areas and shielded from persons or installed in the heating, ventilation, and air conditioning [HVAC] system). Purification strategies should be considered in rooms that are difficult to ventilate or have an increased likelihood of being occupied by persons with COVID-19 (e.g., nurse’s office).

A [CDC study](#) published May 21, 2021, found, “In schools that improved ventilation through dilution methods alone, COVID-19 incidence was 35% lower, whereas in schools that combined dilution methods with filtration, incidence was 48% lower.”



Opening vehicle windows even a little bit can improve ventilation.



Opening windows, using portable air cleaners, and improving building-wide filtration are ways you can increase ventilation in your school or childcare program.

12. Frequent Hand Washing

[Cleaning hands](#) at key times with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water is not readily available is one of the most important steps a person can take to avoid getting sick. This can help prevent respiratory and gastrointestinal illnesses and can result in fewer missed school days.

In order to [establish a culture of hand hygiene](#), schools should continue to teach and reinforce regular [handwashing](#) with soap and water for at least 20 seconds, build time into daily routines for students and staff to wash hands, and use visual cues to promote hand hygiene throughout the school. The handout at right is [available as a printable poster from the CDC](#).

Schools should make hand sanitizer with at least 60% alcohol available for use when soap and water are not available. Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.



13. Cleaning Regularly and Disinfecting as Necessary

APH, [in alignment with the CDC](#), recommends schools:

- Clean indoor surfaces and objects routinely with soap (or detergent) and water at least once a day
- Prioritize disinfecting surfaces that ill persons have touched and those that are routinely touched or shared between students. Not every surface needs to be disinfected every time it is cleaned.
- Clean more frequently or clean AND disinfect surfaces and objects if certain conditions apply in the community and/or school:
 - High transmission of COVID-19,
 - Low vaccination rates,
 - Infrequent use of other prevention measures, or
 - The space is occupied by certain populations, such as people at [increased risk for severe illness from COVID-19](#)
- **If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, clean AND disinfect the space.**
- Not use disinfection products near children or allow children to use these products.

According to the CDC, "In most situations, the [risk of infection from touching a surface is low](#). The most reliable way to prevent infection from surfaces is to [regularly wash hands or use hand sanitizer](#)."

14. Increase Use of Outdoor Space

The risk of COVID-19 transmission is less [outdoors](#) than indoors. Conducting activities outdoors may also facilitate physical distancing. All schools are strongly encouraged to maximize and increase the use of outdoor space during the school day. Schools should plan ways to [conduct classes, meals, and meetings outdoors](#) as much as possible. Schools are encouraged to use and create additional “outdoor classroom” areas, especially in shady or covered outdoor spaces.

15. Water Fountains

It is not necessary to avoid using water fountains in schools. Follow these recommendations for safe water fountain use:

- [Take steps](#) to ensure water fountains are safe to use after a prolonged shutdown.
- As with all high touch surfaces and objects, schools should clean water fountains at least once a day or as often as needed (for example, when visibly dirty). APH also recommends that schools disinfect water fountains once a day.
- Consider installing no-touch activation methods for water fountains or replacing drinking fountains with water bottle filling stations. APH further encourages schools receiving federal COVID-19 relief funding to include such upgrades as one use of those funds.
- Encourage students to bring refillable water bottles and/or provide water bottles or cups.
- Provide regular education and frequent reminders to students, especially young children, about how to properly use water fountains, including that they should not touch their mouth to any fountain surface.

16. Plexiglass barriers

At this time, plexiglass barriers are not a CDC recommendation for schools this year. Schools that already have barriers could consider using them during lunch and snack times or in areas where physical distancing is difficult, such as in front office lobbies.

17. Daily Screening

At this time, CDC guidance does not include a recommendation for schools to screen individual students daily before entering.

Schools are strongly urged to regularly remind students, families, and staff that they play a crucial role in helping prevent disease from entering the schools by:

- Screening daily at home for signs and symptoms of [influenza](#) (flu) or [COVID-19](#)
- Staying home and contacting their healthcare provider if they have any symptoms of infectious illness
- Getting tested if they have any symptoms of COVID-19
- Notifying the school of any COVID-19 positive test results

18. COVID-19 Testing

Schools that are administering tests on campus should offer a COVID-19 test to all symptomatic individuals, including students, with parental consent. Schools that are not administering tests on campus are urged to encourage symptomatic individuals to promptly seek a COVID-19 test.

Schools should [recommend close contacts seek a viral COVID-19 test](#) (PCR or rapid antigen). Per the CDC, fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 should get tested 3-5 days after exposure and are to wear a mask in public indoor settings.

People who are not fully vaccinated should be tested immediately after being identified as a close contact, and, if negative, tested again in 5–7 days after last exposure or immediately if symptoms develop during quarantine.

Additionally, the CDC highlights [screening testing](#) as a key prevention strategy schools can consider implementing. As the CDC explains, “Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and [isolate](#) cases, [quarantine](#) those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education.” The CDC notes that, “[Screening testing](#) may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented.”

The CDC also offers guidance [on screening testing of athletes, participants, coaches, and trainers, and other people \(such as adult volunteers\) involved in sports and extracurricular activities](#), with different approaches for activities that are higher-risk and lower-risk.

APH recommends that schools consider participating in the state’s upcoming opportunity for funding and support for schools to administer rapid antigen and/or PCR COVID-19 tests. More information on this opportunity will be forthcoming from TEA.

Information on the current TEA K-12 COVID-19 Testing Project can be found [here](#).

19. Reporting COVID-19 Cases to Austin Public Health

All schools, whether public or private/independent, must notify APH when a student or staff member is diagnosed with COVID-19.

APH has created an electronic form for schools to use to submit self-reported COVID-19 cases. If your school system is not connected to the electronic form, please email APHSchoolInfo@austintexas.gov to give us the name, email, and phone number of the person who will be responsible for reporting cases to APH. APH will reach out to those individuals to connect them with the electronic form.

When to report: Schools should **submit self-report cases to APH as soon as the school is notified** of the positive case. The electronic form is available for use throughout the week and on weekends/holidays. In addition to reporting cases using the electronic form, as soon as a district/school becomes aware of three or more cases on campus within a week, this should be reported to APH through a call to the Nurse Line at 512-972-5560.

How to report: Schools already connected with the Austin Public Health electronic form may use the electronic form to submit self-report cases as they are received by the school.

Schools that are not yet connected to the Austin Public Health online reporting form should call the Austin Public Health Nurse Line at 512-972-5560 daily to report COVID-19 cases.

If schools are experiencing difficulties connecting with the APH Nurse Line, schools may also email APHSchoolInfo@austintexas.gov and request a call back. Please enter “Call Back Request” in the subject line and call back contact info in the email body. Please do not include case personally identifiable information (PII) or protected health information (PHI) in the email.

20. Sports and Extracurriculars

Participation in extracurricular activities while there is uncontrolled community spread of COVID-19 poses an increased risk to children, coaches, their family members, and indirectly to the children’s classroom teachers and their families, as well.

Per the CDC, “High-risk sports and extracurricular activities should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated.”

The [University Interscholastic League \(UIL\)](#) notes that, “A student who has been diagnosed with COVID-19 must receive clearance from a physician prior to returning to participation in UIL marching band or athletic activities.” For more information on return to sports and extracurricular activities, refer to [AAP guidance on Return to Sports and Physical Activity](#) or the [School Reopening section of this Texas Medical Association webpage](#) for a “Physician Guidance for Return to Play Clearance for Athletes Aged 18 and Younger” form.

