

COVID-19 and K-12 Schools — Questions and Answers

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General Questions

Q1: What will happen if a positive case of COVID-19 occurs in a K-12 school?

The Centers for Disease Control and Prevention (CDC) recommend the following steps should be taken when a COVID-19 positive case is identified in a K-12 school:

- 1. Isolate the positive case.** The case will need to be excluded from school for:
 - at least **10 days from symptom onset** (or test collection date if asymptomatic) **AND**
 - fever-free for 24 hours without the use of fever reducing medications **AND**
 - improvement of symptoms.
- 2. Report a positive case.** If a confirmed or suspected case(s) of COVID-19 occurs in a K-12 school, the school point of contact (POC) should report the case(s) to the North Dakota Department of Health (NDDoH).
 - Email: dohschool_covid@nd.gov
 - Public Hotline Number: 1.866.207.2880 Monday – Friday 9:00a.m. – 5:00 p.m.
 - [North Dakota Century Code t23c07 \(nd.gov\)](#)
- 3. Contact Tracing Recommendations** (For schools continuing to contact trace):
 - Identification and quarantine of close contacts plays an important role in breaking chains of transmission and preventing further spread of COVID-19 in schools.
 - When the NDDoH is notified of the positive case/potential exposure, the NDDoH K-12 School COVID-19 Response Team will reach out to the School COVID-19 point of contact to complete contact tracing and provide recommendations.
 - Schools can begin to work on identification of individuals who might be close contacts of the case. The school should look back **two days prior** to the date symptoms started or the date of the positive test if there are no symptoms, and work through the days the positive case was in a K-12 school before they started to isolate.

Considerations for identifying a close contact in a K-12 school:

- Arrival and departure time (all locations worked or attended).
- Transportation used, if provided by the school.
- Positive case's locations: home room, hallways, lunchroom, snack, gymnasium, music room, recess. See case's class schedule.
- Youth sports, performing arts or other extracurricular activities.
- The classroom or program environment and the person's activities (i.e., was the person in a cohort or class, or were the classes or groups intermixing?).
- Prevention strategies in place (i.e., masking, cohorting, social distancing).
- Prior COVID-19 infection.
- COVID-19 immunization status.

Q2: Are schools recommended to close if there is a confirmed COVID-19 positive case?

The Centers for Disease Control and Prevention (CDC) states children and adolescents benefit from in-person learning, and a safe return to in person learning is a priority for the upcoming academic year. The North Dakota Department of Health (NDDoH) or Local Public Health Unit (LPHU) is available to work with K-12 schools to determine next steps. Recommendations may include individual quarantine(s), classroom quarantines, or a school closure. In situations where your school is cohorting (for example, keeping within the same small group throughout the school day) the recommendation may be to quarantine close contacts within the cohort who were exposed to the positive case. If there are no recommended building or classroom closures, thoroughly [clean and disinfect](#) areas where the infected person spent significant time. If possible, [open windows to increase airflow from outside when safe to do so](#).

Q3: When are there recommendations to close an entire school vs. recommendations to close only a classroom?

The Centers for Disease Control and Prevention (CDC) states children and adolescents benefit from in-person learning, and a safe return to in person learning is a priority for the upcoming academic year. The North Dakota Department of Health (NDDoH) or Local Public Health Unit (LPHU) will review the details of an exposure with the school to consider who may be close contacts. In a school setting, close contacts to a case are often teacher, staff, and students in the same classroom as a case. This often means that certain persons or classrooms may be recommended to be excluded from school. If teachers, staff, or students are in multiple classrooms (float), then it may be recommended the entire school close. Specific classrooms or schools may be recommended to close again if additional cases occur in a school after a room or school reopens.

Program recommendations depend on the extent of the exposure and what layered mitigation strategies were in place within the school when the positive case was in attendance.

Based on the information provided during the conversation, the NDDoH or LPHU may recommend:

- Exclusion of individual close contacts, (recommending close contacts quarantine).
- Closing one or more entire classroom(s).
- Closing an entire school.
- No additional action.

The NDDoH or LPHU can provide a letter(s) that the **school distributes to all close contacts**. The letter provides guidance for close contacts, including what they need to do to prevent the spread of COVID-19.

The NDDoH K-12 School COVID-19 Response Team can be reached at dohcovid_school@nd.gov or phone at 1.866.207.2880 Monday – Friday 9:00a.m. – 5:00 p.m.

Q4: How do the schools promote behaviors that reduce spread of COVID-19 and maintain a healthy school environment?

Achieving high levels of COVID-19 vaccination rates among eligible staff, students and household members is one of the most critical strategies to end the COVID-19 pandemic. It is important to communicate to parents, guardians, or caregivers to monitor their children every day for signs of infectious illness, including COVID-19. Communicate with your teachers, staff and the families of your students so that they know [when to stay home](#). For more details, please refer to [COVID-19 Childcare and School Exclusion Guidance.pdf](#) Make sure all teachers, staff, and families of students know to inform the designated school point of contact (POC) if teachers, staff, or students test positive for COVID-19 or have been exposed to a confirmed or probable case of COVID-19. Any teacher, staff, or student who has symptoms of any infectious illness or symptoms of COVID-19 should not attend school. The length of time the teacher, staff, or student should stay out of school depends on whether the teacher, staff, or student has COVID-19 or another illness. For more details, please refer to [Childcare and School Infectious Disease Exclusion Guidance](#).

