ISANNE

# Responsibly Reopening Schools: A Framework for ISANNE Boarding Schools

# Introduction

This spring, the novel coronavirus forced ISANNE boarding schools to respond to historic health and safety challenges, in a very short period of time closing down campuses to prevent the spread of the virus and then pivoting to deliver educational programs in a radically different way. As heads of school worked with their own communities to embrace new approaches to learning and sustaining community remotely, they also joined together and began developing a shared understanding of what it would take to return to school in the fall. Open and meaningful collaboration and a rigorous approach to planning led to the development of shared commitments and the creation of this document, a collective plan to reopen ISANNE boarding schools in the coming year.

## OVERVIEW AND PURPOSE OF THIS FRAMEWORK

This document represents a collective vision for re-opening ISANNE boarding schools in New Hampshire, Maine, and Vermont, its purpose being to support and complement ISANNE boarding schools as they release specific details and plans for reopening. It is important to note that these are considerations, not legal directives or advice.

This framework reflects our schools' shared commitments, yet it also allows that "one size does not fit all." At the same time, participating schools agree to the principles and guidelines presented here which are founded in stringent health and safety measures. This document presents considerations broken down into the following sections:

- 1. Repopulating Campus
- 2. Life of the Campus
- 3. Implementation of Academic Program
- 4. Athletics and Interscholastic Activities
- 5. Supporting Social Emotional Wellbeing
- 6. Ongoing Monitoring/Health Protocols
- 7. Containing an Outbreak
- 8. Broad Outbreak/Closing Campus
- 9. Community Health Expectations and Commitments

*Please note that this is a working document and may be adjusted due to the evolving guidance from federal, state, and local authorities in response to the COVID-19 pandemic.*

## OUR CONTEXT: SMALL BOARDING SCHOOLS IN NORTHERN NEW ENGLAND

ISANNE schools are deeply committed to the idea that the best teaching and learning environment is one in which students and teachers engage one another in-person. Boarding schools in northern New England are uniquely positioned to welcome students, faculty, and staff back to campus while ensuring that safety and health are the highest priority. Maine, New Hampshire, and Vermont continue to have among the lowest incidence of COVID-19 in the country and the trend of critical statistics continue to offer a favorable forecast. The rural settings of the schools are uniquely advantaged in managing COVID-19-related challenges, with tremendous opportunities for student engagement, socially distanced learning and recreation, and social-emotional wellness.

It is also important to note that northern New England boarding schools are special places of learning and community. Although there are similarities, they are distinct from colleges and universities with far smaller enrollments than their higher education counterparts, in general, a smaller staff, and with students ranging in age from 11–19. Scale, location, philosophy and responsible planning create a unique advantage for the boarding schools of northern New England to responsibly open and stay open in the face of challenges presented by COVID-19.

### LOCAL HEALTH AND ECONOMIC CONSIDERATIONS

As good neighbors, ISANNE boarding schools recognize their place and responsibilities in small, tightly knit communities, regularly communicating and collaborating with regional health authorities as they plan for the fall. Moreover, as non-profit entities that spend the majority of their revenue on salaries and wages, boarding schools directly support the residents of surrounding communities and are a vital asset to the economies of Maine, New Hampshire, and Vermont.

# Chapter 1: Repopulating Campus

As employees, students and their families return to campus, they will be given clear guidance about school expectations about foundational health and hygiene practices, responsible behavior and good citizenship during the pandemic. In addition, COVID-19 protocols such as testing, quarantine, masking, daily screening, and use of personal protective equipment help ensure a safe reopening of residential educational programs and plans will be developed in cooperation with all stakeholders to ensure that each student's circumstances are taken into account. The repopulation of campuses will be a collaborative effort across all areas of school life, and plans will be developed in coordination with all community stakeholders.

### POINTS OF EMPHASIS FOR REPOPULATING CAMPUS:

- 1. Community-wide education of expectations for all staff, students and their families regarding:
    a. Procedures for self-quarantine before campus arrival
    b. Procedures for regular arrival to campuses
    c. Procedures for late arrival to campuses
    d. Procedures for on-campus quarantine for those who cannot self-quarantine and/or those who will be traveling by air or mass transportation
    e. Quarantine and testing protocols
    f. Health screenings for arrivals to campus
    g. Mitigation efforts (ie social distancing and masking)
    h. Hygiene (ie hand washing, laundry, food, and room cleanliness)
    i. Additional health screenings
- 2. COVID-19 Codes of Conduct for students, their families, and staff, which will provide school expectations for safe and healthy engagement with the community. Codes of Conduct may include expectations on the use of masks, social distancing, personal hygiene, travel guidelines, visitor guidelines, and the disclosing of possible exposure to infected individuals.
- 3. Where possible and appropriate, contact tracing procedures will be established and communicated.