When making decisions about which extracurricular activities to hold, schools should consider the risk level of each activity and the extent to which physical distancing and masking are feasible for participants. Consider only allowing those in-person extracurricular activities in which participants are able to practice physical distancing and wearing face coverings. The following tables can assist in making decisions about sports (Adapted from the North Carolina Department of Health and Human Services’ [Interim Guidance for Administrators and Participants of Youth & Amateur Sports Programs – November 23, 2020](#)).

- The following are sports in which participants can more easily maintain physical distancing or in which close contact is limited and brief:

Golf	Swimming
Cycling	Diving
Disc Golf	Dance
Track and Field	Tennis Singles Match
Curling	Horseback Riding
Pickleball	Figure Skating
Badminton	Running
Individual Gymnastics	Weightlifting
Individual Sailing/Kayaking	

- The following are sports in which close contact may occur but may not be prolonged:

Soccer	Volleyball
Baseball	Softball
Crew	Swimming Relays/Group Swimming
Tennis Doubles Match	Field Hockey
Non-Contact Lacrosse	

- The following are sports in which participants cannot maintain physical distancing and in which close contact is frequent and/or prolonged:

Football	Competitive Cheer
Contact Lacrosse	Basketball
Rugby	Wrestling
Group Dance	Hockey
Pairs Figure Skating	Boxing

APH recommends that schools base decisions about in-person sports practices and competition on Austin Public Health’s COVID-19 Stages of Risk as outlined in the table below.

Additional Recommendations for Athletic Practices and Competition

Recommendations	
Stage 1	<p>Schools could consider competition between teams from different geographic areas.</p> <ul style="list-style-type: none"> • Limit stadium/gym capacity to no more than 50% in stands (this includes band, cheer, dance). • 6 ft. distancing required in stands and lines • Family units sit together • Advanced ticket sales (online) • Have and implement a plan for enforcement of mask-wearing and physical distancing
Stage 2	<p>Limit competition to events between teams from the same local geographic area.</p> <ul style="list-style-type: none"> • Limit stadium/gym capacity to no more than 25% in stands (this includes band, cheer, dance). • 6 ft. distancing required in stands and queues • Family units sit together • Advanced ticket sales (online) • Have and implement a plan for enforcement of mask-wearing and physical distancing throughout the event
Stage 3	<p>Limit athletic activities to team-based practice and within-team competition.</p> <ul style="list-style-type: none"> • Practices and competitions should not include participants from other schools/teams. <p>If schools choose to take the additional risk of holding athletic competitions with teams from other schools, it is recommended that:</p> <ul style="list-style-type: none"> • Stadium/gym capacity be limited to no more than 10% of spectators (family members of players and staff only; this includes band, cheer, dance) • Band (percussion), junior and senior cheer, and dance participation be allowed for home team only • Masks be required of staff, spectators, and athletes • 6 ft. distancing be required in stands and lines • Family units sit together • Tickets be sold in advanced (online) • Schools have and implement a plan for enforcement of mask-wearing and physical distancing throughout the event
Stage 4	<p>Do not hold athletic practices or competitions.</p> <p>If schools choose to take the additional risk of holding athletic competitions with teams from other schools, it is recommended that:</p> <ul style="list-style-type: none"> • Schools limit attendance to players, coaches, and parents. • Masks be required of staff, spectators, and athletes • 6 ft. distancing be required in stands and lines • Family units sit together • Tickets be sold in advanced (online) • Schools have and implement a plan for enforcement of mask-wearing and physical distancing throughout the event
Stage 5	<p>Do not hold athletic practices or competitions.</p> <ul style="list-style-type: none"> • Have students perform skill-building drills or conditioning at home, alone, or with family members.

21. Food Service and School Meals

Recent [CDC guidance](#) discusses the, “very low risk of transmission from surfaces and shared objects,” and advises, “there is no need to limit food service approaches to single use items and packaged meals.”

Schools should [consider the following](#) when developing their COVID-19 protocols:

- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Promote hand washing before, after, and during shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and seating areas.



Checklist for School Nutrition Professionals Serving Meals Eaten at School

Stay home if you are sick, have tested positive for COVID-19, are showing symptoms of COVID-19, or have recently had close contact (less than 6 feet for 15 minutes or more) with a person with COVID-19.

Wash hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol before, after, and during shift, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.

Wear a mask during your shift.

Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized.

Encourage students and staff to remain at least 6 feet apart in areas that can easily become crowded (for example, waiting in food service lines or trash disposal area) and while eating by providing physical guides, such as tape or graphics on floors or sidewalks and signs on walls.

Reduce crowding by arranging food service lines and seating in ways that encourage physical distancing (at least 6 feet).

Improve ventilation by offering meals outside or opening windows and doors.

Maintain low occupancy in areas where outdoor ventilation cannot be increased.

Avoid offering any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations. Instead, serve grab-and-go items or individually plated meals. Clearly label or set aside meals for students with food allergies or dietary restrictions.

Ensure students are not sharing food or utensils.

When consistent physical distancing is not possible (e.g., reception desks, school offices), consider using physical barriers, such as partitions, in addition to masks.

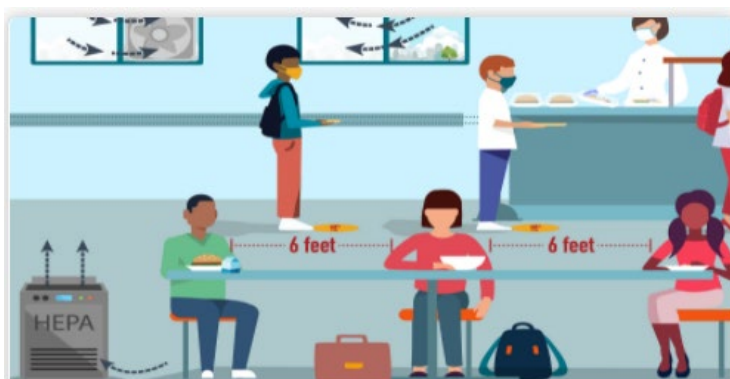
Encourage students and staff to wear masks when not eating or drinking.

Hang posters that encourage staying home when sick and good hand hygiene practices. Place posters in highly visible locations, for example, around the school and kitchen.

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

For detailed COVID-19 guidance for food nutrition professionals and volunteers, see [this CDC page](#). For a printable poster from the CDC of the “Checklist for School Nutrition Professionals Serving Meals Eaten at School” shown at right, go to this [link](#).

The U.S. Department of Agriculture has issued several Child Nutrition COVID-19 Waivers. Learn more [here](#).



Good ventilation is important, especially in areas where students may not be able to wear masks. Eating meals outside is best. If you need to have students eat in a cafeteria, use methods such as opening windows, maximizing filtration as much as the system will allow and using portable HEPA air cleaners.

22. After-School Programs

It is recommended that schools require on-campus after-school programs follow the COVID-19 operations recommendations in this document and adhere to the school's or district's health and safety plan.