Prevention strategies implemented by schools and individuals to reduce the risk of spreading infection include the following:

- [Promoting vaccination](#)
- [Consistent and correct mask use](#)
- [Physical distancing](#)
- [Screening testing to promptly identify cases, clusters, and outbreaks](#)
- [Ventilation](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)
- [Contact tracing, in combination with isolation and quarantine](#)
- [Cleaning and disinfection](#)

Consistent and correct use of multi-layered prevention strategies can lower the risk of transmission in your school. It is important to remember that community spread plays a part in overall risk to your school/program.

Q5: What are the recommendations for K-12 food service and school lunches?

- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Use additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating to facilitate distancing. Note: students, teachers, and staff who are fully vaccinated do not need to distance while eating.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.
- 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.
- U.S. Department of Agriculture has issued several Child Nutrition COVID-19 Waivers. Learn more [here](#).

Q6: Can the household members of teachers, staff, or students attend school if they are identified as a close contact to a COVID-19 positive case?

It is recommended that household members identified as close contacts to a COVID-19 positive case be excluded from the school for **7-14 days following the last exposure** to the COVID-19 positive case.

Exemptions:

- **Vaccinated Household Close Contacts:** Vaccinated household members can attend school activities if they meet ALL the following criteria:
 - are fully vaccinated , i.e., ≥ 2 weeks following the receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine **AND**
 - have remained **asymptomatic** since the current COVID-19 exposure.

The Centers for Disease Control and Prevention (CDC) recommends that fully vaccinated individuals who remain symptom-free do not need to quarantine but should get tested for COVID-19. The test should be done 5-7 days following an exposure. The individual should wear a mask in public indoor settings for 14 days, or until they receive a negative test result.

- **Household Close Contacts who have a history of positive COVID-19 infection:** People who have previously tested positive for COVID-19 and are identified as a close contact within 90 days of their own symptom onset or test date (if asymptomatic) of their most recent COVID-19 infection, do not need to quarantine or get tested again for up to 90 days if they do not develop symptoms during that time. People who develop symptoms within those 90 days may need to be tested again if there is no other cause identified for their symptoms.
- **Asymptomatic close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Programs,** please reference [question 45](#) for additional information.

Q7: What are the recommendations for teachers, staff, or students who have a household member that is identified as a close contact to a COVID-19 positive case?

Contacts of a close contact do not need to quarantine. Thus, any teacher, staff, or student who has a household member identified as a close contact to a COVID-19 positive case can attend school if the household member does not develop symptoms and/or test positive for COVID-19. Even if the teacher, staff, or student was **not** identified as a close contact to the individual with COVID-19, they should still watch for symptoms of COVID-19.

Q8: What are the recommendations for teachers, staff, or students who have a household member being tested for COVID-19?

- If a household member is **being tested for COVID-19 and has symptoms**, the teacher, staff, or student is **recommended to be excluded** from school pending test results of the household member.
- If a household member is **asymptomatic and is not a close contact** to a COVID-19 positive case (e.g., testing for work or travel), the teacher, staff, or student **does not need to be excluded** from school activities, pending test results.

Q9: What are the recommendations for teachers, staff, or students who have a household member positive for COVID-19?

If a household member tests positive for COVID-19, the teacher, staff, or student may be considered a close or household contact. It is recommended household contacts **be excluded from the school for 7-14 days** from last exposure to the positive COVID-19 household member. The individual's quarantine period is the positive household member's isolation period (which is at least 10 days from symptoms onset or positive test date for asymptomatic) plus the individual's own 7–14-day quarantine (e.g., 10 days for household contact + individual's own quarantine of 7-14 days = total of 17 to 24 days).

Exemptions:

- **Vaccinated Household Close Contacts:** Vaccinated household members can attend school activities if they meet ALL the following criteria:
 - are fully vaccinated , i.e., ≥ 2 weeks following the receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine **AND**
 - have remained **asymptomatic** since the current COVID-19 exposure

The Centers for Disease Control and Prevention (CDC) recommends that fully vaccinated individuals who remain symptom-free do not need to quarantine but should get tested for COVID-19. The test should be done 5-7 days following an exposure. The individual should wear a mask in public indoor settings for 14 days, or until they receive a negative test result.

- **Household Close Contacts who have a history of positive COVID-19 infection:** People who have previously tested positive for COVID-19 and are identified as a close contact within 90 days of their own symptom onset or test date (if asymptomatic) of their most recent COVID-19 infection, do not need to quarantine or get tested again for up to 90 days if they do not develop symptoms during that time. People who develop symptoms within those 90 days may need to be tested again if there is no other cause identified for their symptoms.
- **Asymptomatic close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Programs**, please reference [question 45](#) for additional information.

Q10: What are the recommendations for a teacher, staff, or student who is being tested for COVID-19? Can they continue to work/attend school?

- If a teacher, staff, or student is **being tested for COVID-19 and has symptoms**, the teacher, staff, or student is recommended to be excluded from school pending test results.
- If a teacher, staff, or student is **asymptomatic and is not a close contact** to a COVID-19 positive case (e.g., testing for work or travel), the teacher, staff or student **does not need to be excluded** from school activities, pending test results.
- If the teacher, staff, or student is identified as **close contact to a COVID-19 positive case**, they are recommended to be excluded from the school for **7-14 days following the last exposure** to the COVID-19 positive case. The teacher, staff, or student can attend school activities if they meet one of the following quarantine exemption criteria.