Schools should ensure that a campus COVID-19 point of contact maintains close communication with after-school programs – both those that are on-campus as well as those that pick up children from school and provide services elsewhere – about COVID-19 issues. Schools and after-school programs should communicate to:

- Quickly identify close contacts of COVID-19 infected individuals
- Inform families of close contacts and provide quarantine recommendations in a timely manner
- Let each other know if students develop symptoms and have to leave school or the after-school program early

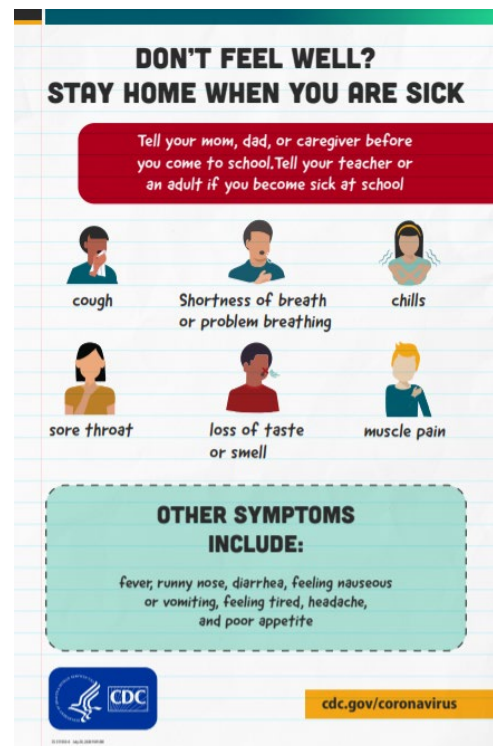
23. Staying Home When Sick

Schools should encourage daily symptom screening at home. Students, teachers, and staff who have symptoms of infectious illness, such as [influenza](#) (flu) or [COVID-19](#), should stay home and be referred to their healthcare provider for testing and care.

Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others, and is required by state of Texas. Schools can refer to COVID-19 exclusion criteria in the [DSHS Communicable Diseases Chart and Notes for Schools and Childcare Centers](#) in Appendix E. It also is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19.

Schools should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment level and provide excused absences for students who are sick. Employers should ensure that workers are aware of and understand these policies.

For a printable poster of the graphic at right from the CDC, click [here](#).

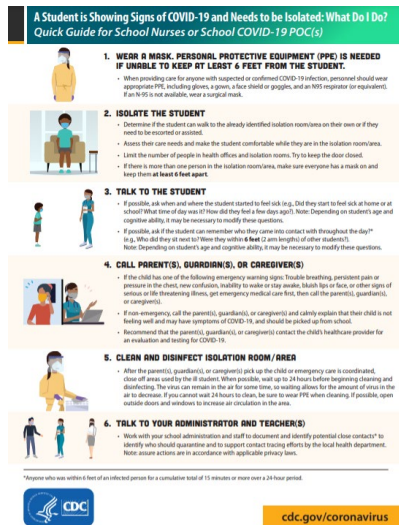


24. When Someone Develops Symptoms at School

If a student, staff member, or visitor becomes sick at school see [What to do if a Student Becomes Sick or Reports a New COVID-19 Diagnosis at School](#). For a printable version of the CDC handout at right, “A Student is Showing Signs of COVID-19 and Needs to be Isolated: What Do I Do? Quick Guide for School Nurses or School COVID-19 POCs,” click [here](#).

Sick individuals should:

- Be excused from the classroom, cohort, or area within the school. Alert the COVID-19 point of contact or designated school staff member. If masking is not required at the school, provide the student with a mask as soon as possible
 - Schools that do not have a universal mask requirement could require masking by students, teachers, and staff if they are experiencing onset of upper respiratory infection symptoms at school while waiting to be picked up or leave the school. Any individual supervising or caring for a symptomatic individual should also wear a mask.
- COVID-19 point of contact (or designated staff member) takes student(s) to isolation room/area and ensures student(s) is properly supervised and masked. The parent, guardian, or caregiver is called. Arrangements are made for student(s) to either go home or seek emergency medical attention.
 - As schools did in the 2020-21 school year, it is recommended schools identify an isolation room where individuals who develop symptom(s) while on campus can isolate until they can go home. In the event that there is not a room available for this purpose, schools could consider finding an outdoor area where students can isolate, while being supervised, until a parent/guardian picks them up.
 - If multiple ill students must be placed in the same isolation room/area, ensure mask use and stay at least 6 feet apart while supervised.
- Parent, guardian, or caregiver picks up student(s). Parent, guardian, or caregiver contacts healthcare provider for evaluation and possible COVID-19 test.
 - If a school does not have a routine screening testing program, the ability to do rapid testing on site could facilitate COVID-19 diagnosis and inform the need for quarantine of close contacts and isolation.
 - Mask use could be required prior to onsite testing (if available) and/or after diagnosis to help prevent spread.
- **Clean and disinfect** areas that the ill student(s) occupied.



- Ventilate the area(s), wait as long as possible before cleaning to let virus particles settle (at least several hours), and use personal protective equipment (including any protection needed for the cleaning and disinfection products) to reduce risk of infection

Schools should educate teachers, staff, and families about when they and their children should [stay home](#) and when they can return to school. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested.

Getting tested for COVID-19 when [symptoms](#) are compatible with COVID-19 will help with rapid contact tracing and prevent possible spread at schools. Visit the [APH testing website](#) for information on COVID-19 testing.

25. Isolation

[Isolation](#) is used to separate people infected with COVID-19 from those who are not infected. People who are in isolation should stay home until it's safe for them to be around others.

Schools should advise individuals who have COVID-19 to isolate for a minimum of 10 days, including:

- People who have tested positive for or have [symptoms of COVID-19](#) and are able to recover at home
- People who do not have symptoms but have tested positive for COVID-19

Schools should advise individuals who are isolating to stay home except to get medical care, and follow CDC guidance:

- [Monitor your symptoms. If you have an emergency warning sign \(including trouble breathing\), seek emergency medical care immediately](#)
- [Stay in a separate room from other household members, if possible](#)
- [Use a separate bathroom, if possible](#)
- [Avoid contact with other members of the household and pets](#)
- [Don't share personal household items, like cups, towels, and utensils](#)
- [Wear a mask when around other people, if you are able to](#)

The CDC recommends an isolation period of **at least** 10 days. An individual's isolation period could be longer, depending on their situation. Find CDC guidance on isolation for specific situations on page 2 of Appendices B and C.

26. Identifying Close Contacts

As schools did in the 2020-21 school year, in the event an individual who has been in the school is found to have COVID-19, schools should be prepared to quickly identify who on campus was in [close contact](#) with that individual and advise close contacts to quarantine (see quarantine section of this document for specifics and exceptions to quarantine). Because schools have ready access to information such as attendance records, seating charts, student schedules, and lists of participants in extracurricular activities, schools are well positioned to help identify and notify close contacts in schools quickly. Schools are integral partners in these public health efforts and schools that continue to take on this prevention measure will be able to more quickly and effectively help curb the spread of COVID-19.

The CDC has extended its definition of [close contact](#) to consider physical distancing of 3-6 feet within the classroom and this expanded definition should be used when identifying close contacts in the school setting. See below for the CDC definition of close contacts and exception for the K-12 indoor classroom setting:

Close Contact through Proximity and Duration of Exposure: Someone who was within [6 feet of an infected person](#) (laboratory-confirmed or a [clinically compatible illness](#)) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for [discontinuing home isolation](#).

- **Exception:** In the **K–12 indoor classroom** setting, the close contact definition *excludes* students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a [clinically compatible illness](#)) if both the infected student and the exposed student(s) [correctly and consistently](#) wore well-fitting [masks](#) the entire time.
- This exception does not apply to teachers, staff, or other adults in the indoor classroom setting or individuals who have symptoms of COVID-19.

For a visual illustration of how to identify close contacts in the indoor classroom setting, refer to the “Who is a COVID-19 Close Contact in a School?” flyer in the “Close Contacts & Instructions for Quarantine” section of [this APH schools COVID-19 webpage](#).

What counts as [close contact](#)?

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more (also see K-12 indoor classroom exception, above)
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

Schools should [recommend close contacts seek a viral COVID-19 test](#) (PCR or rapid antigen). Per the CDC, fully vaccinated people who have a known exposure to someone with suspected or confirmed COVID-19 should get tested 3-5 days after exposure and are to wear a mask in public indoor settings.

People who are not fully vaccinated should be tested immediately after being identified as a close contact, and, if negative, tested again in 5–7 days after last exposure or immediately if symptoms develop during quarantine.

27. 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, and monitor their health.

Individuals who have been in [close contact](#) with someone who has COVID-19 should be advised to quarantine. For those who are partially vaccinated or unvaccinated, APH and the [CDC](#) advises schools recommend a quarantine period of 14 days.

When undergoing quarantine, individuals should stay home and monitor their health:

- Stay home for 14 days after your last contact with a person who has COVID-19.
- Watch for fever, cough, shortness of breath, or [other symptoms](#) of COVID-19
- If possible, stay away from others, especially people who are at [higher risk](#) for getting very sick from COVID-19

The following individuals do not need to quarantine when exposed to someone with COVID-19:

- Those who are [fully vaccinated against COVID-19 and have no symptoms](#) or
- Those who have [tested positive for COVID-19 within the past 3 months, recovered, and have no symptoms](#)

The CDC advises [fully vaccinated people who have been identified as close contacts](#) to get tested 3-5 days after their exposure, even if they don't have symptoms, and continue to wear a mask indoors. Note, people who develop symptoms again within 3 months of their first bout of COVID-19 should be tested again if there is no other cause identified for their symptoms.

Refer to the flowchart in the “Close Contacts & Instructions for Quarantine” section of [this APH schools COVID-19 webpage](#) for information on length of quarantine. Schools may refer to the “How to Quarantine” document in Appendix D for more details to share with students and families.

28. Appendices

Appendices A-E appear on the following pages.

A. Integral Care Suicide Prevention flier

Suicide Prevention

Suicide is one of the leading causes of death in the United States. For young people ages 15-24, it is the 2nd leading cause of death. Childhood abuse, a recent upsetting event, access to a gun, or an unfriendly social or school environment could all cause someone to think about suicide.

You can help prevent suicide by looking for these signs.

- Feeling sad or hopeless
- Loss of interest in social and regular activities
- Major changes in weight or appetite
- Sleeping too little or too much
- Pulling away from friends or family
- Not able to focus or think clearly
- Drug and alcohol use
- Giving away things they love



A cry for help could come in a public place such as social media. Know where to look.

If you need help now, call the
24/7 Crisis Helpline at **512-472-HELP (4357)**.
Press 1 for English, then 1 for mental health crisis support.

Suicide Prevention

How You Can Help Someone Thinking About Suicide

1. Believe what they say. Take words and actions seriously.
2. Listen and don't judge.
3. Ask about thoughts or plans for suicide.
4. Get help. Do not leave them alone until help is available.

Ways to Get Help

Call Integral Care's 24/7 Crisis Helpline

512-472-HELP (4357) | *Press 1 for English, then for mental health crisis support*

Call the National Suicide Prevention Lifeline

1-800-273-8255 | suicidepreventionlifeline.org

Call 911 and ask for a Mental Health Officer

Use the Crisis Text Line

Text HOME to 741741 | crisistextline.org

Go to Integral Care's Psychiatric Emergency Services (PES)

1165 Airport Blvd, 2nd floor, Austin 78702

Monday-Friday 8am-10pm | Saturday, Sunday & Holidays 10am-8pm

Go to Dell Children's Hospital

4900 Mueller Blvd, Austin 78723

Go to any hospital emergency room

B. APH “When and How Long to Quarantine- 14 days”
handout

When and How Long to Quarantine

Scenario 1: You are the close contact of someone who has COVID-19—you will not have further close contact	Scenario 1: Quarantine Timeline = Date of last close contact with person who has COVID-19 + 14 days
<ul style="list-style-type: none"> Example 1: 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). In example 1, your last day of quarantine is 14 days from the date you had close contact. 	<p><i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i></p>
Scenario 2: You had close contact with someone who has COVID-19—you live with the person but can avoid further close contact	Scenario 2: Quarantine Timeline = Date person with COVID-19 began home isolation + 14 days
<ul style="list-style-type: none"> Example 2: 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. In example 2, your last day of quarantine is 14 days from when the person with COVID-19 began home isolation. 	<p><i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i></p>
Scenario 3: You are under quarantine and had additional close contact with someone with COVID-19	Scenario 3: Quarantine Timeline = Date of additional close contact with person who has COVID-19 + 14 days
<ul style="list-style-type: none"> Example 3: I live with someone who has COVID-19 and started my 14-day quarantine period. While I am quarantining, what if I have another close contact with the person who is sick or another household member gets sick with COVID-19? Do I need to restart my quarantine? In example 3, 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. 	<p><i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i></p>
Scenario 4: You live with someone who has COVID-19 and you cannot avoid continued close contact	Scenario 4: Quarantine Timeline = Date the person with COVID-19 ends home isolation + 14 days
<ul style="list-style-type: none"> Example 4: 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. In this example, 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. 	<p><i>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</i></p>



How is Close Contact Defined?

The [CDC defines a close contact](#) as:

Someone who was within 6 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.

* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).

For Anyone Who Has Been Around a Person with COVID-19

Anyone who has had close contact with someone with COVID-19 should stay home for 14 days **after their last exposure** to that person.

However, anyone who has had close contact with someone with COVID-19 and who meets the following criteria does NOT need to stay home:

- Has been fully vaccinated against COVID-19 **and** shows no symptoms, OR
- Has been ill with COVID-19 within the previous 3 months **and** has recovered **and** remains without COVID-19 symptoms (for example, cough, shortness of breath)

When You Can be Around Others After You Had or Likely Had COVID-19

I think or know I had COVID-19, and I had symptoms:

You can be around others after:

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving*

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

Note that these recommendations **do not** apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised). These persons should follow the guidance below for “**I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?**”

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

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 you had a positive viral test for COVID-19. Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

If you develop symptoms after testing positive, follow the guidance above for “**I think or know I had COVID-19, and I had symptoms.**”

I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?

People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. [Persons who are severely immunocompromised](#) may require testing to determine when they can be around others. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider. Your healthcare provider will let you know if you can resume being around other people based on the results of your testing. Your doctor may work with [an infectious disease expert or your local health department](#) to determine whether testing will be necessary before you can be around others.

Links to CDC References:

[When to Quarantine](#); [When You Can be Around Others After You Had or Likely Had COVID-19](#); [Close Contact](#)



3/26/2021



C. APH “When and How Long to Quarantine- 14, 10, & 7 day options” handout



When and How Long to Quarantine

Scenario 1: You are the close contact of someone who has COVID-19—you will not have further close contact	Scenario 1: Quarantine Timeline = Date of last close contact with person who has COVID-19 + 14 days
<ul style="list-style-type: none"> Example 1: 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). In example 1, your last day of quarantine is 14 days from the date you had close contact. <p>Note: The calendars on this page show how to complete a 14-day quarantine. See information on the next page about when to end a 10 or 7-day quarantine.</p>	<p>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</p>
<ul style="list-style-type: none"> Example 2: 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. In example 2, your last day of quarantine is 14 days from when the person with COVID-19 began home isolation. 	<p>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</p>
<ul style="list-style-type: none"> Example 3: I live with someone who has COVID-19 and started my 14-day quarantine period. While I am quarantining, what if I have another close contact with the person who is sick or another household member gets sick with COVID-19? Do I need to restart my quarantine? In example 3, 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. 	<p>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</p>
<ul style="list-style-type: none"> Example 4: 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. In this example, 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. 	<p>Please note if your quarantine starts at noon on day 1, then it would end at noon on the last day.</p>



How is Close Contact Defined?