Exemptions:

- **Mask-to-Mask Close Contacts:** Since October 1, 2020, the North Dakota Department of Health (NDDoH) made new recommendations on mask-to-mask close contacts. Masked close contacts are exempt from quarantine if both the case and the close contact were [always wearing a mask](#) during the exposure.
- **Vaccinated Close Contacts:** Must meet **ALL** the following criteria:
 - are fully vaccinated , i.e., ≥ 2 weeks following the receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine **AND**
 - have remained **asymptomatic** since the current COVID-19 exposure

The Centers for Disease Control and Prevention (CDC) recommends that fully vaccinated individuals who remain symptom-free do not need to quarantine but should get tested for COVID-19. The test should be done 5- 7 days following an exposure. The individual should wear a mask in public indoor settings for 14 days, or until they receive a negative test result

- **Close Contacts who have a history of positive COVID-19 infection:** People who have previously tested positive for COVID-19 and are identified as a close contact within 90 days of their own symptom onset or test date (if asymptomatic) of their most recent COVID-19 infection, do not need to quarantine or get tested again for up to 90 days if they do not develop symptoms during that time. People who develop symptoms within those 90 days may need to be tested again if there is no other cause identified for their symptoms.
- **Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program**
Close contacts, regardless of their masking and vaccination status, will be exempted from the quarantine recommendations and can continue in-person learning and participating in extra-curricular activities if they meet **ALL** the following criteria:
 - Remain asymptomatic.
 - Test daily throughout the week or a minimum of every other day utilizing a Rapid Antigen Test.

- Receive a negative result for every test (a **negative test result on day 7** would end serial testing).

School close contacts (regardless of their masking and vaccination status) with **symptoms who test negative for COVID-19** can return if they:

- Remain fever-free for 24 hours (without the use of medication) **AND** improvement of symptoms – whichever is longer.

Do not meet other general exclusion recommendations – [North Dakota Child Care and School Infectious Disease Exclusion Guidance](#)

For additional information see Table 3: *Close contacts and quarantine recommendations*.

Q11: What if teachers, staff, or students have allergies? Do they need to be excluded since they always have a runny nose and cough?

The symptoms discussed in the [COVID-19 Childcare and School Exclusion Guidance.pdf](#) refer to new onset of symptoms. If a teacher, staff, or student always has a cough, then they would not need to be excluded unless it has gotten worse. Since teachers, staff, and students may have mild symptoms, they should be referred to their health care provider for evaluation.

Q12: How do we distinguish between COVID-19 and other common illnesses that occur in the school setting? How do we decide who needs to be referred home or to the doctor?

Please refer to the North Dakota Department of Health (NDDoH) [COVID-19 Childcare and School Exclusion Guidance.pdf](#) and the [North Dakota Child Care and School Infectious Disease Exclusion Guide](#) to assist in differentiating between COVID-19 and other illness.

Q13: Are schools recommended to allow visitors in the building?

- Schools are recommended to review their rules for visitors and family engagement activities.
- Schools are encouraged to limit nonessential visitors, volunteers, and activities involving external groups or organizations, particularly in areas where there is moderate-to-high COVID-19 community transmission.
- Schools are recommended to not limit access for [direct service providers](#), but can ensure compliance with school visitor policies.
- Schools are encouraged to continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or [COVID-19](#), should stay home and seek testing and care, regardless of vaccination status.

Q14: How do I support coping and resilience in my school?

Regularly share COVID-19 facts from trusted sources of information such as the NDDoH or the Centers for Disease Control and Prevention) to counter the spread of misinformation and ease fear. Know and

leverage the tools available through the Department of Human Services (DHS), Behavioral Health Division at <https://www.helpishere.nd.gov/> (First Link 211, the Suicide Lifeline, and the Crisis Text Line).

Q15: What considerations do families need to make for this school year?

Families are encouraged to [vaccinate](#) their eligible children. Families can also help encourage children to adhere to the layered mitigation strategies schools may have in place, including:

- [Consistent and correct mask use](#)
- [Physical distancing](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)

Contact your health care provider immediately and **DO NOT** send your child to school:

- If your child has **ANY** of the following symptoms: fever (100.4 or higher) **OR** loss of taste and/or smell **OR**
- If your child has **two or more** of the following symptoms: fatigue, headache, muscle/body aches, chills, cough, shortness of breath, sore throat, congestion/runny nose, nausea, vomiting, diarrhea, abdominal pain.
- For further details, please refer to [COVID-19 Childcare and School Exclusion Guidance.pdf](#)

Q16: What considerations need to be made for sports and other extracurricular activities?

- [The NDDoH provides data on its website that can be used to inform decision-making at the local level.](#)
- On July 27, 2021, the Centers for Disease Control and Prevention (CDC) recommended universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status, including while participating in indoor sports and other high-risk extracurricular activities and keep physical distance as much as possible.
- Schools should consider using screening testing of unvaccinated student athletes and adults (e.g., coaches, teachers, advisors) who participate in and support these activities. Screening testing helps facilitate safe participation, reduces risk of transmission, and avoids jeopardizing in-person education due to outbreaks. For more information, please see: [additional considerations for K-12 schools - sports and other extracurricular activities.](#)

Q17: What will happen if a positive case of COVID-19 occurs within a school sport, performing art or other extracurricular activity?

The Centers for Disease Control and Prevention (CDC) recommends:

Isolate the positive case. The case will need to be excluded from school for:

- at least 10 days from symptom onset (or test collection date if asymptomatic) **AND**
- 24 hours fever free without the use of fever reducing medications **AND**
- Improvement of symptoms

Report a positive case. If a confirmed case(s) of COVID-19 occurs in a K-12 school, the school point of contact should report the case to the North Dakota Department of Health (NDDoH).