The [CDC defines a close contact](#) as:

Someone who was within 6 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.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).*

For Anyone Who Has Been Around a Person with COVID-19

Anyone who has had close contact with someone with COVID-19 **must quarantine**. The CDC notes that a **14-day quarantine is the most protective**. For some, a 14-day quarantine can cause financial hardship and personal burdens that may affect physical and mental health. The CDC and Austin Public Health (APH) provide options for a shorter quarantine **in some cases**. See the [APH "How Long to Quarantine" flowchart](#) about these options.

- **Day 1 of quarantine always begins the day after your last close contact with the person who has COVID-19.** (So, if the day of your last exposure to the COVID-positive person was Monday, the first day of your quarantine is Tuesday.)
- **14-day quarantine-** End your quarantine on day 15
- **10-day quarantine-** End your quarantine on day 11
- **7-day quarantine-** End your quarantine on day 8
- **If you develop COVID-19 symptoms during quarantine,** contact your healthcare provider and follow the “I think or know I had COVID-19, and I had symptoms” guidance below

However, a close contact who meets the following criteria does NOT need to stay home:

- Has been fully vaccinated against COVID-19 **and** shows no symptoms, OR
- Has been ill with COVID-19 within the previous 3 months **and** has recovered **and** remains without COVID-19 symptoms (for example, cough, shortness of breath)

When You Can be Around Others After You Had or Likely Had COVID-19

I think or know I had COVID-19, and I had symptoms:

You can be around others after:

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving*

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

Note that these recommendations **do not** apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised). These persons should follow the guidance below for “**I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?**”

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation*

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 you had a positive viral test for COVID-19. Most people do not require testing to decide when they can be around others. However, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results. If you develop symptoms after testing positive, follow the guidance above for “**I think or know I had COVID-19, and I had symptoms.**”

Links to CDC References:

[When to Quarantine](#); [When You Can be Around Others After You Had or Likely Had COVID-19](#); [Close Contact](#)

D. APH “How to Quarantine” handout

How to Quarantine

Your child is a close contact of a person who has tested positive for COVID-19. **For this reason, your child should quarantine.** Quarantine is used to keep someone *who might have been exposed to COVID-19* away from others. This helps lower the chance of spreading COVID-19. **People in quarantine should stay home, separate themselves from others, and monitor their health.**

Complete the Quarantine Period

The quarantine period starts the day your child was last exposed to the COVID-19 positive person. **Your child should quarantine even if they feel healthy.** A person can have COVID-19 without feeling sick or having any symptoms, and can still spread it to others.

Per the CDC, a [close contact](#) is “Someone who was within 6 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.”

The CDC notes that a 14-day quarantine is the most protective. However, the CDC recognizes that in some circumstances a 14-day quarantine can cause financial hardship and personal burdens that may affect physical and mental health. The CDC and Austin Public Health provide options for a shorter quarantine in some cases. See the [How Long to Quarantine](#) flowchart about those options.

What a Person in Quarantine Should Do

- Stay home after exposure to a person who has COVID-19.
 - Children should not go to school or to child care in person.
 - Do not go to sports practices, games, lessons, or other activities.
- Stay home unless you absolutely need to travel outside your home. If you must leave home:
 - Wear a face covering that covers your nose and mouth
 - Limit contact with others
 - Stay 6 feet away from others
 - Avoid going places where there are many people such as stores and movie theaters
- Do not have visitors in your home.
- Stay away from others, especially people who are at [higher risk](#) for getting very sick from COVID-19, if you can.
- Watch for signs and symptoms of COVID-19 for a full 14 days.
 - [Symptoms](#) include fever (100.0°F or higher), chills, cough, sore throat, shortness of breath, trouble breathing, fatigue, headache, congestion or runny nose, muscle or body aches, new loss of taste or smell, nausea or vomiting, diarrhea.
 - **If you have [emergency warning signs](#) like trouble breathing or chest pain, get emergency medical care immediately.**
- Consult with your healthcare provider and visit the CDC website (www.cdc.gov/coronavirus) to learn more about COVID-19 and [quarantine](#).
- Find out about free lodging for those who cannot safely self-isolate due to COVID-19 [here](#) under the heading “Isolation Facility.”

How to Quarantine

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

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

If your child develops symptoms, contact your healthcare provider for further guidance.

Anyone who has been identified as a close contact of someone with COVID-19 **must quarantine**, with the exception of people who:

- are fully vaccinated against COVID-19 and have no symptoms or who
- have tested positive for COVID-19 within the past 3 months, recovered, and have no symptoms

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.



CS217422-A 7/20/2020 7AM

cdc.gov/coronavirus

E. DSHS Communicable Disease Chart and Notes for Schools and Childcare Centers

COMMUNICABLE DISEASE CHART AND NOTES FOR SCHOOLS AND CHILDCARE CENTERS

The major criterion for exclusion from attendance is the probability of spread from person to person. A child could have a noncommunicable illness yet require care at home or in a hospital. (7-30-2021 version)

Condition	Method of Transmission	Incubation Period	Signs and Symptoms	Exclusion ¹	Readmission Criteria ¹	Reportable Disease ^{2,3}	Prevention, Treatment, and Comments
AIDS/HIV Infection	-Direct contact with blood and body fluids	Variable	-Weightloss, generalized swelling of the lymph nodes, failure to thrive, chronic diarrhea, tender spleen and liver -Individuals can be asymptomatic	No, unless determined necessary by healthcare provider ⁴	Not applicable	Yes, but schools are not required to report	-Use standard precautions* -Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection
Amebiasis	-Drinking fecally-contaminated water or eating fecally-contaminated food	Range 2-4 weeks	-Intestinal disease can vary from asymptomatic to acute dysentery with bloody diarrhea, fever, and chills	Yes	Treatment has begun	Yes	-Teach effective handwashing*
Campylobacteriosis	-Eating fecally-contaminated food	Range 1-10 days Commonly 2-5 days	-Diarrhea, abdominal pain, fever, nausea, vomiting	Yes	Diarrhea free ⁵ and fever free ⁶	Yes	-Teach effective handwashing*
Chickenpox (Varicella) (also see Shingles)	-Contact with the chickenpox rash -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Range 10-21 days Commonly 14-17 days	-Fever and rash can appear first on head and then spread to body -Usually two or three crops of new blisters that heal, sometimes leaving scabs -Disease in vaccinated children can be mild or absent of fever with few lesions, which might not be blister-like	Yes	Either 1) lesions are dry or 2) lesions are not blister-like and 24 hours have passed with no new lesions occurring	Yes	- Vaccine available and required ⁷ -Pregnant women who have been exposed should consult their physician
Common cold	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Direct contact with respiratory secretions from an infected person -Touching a contaminated object then touching mouth, nose or eyes	Range 1-5 days Commonly 2 days	-Runny nose, watery eyes, fatigue, coughing, and sneezing	No, unless fever	Fever free ⁶	No	-Teach effective, handwashing, good respiratory hygiene and cough etiquette* -Colds are caused by viruses; antibiotics are not indicated
Conjunctivitis, Bacterial or Viral (Pink eye)	-Touching infected person's skin, body fluid or a contaminated surface	Bacterial: Range 1-3 days Viral: Range 12 hours to 12 days	-Red eyes, usually with some discharge or crusting around eyes	Yes	Permission and/or permit is issued by a physician or local health authority or until symptom free	No	-Teach effective handwashing* -Allergic conjunctivitis is not contagious and can be confused with bacterial and viral conjunctivitis
Coronavirus Disease 2019 (COVID-19)	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Direct contact with respiratory secretions or feces from an infected person, such as touching eyes, nose or mouth after touching a contaminated surface -Persons infected with COVID-19 may still transmit the virus before symptoms develop, or if they are asymptomatic	Up to 14 days, with a median time of 4-5 days from exposure to symptom onset	-Symptoms can vary from asymptomatic to critical disease -Fever 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	Yes	-If symptomatic, exclude until at least 10 days have passed since symptom onset, and fever free ⁶ , and other symptoms have improved -Children who test positive for COVID-19 but do not have any symptoms must stay home until at least 10 days after the day they were tested	Yes, Call Immediately	-Vaccine available and recommended for all persons 12 years of age and older -Teach effective handwashing, good respiratory hygiene, and cough etiquette* -Disinfect frequently touched surfaces -Avoid close contact with people who are sick
Coxsackie Virus Diseases (Hand, Foot & Mouth Disease)	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Touching feces or objects contaminated with feces, then touching mouth	Range 3-5 days	-Rash in mouth, hands (palms and fingers), and feet (soles)	No, unless fever	Fever free ⁶	No	-Teach effective handwashing and use standard precautions*
Cryptosporidiosis	-Drinking fecally-contaminated water or eating fecally-contaminated food	Range 1-12 days Commonly 7 days	-Diarrhea, which can be profuse and watery, preceded by loss of appetite, vomiting, abdominal pain -Infected persons might not have symptoms but can spread the infection to others	Yes	Diarrhea free ⁵ and fever free ⁶	Yes	-Teach effective handwashing*
Cytomegalovirus (CMV) Infection	-Mucous membrane contact with saliva and urine	Range unknown under usual circumstances	-Usually only fever	No, unless fever	Fever free ⁶	No	-Teach effective handwashing and use standard precautions* -Pregnant women who have been exposed should consult their physician
Diarrhea	-Eating fecally-contaminated food or drinking fecally-contaminated water -Having close contact with an infected person	Variable	-3 or more episodes of loose stools in a 24 hour period	Yes	Diarrhea free ⁵	Yes, for certain conditions ⁵	-A variety of bacterial, viral, and parasitic agents can cause diarrhea -Teach effective handwashing*
Escherichia coli (E. coli) Infection, Shiga Toxin-Producing	-Eating fecally-contaminated food, drinking fecally-contaminated water, having close contact with an infected person or animal	Range 1-10 days; for E. coli O157:H7 Commonly 3-4 days	-Profuse, watery diarrhea, sometimes with blood and/or mucus, abdominal pain, fever, vomiting	Yes	Diarrhea free ⁵ and fever free ⁶	Yes, if Shiga toxin-producing	-Teach effective handwashing*
Fever	-Variable by condition	Variable	-A temperature of 100° Fahrenheit, (37.8° Celsius) or higher -Measure when no fever suppressing medications are given	Yes	Fever free ⁶	No	-Children should not be given aspirin for symptoms of any viral disease, confirmed or suspected, without consulting a physician
Fifth Disease Human Parvovirus	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Range 4-20 days	-Redness of the cheeks and body -Rash can reappear -Fever does not usually occur	No, unless fever	Fever free ⁶	No	-Pregnant women who have been exposed should consult their physician -Teach effective handwashing and good respiratory hygiene and cough etiquette*
Gastroenteritis, Viral	-Eating fecally-contaminated food or drinking fecally-contaminated water, having close contact with an infected person	Range a few hours to months Commonly 1-3 days	-Nausea and diarrhea -Fever does not usually occur	Yes	Diarrhea free ⁵ and fever free ⁶	No	-Teach effective handwashing* -Can spread quickly in childcare facilities
Giardiasis	-Close contact with an infected person, drinking fecally-contaminated water	Range 3-25 days or longer Commonly 7-10 days	-Nausea, bloating, pain, and foul-smelling diarrhea; can recur several times over a period of weeks	Yes	Diarrhea free ⁵	No	-Treatment is recommended -Teach effective handwashing* -Can spread quickly in childcare facilities
Head Lice (Pediculosis)	-Direct contact with infected persons and objects used by them	Commonly 7-10 days	-Itching and scratching of scalp -Presence of live lice or pinpoint-sized white eggs (nits) that will not flick off the hair shaft	No	Not applicable	No	-Treatment is recommended -Teach importance of not sharing combs, brushes, hats and coats -Check household contacts for evidence of infestation
Hepatitis A	-Touching feces or objects contaminated with feces, then touching mouth	Range 15-50 days Commonly 25-30 days	-Most children have no symptoms; some have flu-like symptoms or diarrhea -Adults can have fever, fatigue, nausea and vomiting, anorexia, and abdominal pain -Jaundice, dark urine, or diarrhea might be present	Yes	One week after onset of symptoms	Yes, within one work day	- Vaccine available and required ⁷ -Teach effective handwashing* -Infected persons should not have any food handling responsibilities
Hepatitis B	-Direct contact with blood and body fluids	Range 6 weeks-6 months Commonly 2-3 months	-Gradual onset of fever, fatigue, nausea, or vomiting, followed by jaundice -Frequently asymptomatic in children	No	Not applicable	Yes, acute only	-Vaccine available and required ⁷ -Do not share personal hygiene items -Use standard precautions* -Educate adolescents about viral transmission through sexual contact and sharing of equipment for injection
Herpes Simplex (cold sores)	-Touching infected person's skin, body fluid or a contaminated surface	First infection, 2-17 days	-Blisters on or near lips that open and become covered with a dark crust -Recurrences are common	No	Not applicable	No	-Teach importance of good hygiene -Avoid direct contact with lesions -Antivirals are sometimes used
Impetigo	-Touching an infected person's skin, body fluid or a contaminated surface -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Variable, Commonly 4-10 days	-Blisters on skin (commonly hands and face) which open and become covered with a yellowish crust -Fever does not usually occur	No, unless blisters and drainage cannot be contained and maintained in a clean dry bandage	Blisters and drainage can be contained and maintained in a clean dry bandage	No	-Teach effective handwashing*
Infections (Wound, skin or soft tissue)	-Touching infected person's skin, body fluid or a contaminated surface	Variable	-Draining wound	None, unless drainage from wounds or skin and soft tissue infections cannot be contained and maintained in a clean dry bandage	Drainage from wounds or skin and soft tissue infections is contained and maintained in a clean dry bandage	No	-Restrict from activities that could result in the infected area becoming exposed, wet, soiled, or otherwise compromised -Do not share personal care items -Disinfect reusable items -Use proper procedures for disposal of contaminated items
Influenza (flu)	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Direct contact with respiratory secretions from an infected person -Touching a contaminated surface then touching mouth, nose or eyes	Range 1-4 days	-Rapid onset of fever, headache, sore throat, dry cough, chills, lack of energy, and muscle aches -Children can also have nausea, vomiting, or diarrhea	Yes	Fever free ⁶	No, except for pediatric influenza deaths, novel influenza, or outbreaks ⁸	- Vaccine available and recommended ⁷ annually for all persons aged 6 months and older -Teach effective, handwashing, good respiratory hygiene and cough etiquette*
Measles (Rubella)	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Range 7-21 days Commonly 10-12 days	-Fever, followed by runny nose, watery eyes, and dry cough -A blotchy red rash, which usually begins on the face, appears between the third and seventh day	Yes	Four days after onset of rash and unimmunized children for 21 days after last exposure	Yes, call immediately	- Vaccine available and required ⁷ -Pregnant women who have been exposed should consult their physician
Meningitis, Bacterial	-Direct contact with respiratory secretions from an infected person -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Variable, Commonly 2-10 days	-Sudden onset of high fever and headache -May have stiff neck, photophobia and/or vomiting	Yes	Exclude until written permission and/or permit is issued by a physician or local health authority ⁴	Yes, for certain pathogens ⁵ and outbreaks ⁸	- Vaccine available and required ⁷ for Haemophilus influenzae type B, meningococcal disease and pneumococcal disease -Teach effective handwashing, good respiratory hygiene and cough etiquette* -Only a laboratory test can determine if meningitis is bacterial
Meningitis, Viral (Aseptic Meningitis)	-Varies by virus causing illness May include: -Direct contact with respiratory secretions from an infected person -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Touching feces or objects contaminated with feces or virus, then touching mouth	Variable, Commonly 2-10 days	-Sudden onset of fever and headache -May have stiff neck, photophobia and/or vomiting	No, unless fever	Fever free ⁶	Yes, for certain pathogens ⁵ and outbreaks ⁸	-Teach effective handwashing, good respiratory hygiene and cough etiquette* -Viral meningitis is caused by viruses; antibiotics are not indicated -Only a laboratory test can determine if meningitis is viral
Meningococcal Infections (Meningitis, and Blood Stream infections caused by Neisseria meningitidis)	-Direct contact with respiratory secretions from an infected person -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Range 1-10 days Commonly 3-4 days	-Sudden onset of fever, intense headache, nausea and often vomiting, stiff neck, and photophobia -May have a red rash or purplish rash on the skin or mucous membranes	Yes	Until effective treatment and approval by healthcare provider ⁴	Yes, call immediately	- Vaccine available and required ⁷ -Prophylactic antibiotics might be recommended for close contacts -In an outbreak, vaccine might be recommended for persons likely to have been exposed