- Email: dohschool_covid@nd.gov
- Public Hotline Number: 1.866.207.2880 Monday – Friday 9a.m.- 5 p.m.
- [North Dakota Century Code t23c07 \(nd.gov\)](https://www.nd.gov/legislation/codes/c07/t23c07)

For schools who are continuing to contact trace:

When the NDDoH is notified of the positive case/potential exposure, the NDDoH K-12 School COVID-19 Response Team will reach out to the School COVID-19 point of contact (POC) to complete contact tracing and provide recommendations.

Contact Tracing Recommendations

- Sports, performing arts and other extracurricular activity close contacts are defined as those people who were within six feet of a person confirmed to have COVID-19 for a period of 15 minutes or longer.
- During routine sporting events, performances, practices and other extracurriculars, all participants would generally fall into the category of a close contact.
- Likewise, on a bus ride, those people seated within six feet of the infected person would be considered close contacts.
- Measures that reduce contact among teachers, students and staff may lessen the number of people exposed.
- Identification and quarantine of close contacts plays an important role in breaking chains of transmission and preventing further spread of COVID-19 in schools.
- Schools can begin to work on identification of people who might be close contacts of the case. The school should look back **two days prior to the date symptoms** started or the date of the positive test if there are no symptoms.
- For additional information see Table 1: Close contacts and quarantine recommendations.

Considerations for identifying close contact in a K-12 school:

- Arrival and departure time (all locations worked or attended).
- Transportation used, if provided by the school.
- Hallways, lunch, snack, recess, class schedule.
- Youth sports, performing arts or other extracurricular activities.
- The classroom or program environment and the person’s activities (i.e., was the person in a cohort or class, or were the classes or groups intermixing).
- Prevention strategies in place (i.e., masking, cohorting).
- Prior COVID-19 infection.
- COVID-19 immunization status.

Additional considerations for identifying close contact in school sports, performing arts or other extracurricular activity:

- **Setting of the sporting event or activity.** In general, the risk of COVID-19 transmission is lower when outdoors than in indoor settings. Consider the ability to keep physical distancing in various settings at the sporting event (i.e., fields, benches/team areas, locker rooms, spectator viewing areas, spectator facilities/restrooms, etc.).
- **Physical closeness.** Spread of COVID-19 is more likely to occur in sports that require sustained close contact (e.g., wrestling, hockey, football).
- **Number of people.** Risk of spread of COVID-19 increases with increasing numbers of athletes, spectators, teachers, and staff.
- **Level of intensity of activity.** The risk of COVID-19 spread increases with the intensity of the sport.
- **Duration of time.** The risk of COVID-19 spread increases the more time athletes, performers, coaches, teachers, staff, and spectators spend in close proximity or in indoor group settings. This includes time spent traveling to/from sporting events, meetings, meals, and other settings related to the event.
- **Presence of people more likely to develop severe illness.** People at increased risk of severe illness might need to take [extra precautions](#).

Q18: What considerations do schools need to make for sanitizing and cleaning protocols?

In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19 list](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

- For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility and CDC Resources specifically for schools](#).

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.

Q19: What considerations are schools encouraged to make for assessing the need for personal protective equipment (PPE) and disinfection supplies?

- Schools should complete an assessment of personal protective equipment (PPE) and disinfection supplies needed for the institution and establish a for maintaining the supplies needed.
- Schools are encouraged to continue working with regular suppliers. In some instances, it may be necessary to identify multiple options for suppliers or prioritize near-term versus long-term needs.
- If suppliers cannot fulfill orders or the PPE is urgently needed, schools may request assistance from the NDDOH.

Q20: What are the roles and expectations for North Dakota Department of Health, Local Public Health Units and K-12 Schools in response to COVID-19?

The North Dakota Department of Health K-12 School Response team follows the [K-12 COVID-19 Response Flowchart](#) for notifying K-12 schools of positive cases.

Q21: When and how are results are communicated to K-12 schools regarding positive K-12 COVID-19 cases?

The North Dakota Department of Health School Covid Coordinators (SCC) follow the K-12 [COVID-19 Response Flowchart](#) for notifying K-12 schools of positive cases. The school workflow begins after a case investigation is complete. The NDDoH Case Investigations can take up to 24-72 hours on average based on COVID-19 case volume.

Q22: What are the recommended thresholds for K-12 school building closures due to COVID-19 transmission within the school?

At this time, the Centers for Disease Control and Prevention (CDC) does not provide recommendations on threshold plans or building closures due to positive COVID-19 cases. Decision making is at the discretion of local school jurisdictions regarding [prevention strategies](#) on factors of the local community including: monitoring [levels of community transmission](#) (i.e., low, moderate, substantial, or high), local [vaccine coverage](#), and the use of screening/testing programs to detect cases in K-12 schools.

The CDC recommends school administrators consider multiple factors when making decisions about implementing layered prevention strategies against COVID-19. Since schools typically serve their surrounding communities, decisions should be based on the school population, families and students served, as well as their communities.

The primary factors to consider include:

- Level of [community transmission](#) of COVID-19.
- [COVID-19 vaccination coverage](#) in the community and among students, teachers, and staff.
- Strain on health system capacity for the community.
- Use of a frequent SARS-CoV-2 [screening/testing program](#) for students, teachers, and staff who are not fully vaccinated. Testing provides an important layer of prevention, particularly in areas with substantial to high community transmission levels.
- COVID-19 [outbreaks or increasing trends](#) in the school or surrounding community.
- Ages of children served by K-12 schools and the associated social and behavioral factors that may affect risk of transmission and the feasibility of different prevention strategies.

For example, a school with a low teacher, staff, or student vaccination rate that has not implemented a screening/testing program may decide to implement additional mitigation strategies.

Cohorting

Q23: What is 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.
- In case of an identified positive case of COVID-19, cohorting can help make decisions about quarantine and self-monitoring of close contacts.

Contact Tracing

Q24: What is a close contact?

A [close contact](#) is anyone who was within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period. Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact. A close contact is recommended to quarantine for 14 days from the last exposure to someone who tested positive for COVID-19.

Exception: In the K-12 indoor classroom setting, the close contact definition excludes students who were within 3-6 feet of an infected student if both students were engaged in consistent and correct use of masks and other K-12 prevention strategies (universal and correct mask use, increased ventilation, and physical distancing). This exception **does not apply** to teachers, staff, or other adults in the indoor classroom setting. See the [Department of Education’s Protecting Student Privacy FERPA and the Coronavirus Disease 2019](#) for more information.

Q25: What are the quarantine recommendations for close contacts in a K-12 School?

Table 2: Close contacts and quarantine recommendations

Types of Close Contacts	Definition	Quarantine Recommendations
Unmasked/Unvaccinated Close Contacts	<ul style="list-style-type: none">• Individuals who were within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period.	The Centers for Disease Control and Prevention (CDC) recommends close contacts to quarantine for 14 days after the last exposure . The CDC has provided additional options for close

	<ul style="list-style-type: none"> • Individuals who were not fully vaccinated . • Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact. 	<p>contacts that can reduce the number of days that the close contacts will need to quarantine following an exposure:</p> <ul style="list-style-type: none"> ▪ Teacher/Staff/Student may be released from quarantine AFTER DAY 10 without testing if the following criteria are met: <ul style="list-style-type: none"> ▪ Remain asymptomatic <p style="text-align: center;">OR</p> ▪ Teacher/Staff/Student may be released from quarantine AFTER DAY 7 if the following criteria are met: <ul style="list-style-type: none"> ▪ Remain asymptomatic. ▪ Test negative for COVID-19 - please note that the PCR, antigen, or home test must be administered day 5 or later from the date of last exposure. <p><i>Note: In both cases, it is recommended that the close contacts monitor for symptoms of COVID-19 in through the 14th day after exposure.</i></p>
<p>Mask-to-Mask Close Contacts</p>	<p>Individuals who were within 6 feet of an infectious person, but both the individual and the case were consistently and correctly wearing a mask at all times during the exposure.</p>	<p>On October 1, 2020, the North Dakota Department of Health (NDDoH) made new recommendations on masked close contacts. It is recommended that a masked close contact self-monitors for symptoms of COVID-19 and continues to wear a mask while in public as asymptomatic and pre-symptomatic transmission of COVID-19 could still occur.</p> <p><i><u>This exemption DOES NOT apply to household contacts.</u></i></p>
<p>Vaccinated Close Contacts</p>	<p>Individuals who meet ALL the following criteria:</p> <ul style="list-style-type: none"> • are fully vaccinated, i.e., ≥ 2 weeks following the receipt of the second dose in a 2-dose series, or 	<p>The CDC recommends that fully vaccinated individuals who remain symptom-free do not need to quarantine but should get tested for COVID-19 5-7 days following an</p>

	<p>≥ 2 weeks following receipt of one dose of a single-dose vaccine AND</p> <ul style="list-style-type: none"> • have remained asymptomatic since the current COVID-19 exposure 	<p>exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result.</p>
<p>Close Contact with a history of positive COVID-19 infection</p>	<p>People who have previously tested positive for COVID-19 and later are identified as a close contact within 90 days of symptom onset or test date (if asymptomatic) of their most recent COVID-19 infection</p>	<p>Close contacts do not need to quarantine or get tested again for up to 90 days if they do not develop symptoms during that time. People who develop symptoms within those 90 days may need to be tested again if there is no other cause identified for their symptoms.</p>
<p>Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program</p>	<p>Close contacts in schools who have parental/informed consent to participate in K-12 School COVID-19 Screening/Testing Program</p>	<p>Close contacts (regardless of their masking and vaccination status), will be exempted from the quarantine recommendations and can continue in-person learning and participating in extra-curricular activities if they meet ALL the following criteria:</p> <ul style="list-style-type: none"> • Remain asymptomatic. • Test daily throughout the week or a minimum of every other day utilizing a Rapid Antigen Test. • Receive a negative result for every test (a negative test result on day 7 would end serial testing). <p>Close contacts (regardless of their masking and vaccination status) with symptoms who test negative for COVID-19 can return if they:</p> <ul style="list-style-type: none"> • Remain fever-free for 24 hours (without the use of medication) AND improvement of symptoms – whichever is longer. • Do not meet other general exclusion recommendations – North Dakota Child Care and

		<p>School Infectious Disease Exclusion Guidance.</p> <p>Close contacts (regardless of their masking and vaccination status), who receive a positive test result, are recommended to follow the CDC and the NDDoH case isolation recommendations:</p> <ul style="list-style-type: none"> • Stay home at least 10 calendar days from onset of symptoms (or test date if asymptomatic). • Isolation period will end after 10 days, if you remain fever-free for 24 hours (without the use of medication) AND have improvement of symptoms – whichever is longer. <p>For close contacts in school who do not have parental/informed consent to participate in a K-12 School COVID-19 Screening/Testing Program:</p> <p>These school close contacts are recommended to follow the CDC and the NDDoH quarantine recommendations outlined above.</p>
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Q26: What is the difference between quarantine and isolation?

- Quarantine
- Isolation

Q27: Is there an expectation of contact tracing and/or quarantining for the 2021/2022 K-12 academic year?