Mononucleosis Infections (Epstein Barr Virus)	-Spread by oral route through saliva, e.g. kissing, mouthing toys, etc.	Commonly 30-50 days	-Variable -Infants and young children are generally asymptomatic -Symptoms, when present, include fever, fatigue, swollen lymph nodes, and sore throat	Yes	Exclude until physician decides or exclude until fever free ⁶	No	-Minimize contact with saliva and/or nasal discharges -Teach effective handwashing* -Sanitize surfaces and shared items -No athletic sports without healthcare provider approval
Mumps	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Range 12-25 days Com-monly 16-18 days	-Swelling beneath the jaw in front of one or both ear -May have low-grade fever, myalgia, and/or orchitis	Yes	Five days from the onset of swelling	Yes	-Vaccine available and required!
Otitis Media (Earache)	-Can follow an infectious condition, such as a cold, but not contagious itself	Variable	-Fever, ear pain	No, unless fever	Fever free ⁶	No	-Antibiotics are indicated only for acute otitis media
Pertussis (Whooping Cough)	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Range 4-21 days Commonly 7-10 days	-Low-grade fever, runny nose, and mild cough lasting one-two weeks, followed by coughing fits, whooping sound followed on inspiration, and often vomiting after coughing	Yes	Completion of five consecutive days of appropriate antibiotic therapy	Yes, within one work day	-Vaccine available and required! -Teach respiratory hygiene and cough etiquette* -Vaccine and/or antibiotics might be recommended for contacts
Pharyngitis, nonstreptococcal (sore throat)	-Not always contagious -If contagious, transmission varies by pathogen - Can include: -Direct contact with respiratory secretions from an infected person -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs -Touching feces or objects contaminated with feces or virus, then touching mouth	Variable	-Fever, sore throat, often with large, tender lymph nodes in neck	No, unless fever	Fever free ⁶	No	-Nonstreptococcal pharyngitis is caused by a virus; antibiotics are not indicated -Teach effective handwashing, good respiratory hygiene and cough etiquette*
Pinworms	-Touching feces or objects contaminated with feces, then touching mouth	Range 2 weeks-2 months or longer Commonly 4-6 weeks	-Perianal itching	No	Not applicable	No	-Treatment recommended -Teach effective handwashing* -Check household contact for infestations
Ringworm(body or scalp)	-Touching an infected person's skin, body fluid or a contaminated surface	Range 4-21 days	-Slowly spreading, flat, scaly, ring-shaped lesions on skin -Margins can be reddish and slightly raised -May cause bald patches	No, unless infected area cannot be completely covered by clothing or a bandage	Infected area can be completely covered by clothing or a bandage or treatment has begun	No	-Ringworm is caused by a fungus -Treatment is recommended -Teach importance of not sharing combs, brushes, hats, and coats
Respiratory Syncytial Virus (RSV)	-Direct or close contact with respiratory and oral secretions	Range 2-8 days Commonly 4-6 days	-Mostly seen in children under the age of 2 years -Cold-like signs or symptoms, irritability, and poor feeding -May present with wheezing and episodes of turning blue when coughing	No, unless fever	Fever free ⁶	No	-Teach effective handwashing, good respiratory hygiene and cough etiquette*
Rubella (German Measles)	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Range 12-23 days Commonly 14-18 days	-Cold-like symptoms, swollen and tender glands at the back of the neck, fever, changeable pink rash on face and chest	Yes	Seven days after onset of rash and unimmunized children for 21 days after last exposure	Yes, within one work day	-Vaccine available and required! -Pregnant women who have been exposed should consult their physician
Salmonellosis	-Eating fecally-contaminated food or drinking fecally contaminated water, -Having close contact with an infected person -Having close contact with animals (mammals, birds, reptiles) and/or their living environment.	Range 6-72 hours Commonly 12-36 hours	-Fever, abdominal pain, diarrhea	Yes	Diarrhea free ⁶ and fever free ⁶	Yes	-Teach effective handwashing*
Scabies	-Touching infected person's skin, body fluid, or a contaminated surface	First infection: Range 2-6 weeks First infection: Range 2-6 weeks	-Small, raised and red bumps or blisters on skin with severe itching, often on thighs, arms, and webs of fingers	Yes	Treatment has begun	No	-Teach importance of not sharing clothing -Can have rash and itching after treatment but will subside
Shigellosis	-Eating fecally-contaminated food, drinking fecally-contaminated water or having close contact with an infected person	Range 1-7 days Commonly 2-3 days	-Fever, vomiting, diarrhea, which can be bloody	Yes	Diarrhea free ⁶ and fever free ⁶	Yes	-Teach effective handwashing* -Can spread quickly in childcare facilities
Shingles	-Contact with fluid from blisters either directly or on objects recently in contact with the rash	Variable, often activated by aging, stress, or weakened immune system. Only occurs in people who have previously had chickenpox	-Area of skin, usually on one side of the face or body, has tingling or pain followed by a rash that may include fluid filled blisters -The blisters scab over in 7-10 days	Yes, if the blisters cannot be covered by clothing or dressing	Lesions are dry or can be covered	No	-Contact with the shingles rash can cause chickenpox in a child that has not had chickenpox -Shingles vaccine is available for persons 50 years and older
Sinus Infection	-Can follow an infectious condition, such as a cold, but not contagious	Variable	-Fever, headache, greenish to yellowish mucus for more than one week	No, unless fever	Fever free ⁶	No	-Antibiotics are indicated only for long-lasting or severe sinus infections
Streptococcal Sore Throat and Scarlet Fever	-Direct contact with respiratory secretions from an infected person -Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Range 1-3 days	-Fever, sore throat, often with large, tender lymph nodes in neck -Scarlet fever-producing strains of bacteria cause a fine, red rash that appears 1-3 days after onset of sore throat	Yes	Effective antibiotic treatment for 24 hours and fever free ⁶	No	-Streptococcal sore throat can only be diagnosed with a laboratory test -Teach effective handwashing, good respiratory hygiene and cough etiquette*
Tuberculosis, Pulmonary	-Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Variable	-Gradual onset fatigue, anorexia, fever, failure to gain weight, and cough	Yes	Antibiotic treatment has begun AND a physician's certificate or health permit obtained	Yes, within one work day	-Teach good respiratory hygiene and cough etiquette*
Typhoid Fever (Salmonella Typhi)	-Eating fecally-contaminated food or drinking fecally-contaminated water -Foreign travel to endemic areas, such as Mexico, India, or Pakistan.	Range 3->60 days Commonly 8-14 days	-Sustained fever, headache, abdominal pain, fatigue, weakness	Yes	Diarrhea free ⁶ and fever free ⁶ , antibiotic treatment has been completed and 3 consecutive stool specimens have tested negative for S. Typhi Diarrhea free ⁶ and fever free ⁶ , antibiotic treatment has been completed and 3 consecutive stool specimens have tested negative for S. Typhi	Yes	-Teach effective handwashing* -Disease is often acquired during travel to a foreign country

Footnotes

- Criteria includes exclusions for conditions specified in the Texas Administrative Code (TAC), Rule §97.7, Diseases Requiring Exclusion from Schools. A school or childcare facility administrator might require a note from a parent or healthcare provider for readmission regardless of the reason for the absence. Parents in schools must follow school or district policies and contact them if there are questions. For day care facilities, follow your facility's policies, contact your local Child Care Licensing inspector or contact your local Licensing office. A list of the offices can be obtained at http://www.dfps.state.tx.us/Child_Care/Local_Child_Care_Licensing_Offices/default.asp#licensing, or refer to TAC Chapters §744, 746, and 747.
- Report confirmed and suspected cases to your local or regional health department. Reports within one week unless required to report earlier as noted in this chart. You can call 1-800-705-8868 or locate appropriate reporting fax and phone numbers for your county at <http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts>.
- An up-to-date list of Texas reportable conditions and reporting forms can be obtained at <http://www.dshs.state.tx.us/idcu/investigation/conditions/>.
- Healthcare provider - physician, local health authority, advance practice nurse, physician's assistant.
- Diarrhea free for 24 hours without the use of diarrhea suppressing medications. Diarrhea is 3 or more episodes of loose stools in a 24 hour period.
- Fever free for 24 hours without the use of fever suppressing medications. Fever is a temperature of 100° Fahrenheit (37.8° Celsius) or higher.
- Many diseases are preventable by vaccination, which might be required for school or daycare attendance. The current vaccine requirements can be found at <http://www.dshs.state.tx.us/immunize/school/>, or call 800-252-9152.
- Local Health Authority: A physician designated to administer state and local laws relating to public health:

- (A) A local health authority appointed by the local government jurisdiction; or
(B) A regional director of the Department of State Health Services if no physician has been appointed by the local government. *Outbreak/epidemic: The occurrence in a community or region of a group of illnesses of similar nature, clearly in excess of normal expectancy, and derived from a common or a propagating source.

Communicable Disease Notes

When a Communicable Disease is Suspected

- Separate the ill child from well children at the facility until the ill child can be taken home.
- Inform parents immediately so that medical advice can be sought.
- Adhere to the exclusion and readmission requirements provided on this chart.
- Observe the appearance and behavior of exposed children and be alert to the onset of disease.
- Pregnant women should avoid contact with individuals suspected of having chickenpox, cytomegalovirus, fifth disease, influenza, measles and rubella. Seek medical advice if exposure occurs.
- In addition to the conditions described in this chart, the following symptoms might indicate an infectious condition; consider excluding or isolating the child:
 - Irritability
 - Difficulty breathing
 - Crying that doesn't stop with the usual comforting
 - Extreme sleepiness
 - Vomiting two or more times in 24 hours
 - Mouth sores

*Minimizing the Spread of Communicable Disease

Handwashing (<http://www.cdc.gov/handwashing/>)

- Encourage children and adults to wash their hands frequently, especially before handling or preparing foods and after wiping noses, diapering, using toilets, or handling animals.
- Wash hands with soap and water long enough to sing the "Happy Birthday" song twice.
- Sinks, soap, and disposable towels should be easy for children to use.
- If soap and water are not available, clean hands with gels or wipes with alcohol in them.

Diapering

- Keep handwashing areas near diapering areas.
- Keep diapering and food preparation areas physically separate. Keep both surface areas clean, uncluttered, and dry.
- The same staff member should not change diapers and prepare food.
- Cover diapering surfaces with intact (no cracked or torn) plastic pads.
- If the diapering surface cannot be easily cleaned after each use, use a disposable material such as paper on the changing area and discard the paper after each diaper change.
- Sanitize the diapering surface after each use and at the end of the day.
- Wash hands with soap and water or clean with alcohol-based hand cleaner after diapering.

Environmental surfaces and personal items

- Regularly clean and sanitize all food service utensils, toys, and other items used by children.
- Discourage the use of stuffed toys or other toys that cannot be easily sanitized.
- Discourage children and adults from sharing items such as combs, brushes, jackets, and hats.
- Maintain a separate container to store clothing and other personal items.
- Keep changes of clothing on hand and store soiled items in a non-absorbent container that can be sanitized or discarded after use.
- Provide a separate sleeping area and bedding for each child, and wash bedding frequently.

Respiratory Hygiene and Cough Etiquette (<http://www.cdc.gov/flu/protect/covercough.htm>)

- Provide facial tissue throughout the facility. (link to cough etiquette)
- Cover mouth and nose with a tissue when coughing or sneezing.
- If tissue is not available, cough or sneeze into upper sleeve, not hands.
- Put used tissue in the waste basket.
- Wash hands with soap and water or clean with alcohol-based hand cleaner after coughing or sneezing.

Standard Precautions

Because we do not always know if a person has an infectious disease, apply standard precautions to **every person every time** to assure that transmission of disease does not occur.

- Wear gloves for touching blood, body fluids, secretions, excretions, and contaminated items and for touching mucous membranes and nonintact skin.
- Use appropriate handwashing procedures after touching blood, body fluids, secretions, excretions, contaminated items, and immediately after removing gloves.
- Develop procedures for routine care, cleaning, and disinfection of environmental surfaces.

Immunizations

Child-care facilities and schools are required to have an immunization record on file for each child enrolled to ensure that each child has received age-appropriate immunizations. For immunization information, contact your local health department or call (800) 252-9152, or visit <http://www.dshs.state.tx.us/immunize/school/>.

Antibiotic Use

Antibiotics are not effective against viral infections. Because common colds and many coughs, runny noses, and sore throats are caused by viruses, not bacteria, they should not be treated with antibiotics. Even bacterial illnesses might not require antibiotic treatment. Except for conditions indicated in the readmission criteria, do not require proof of antibiotic treatment for readmission to school or daycare. Unnecessary or inappropriate antibiotic use can lead to the development of drug-resistant bacteria.