The Centers for Disease Control and Prevention (CDC) recommend contact tracing in combination with quarantine and isolation as part of a layered prevention strategy for COVID-19 prevention in K-12 Schools for the upcoming academic year. [Guidance for COVID-19 Prevention in K-12 Schools | CDC](#)

Schools should report, to the extent allowable by applicable privacy laws, new diagnoses of COVID-19 to the North Dakota Department of Health (NDDoH) as soon as they are informed. School officials should notify, to the extent allowable by applicable privacy laws, teachers, staff, and families of students who

were close contacts as soon as possible (within the same day if possible) after they are notified that someone in the school has tested positive.

Schools should continue to collaborate with the NDDoH and local health units, to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows identifying which students, teachers, and staff with positive COVID-19 test results should [isolate](#), and which [close contacts](#) should [quarantine](#).

See the Department of Education's [FERPA and the Coronavirus Disease 2019 \(COVID-19\) | Protecting Student Privacy \(ed.gov\)](#) for more information.

Q28: Are siblings of a close contact exempt from quarantine?

Siblings of a close contact do not need to be excluded from school or do not need to quarantine. If the close contact tests positive, then the siblings are recommended to quarantine. For more details, please refer to Table 2: *Close contacts and quarantine recommendations*

Q29: Are vaccinated individuals exempt from quarantine?

Vaccinated individuals can be exempt from quarantine if they meet **ALL** the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine).
- Have remained asymptomatic since the current COVID-19 exposure.

If an individual is fully vaccinated for COVID-19 and remain symptom-free, they do not need to quarantine but they should get tested for COVID-19 5-7 days following their exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result.

Fully vaccinated people who live in a household with someone who is immunosuppressed, at increased risk of severe disease, or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result.

Please refer to the following links for more information on COVID-19 vaccine:

- [COVID-19 Vaccine Information | Department of Health](#)
- [Childcare Providers and Schools | Department of Health](#)
- [COVID-19 Vaccine Children and Adolescents.pdf](#)
- [Recommendations for Fully Vaccinated People](#)

Q30: Are individuals who have a history of testing positive for COVID-19 exempt from quarantine, if identified as a close contact?

People who have previously tested positive for COVID-19 and later are identified as a close contact within 90 days of symptom onset or test date (if asymptomatic) of their most recent COVID-19 infection, do not need to quarantine or get tested again for up to 90 days if they do not develop symptoms during that

time. People who develop symptoms within those 90 days may need to be tested again if there is no other cause identified for their symptoms.

Q31: Why are household contacts excluded from school longer than other close contacts?

Household contacts to COVID-19 positive cases should be excluded longer because they are continuously exposed to the positive case in the household. A positive case can be infectious for 10 days after their onset of symptoms (or 10 days after collection date of test if asymptomatic). That means a household contact are recommended to be excluded through the positive case's isolation period plus the contact's 7–14 days quarantine period.

Q32: If someone who is quarantined tests negative for COVID-19, when can they return to school?

- **Unmasked Close Contacts:** The Centers for Disease Control and Prevention (CDC) recommends a quarantine of **14 days after the last exposure**. However, the teacher, staff, and student can return to school **AFTER DAY 7** if the following criteria are met:
 - Remain asymptomatic.
 - Test negative for COVID-19 - please note that the PCR, antigen, or home test **must be administered day 5 or later from the day of last exposure**.
- **Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program:** School close contacts with symptoms who test negative for COVID-19 can return if they:
 - Remain fever-free for 24 hours (without the use of medication) **AND** improvement of symptoms – whichever is longer.
 - Do not meet other general exclusion recommendations – [North Dakota Child Care and School Infectious Disease Exclusion Guidance](#).

Q33: If you are asymptomatic and are not a close contact and choose to be tested for COVID-19, do you have to quarantine until you receive results?

Individuals do not need to quarantine pending results of a COVID-19 test if they have no symptoms and they have not been identified as a close contact of someone who has tested positive for COVID-19.

Q34: If you are quarantined due to an exposure outside of school, do you need to quarantine from school?

Yes. If an individual is identified as a close contact of someone who tested positive for COVID-19 and is recommended to quarantine, that means they need to quarantine at home and can only be around people who are immediate household members regardless of where the exposure occurred.

Exception:

- For close contacts in schools **who have parental/informed consent to participate** in K-12 School COVID-19 Screening/Testing Program: Close contacts regardless of their masking status, will be exempted from the quarantine recommendations and can continue in-person learning and participating in extra-curricular activities if they meet **ALL** the following criteria:
 - Remain asymptomatic.
 - Test daily throughout the week or a minimum of every other day utilizing a Rapid Antigen Test.
 - Receive a negative result for every test (a **negative test result on day 7** would end serial testing).
 - School close contacts with **symptoms who test negative for COVID-19** can return if they:
 - Remain fever-free for 24 hours (without the use of medication) **AND** improvement of symptoms – whichever is longer.
 - Do not meet other general exclusion recommendations – [North Dakota Child Care and School Infectious Disease Exclusion Guidance](#).

Mask Use

Q35: Is mask use recommended for teachers, staff, and students in K-12 schools?

- [The NDDoH provides data on its website that can be used to inform decision-making at the local level.](#)
- **Indoors:** As of July 27, 2021, the Centers for Disease Control and Prevention (CDC) recommends all individuals, regardless of their vaccination status, to wear a mask in all indoor settings.
- **Outdoors:** In general, individuals do not need to wear masks when outdoors. However, particularly in areas of [substantial to high transmission](#), the CDC recommends that individuals who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other individuals who are not fully vaccinated.

Passengers and drivers **MUST** wear a mask on school buses operated by public and private school systems, subject to the exclusions and exemptions in the CDC’s Order. Operators of school buses should refer to the Department of Education’s [COVID-19 Handbook pdf](#) [PDF – 27 pages] for additional guidance.

Q36: Does the 3-foot physical distancing in certain classroom settings change the North Dakota mask to mask quarantine exemption?

No. The North Dakota Department of Health (NDDoH) mask-to-mask quarantine exception rule states: If both the infected person and close contact were always wearing a mask during the exposure, this would exempt the contact from quarantine provided that the close contact remains asymptomatic. It would then be recommended to self-monitor for 14 days from the last exposure to the infected individual.

Q37: When can mask breaks be taken?

Mask breaks may be taken when 6 feet or greater can be maintained either indoors or outdoors.

Q38: Are masked individuals exempt from quarantine?

If the COVID-19 positive case and close contact were both properly always wearing a mask during the exposure, they would be exempt from quarantine provided they remain asymptomatic. In this situation, individuals should monitor symptoms for 14 days and should continue to wear a mask. For additional information see Table 3: *Close contacts and quarantine recommendations*.

Q39: Do I have to wear a face mask on a school bus?

All people are required by the Centers for Disease Control and Prevention (CDC) order to wear face coverings on all indoor public transportation conveyances (airports, public buses, etc.), including school buses.

[Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#)

Passengers and drivers **MUST** wear a mask on school buses operated by public and private school systems, subject to the exclusions and exemptions in the CDC's Order. Operators of school buses should refer to the Department of Education's [COVID-19 Handbook pdf](#) [PDF – 27 pages] for additional guidance.

Physical Distancing

Q40: What does the Centers for Disease Control and Prevention (CDC)'s updated 3-foot physical distancing mean in a school/classroom setting?

- Maintain at least [3 feet of physical distance](#) between students within classrooms, combined with indoor mask wearing.
- Maintain a distance of at least 6 feet between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

Q41: Should other mitigation strategies be used with the student to student 3-foot physical distancing in certain classroom settings?

The Centers for Disease Control and Prevention (CDC) has developed guidance for prevention strategies that K-12 school administrators can use to help protect students, teachers, and staff and slow the spread of COVID-19. The CDC recommends implementation of layered prevention strategies including:

- [Promoting vaccination](#)
- [Consistent and correct mask use](#)
- [Physical distancing](#)
- [Screening testing to promptly identify cases, clusters, and outbreaks](#)
- [Ventilation](#)
- [Handwashing and respiratory etiquette](#)
- [Staying home when sick and getting tested](#)

- [Contact tracing, in combination with isolation and quarantine](#)
- [Cleaning and disinfection](#)

Q42: Does the 3-foot distancing apply between students and teacher/staff (student to adult)?

No. The 3 feet recommendation only applies between students, not students and teacher/staff.

Q43: Does the 3-foot distancing apply between teachers and staff (adult to adult) in the school setting?

The Centers for Disease Control and Prevention (CDC) recommends schools maintain a distance of at least 6 feet between teachers/staff who are not fully vaccinated.

Vaccinations

Q44: Should teachers, staff, and students be vaccinated against influenza this year?

It is more important than ever that children be vaccinated against influenza this year because if they have a cough or congestion, even mild, they are recommended to be excluded from school. These symptoms could be caused by influenza and not COVID-19, so reducing a child's chance of contracting influenza is best so they can stay in school.

Please refer to the [North Dakota Child Care and School Infectious Disease Exclusion Guide](#).

Q45: How do I promote vaccinations in a school setting?

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 continue with in-person learning. 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.

- [COVID-19 Vaccine Children and Adolescents.pdf](#)
- [About COVID-19 Vaccines | CDC](#)

Planning and Preparing

Q46: Do school districts/schools need to develop an Emergency Operations Plan (EOP) for COVID-19?

Schools are encouraged to follow the Centers for Disease Control and Prevention (CDC) guidelines on [Emergency Operations Plans](#).

At-home Self COVID-19 testing

Q47: What are the recommendations for a student or staff member who tested positive using the At-home Self COVID-19 testing?

At-home Self Covid-19 Testing are available by prescription or retail and online without a prescription. These tests can be either molecular (PCR) or antigen tests that detect current infection. Individuals should communicate their results with a health care provider. If their result is positive, instruct the individual to isolate and inform any close contacts. Results need to be reported to the person's health care provider. The North Dakota Department of Health (NDDoH) will not accept self-reported test results. Self-reported home test results can be used for early quarantine release. The Centers for Disease Control and Prevention (CDC) has more information about [at home Self-Testing | CDC](#)

Screening and Testing Program

Q48: What will happen if a positive case of COVID-19 occurs in a K-12 school participating in the North Dakota K-12 School COVID-19 Screening/Testing Program?

The following steps should be taken once a COVID-19 positive case is identified in a K-12 school:

- 1. Isolate the positive case:** The case will need to be excluded from school for:
 - at least **10 days from symptom onset** (or test collection date if asymptomatic) **AND**
 - remain fever-free for 24 hours without the use of fever reducing medications **AND**
 - improvement of symptoms.
- 2. Report the positive case:** If a confirmed case(s) of COVID-19 occurs in a K-12 school, the school point of contact should report the case to the North Dakota Department of Health (NDDoH).
 - Email: dohschool_covid@nd.gov
 - Public Hotline Number: 1.866.207.2880 Monday – Friday 9:00 a.m.- 5:00 p.m.
 - [North Dakota Century Code t23c07 \(nd.gov\)](#)
- 3. Close contacts in schools enrolled in K-12 School COVID-19 Screening/Testing Program:**
 - For close contacts in schools **who have parental/informed consent to participate** in K-12 School COVID-19 Screening/Testing Program: Close contacts regardless of their vaccination and masking status, will be exempted from the quarantine recommendations and can continue in-person learning and participating in extra-curricular activities as long as they meet **ALL** the following criteria:
 - Remain asymptomatic.
 - Test daily throughout the week or a minimum of every other day utilizing a Rapid Antigen Test.
 - Receive a negative result for every test (a **negative test result on day 7** would end serial testing).
 - School close contacts (regardless of their vaccination and masking status) with **symptoms who test negative for COVID-19** can return if they:

- Remain fever-free for 24 hours (without the use of medication) **AND** improvement of symptoms – whichever is longer.
- Do not meet other general exclusion recommendations – [North Dakota Child Care and School Infectious Disease Exclusion Guidance](#).
- School close contacts (regardless of their vaccination and masking status), who receive a **positive test result**, are recommended to follow the Centers for Disease Control and Prevention (CDC) and the North Dakota Department of Health (NDDoH) case isolation recommendations:
 - Stay home at least 10 calendar days from onset of symptoms (or test date if asymptomatic).
 - Isolation period will end after 10 days, if you remain fever-free for 24 hours (without the use of medication) **AND** have improvement of symptoms – whichever is longer.
- For close contacts in school who **do not have parental/informed consent to participate** in K-12 School COVID-19 Screening/Testing Program: These school close contacts are recommended to follow the Centers for Disease Control and Prevention (CDC) and the North Dakota Department of Health (NDDoH) quarantine recommendations outlined in Table 2: *Close contacts and quarantine recommendations*

Additional resources

Q49: Are there further resources for schools to use to maintain in-person instruction?

Yes. The updated [Guidance for COVID-19 Prevention in K-12 Schools](#) enhances Centers for Disease Control and Prevention’s (CDC) existing resources for K–12 schools in opening for in-person instruction and remaining open.

Q50: Is there updated science that supports the Centers for Disease Control and Prevention (CDC) and the North Dakota Department of Health (NDDoH) recommendations?

Yes. The CDC updated school guidance includes the [latest science](#) on safe school operation during COVID-19.

The NDDoH provides resources and data to inform decisions made at the local level.

COVID-19 Key Definitions

The following definitions are used for case investigation, contact identification, and follow-up. [COVID-19 Glossary of Terms | Department of Health \(nd.gov\)](#)

Case: A person who is positive for COVID-19 through confirmation of a PCR or Rapid Antigen Test.

Probable case: A close contact of a confirmed case, who has symptoms compatible with COVID-19, but is not a confirmed positive case.

Case investigation: When the North Dakota Department of Health (NDDoH) or other public health partner interviews someone who has COVID-19 to determine where or by whom the individual may have gotten infected, understand symptoms, obtain demographics and underlying health conditions, and to identify close contacts.

Close contact: A close contact is anyone who was within 6 feet of an infectious person for a cumulative total of 15 minutes or more over a 24-hour period. Individuals that may have had direct contact with infectious secretions of someone with COVID-19 (e.g., being coughed or sneezed on) would also constitute as a close contact.

Exception: In the K-12 indoor classroom setting, the close contact definition excludes students who were more than at least 3 feet away from an infected student if both students were engaged in consistent and correct use of masks and other K-12 prevention strategies (universal and correct mask use, increased ventilation, and physical distancing) This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

Contact tracing: People in close contact with someone who is infected with a virus, such as COVID-19, are at higher risk of becoming infected themselves, and of potentially further infecting others. The NDDoH and other public health partners follow-up with close contacts of COVID-19 cases to notify them of their exposure, check for symptoms/signs of infection, and advise them of their quarantine period.

Exposure: When an individual comes in contact with the virus. The virus is thought to spread when someone who is infected coughs, sneezes, or exhales.

Household contact: All individuals (i.e., family members, roommates, intimate contacts, and caregivers) who live with a person who is positive for COVID-19.

Incubation period: The time it takes an individual to develop symptoms after an exposure, the estimated incubation for COVID-19 is 2-14 days.

Infectious period: The infectious period begins 2 days BEFORE onset of symptoms (or, for asymptomatic cases, 2 days prior to test specimen collection) and continues until the case is released from isolation. If case is asymptomatic at the time of testing, but becomes symptomatic later, the infectious period is from the onset of symptoms.

Isolation: Isolation refers to when a person who is showing symptoms of a disease separates themselves from other people to prevent spreading the disease to others. People who test positive for COVID-19 must be isolated for at least 10 days after symptom onset and be fever free for 72 hours (without the use of medications) and have improvement in symptoms. People who are immunocompromised, hospitalized or health care workers may need to be isolated longer.

Isolation period: All individuals who test positive for COVID-19 (i.e., COVID-19 cases) must isolate for a minimum of 10 days until they meet the North Dakota Department of Health (NDDoH) release from isolation criteria (at least 24 hours after resolution of fever, without the use of fever-reducing medications,

AND progressive improvement of symptoms). People who are in isolation should stay home and separate themselves from others in the household as much as possible.

Quarantine: Separates someone who might have been exposed to COVID-19 away from others. Quarantine applies to household and close contacts. Someone in quarantine should stay separated from others, limiting movement outside of the home or facility where they are staying, however, they do not need to separate themselves from their household.

Reinfection: Clinical recurrence of symptoms compatible with COVID-19, accompanied by positive PCR test more than 90 days after the onset of the primary infection, supported by close-contact exposure or outbreak settings, and no evidence of another cause of infection.

Social distancing: Also known as “physical distancing”. Individuals should keep physical space between themselves and people outside of your home. Practicing social distancing involves: Staying six feet away from other people. Avoid gathering in groups. Staying out of crowded places and avoiding mass gatherings