# Chapter 2: Life on Campus

A successful response to the COVID-19 crisis will depend on consistent attention to both large and small changes ISANNE boarding schools will implement in daily campus life. Changes to school facilities, traffic patterns, health center practices, class schedules, and athletic program, as well as traditional school gatherings, will be among the many anticipated adjustments. These changes may feel unfamiliar and disruptive at first, but clear and consistent communication to all constituencies about the new landscape, rhythms and routines will provide students, families, and staff reassurance during this uncertain time.

### POINTS OF EMPHASIS FOR LIFE ON CAMPUS:

- 1. Create a facilities plan and schedule for the daily arrival of students and employees as well as plans for daily health screenings.
- 2. Establish a clear arrival and check-in process for any campus visitors.
- 3. Post signage indicating changes in school traffic patterns, building entrances and exits, reminders to socially distance and to follow masking protocols, among other necessary community expectations. Signage in public spaces will remind the community to maintain social distancing and partitions will provide additional safeguards for students and staff.
- 4. Create strategic groupings of students and staff with the goal of limiting exposure to a wider number of people. Rethinking roommates, residential cohorts and classroom spacing are examples of strategic grouping.
- 5. Arrange furniture within dorm rooms to allow for maximum social distancing, create singles as possible, and limit or eliminate the number of triples.
- 6. Increase the frequency of cleaning services, especially for high traffic and high touch areas, such as door handles, bathrooms, and stairway bannisters.
- 7. Install hand sanitizer and hand washing stations at building entrances, meeting spaces and in hallways.
- 8. Eliminate or disable campus water fountains.
- 9. With a focus on health, hygiene and social distancing, implement seating plans, service area adjustments, designated meal times, menu modifications, and food delivery options to ensure a safe dining environment.
- 10. Maximize building ventilation through air ventilation systems or open windows.
- 11. Where possible, filter air and monitor air quality in indoor spaces.
- 12. Reduce the density of indoor spaces through the increased use of the outdoors for gatherings, meetings, and classes.
- 13. Increase access to student laundry and encourage more frequent cleaning of dorm rooms, clothing, and personal items.
- 14. Reconfigure smaller school offices and install partitions where social distancing may not be feasible.
- 15. Limit or prohibit non-dormitory residents from entering dormitories.
- 16. Reduce long weekends and other school breaks to minimize the number of times students travel to and from campus.
- 17. Develop alternative meeting spaces, including temporary outdoor spaces, or tent rental to enhance safety for class and other meetings.
- 18. Follow CDC, public health and all state guidelines with regard to occupancy limits for all school gatherings.
- 19. Embrace creative ways to reimagine traditional manners of building community.
    - a. Inventory spaces where students and adults congregate.
    - b. Leverage the advantage of the Northern New England location and large campus footprints.
- 20. Establish inclusive processes for creating COVID-19-safe weekend and after school or extracurricular activities.
- 21. Adjust the academic calendar to consider more flexible teaching schedules and cohorts and to allow for more social distancing with fewer students in each classroom.
- 22. Assess current and potential classrooms and common spaces to determine levels of occupancy and layout for appropriate social distancing.

# Chapter 3: Implementation of Academic Program

Central to all ISANNE schools' missions is providing an excellent education for students and supporting our dedicated faculty and staff. Regardless of the circumstances, schools will continue to maintain strong relationships and create high expectations among students, employees, and the broader community. Below is a list of important considerations that all schools are planning for with an understanding that approaches may vary from school to school and even from department to department and building to building depending on unique and likely changing circumstances.

### POINTS OF EMPHASIS FOR IMPLEMENTATION OF ACADEMIC PROGRAM:

- 1. Adjust the academic calendar to consider more flexible teaching schedules and cohorts and to allow for more social distancing and decreased classroom density.
- 2. Provide ongoing support and training to faculty and staff to promote best practices in hybrid teaching and learning.
- 3. Design and plan for a variety of opportunities for students to connect and build community both in person and virtually through their classroom experiences.
- 4. Gather regular feedback from students, staff and families on the academic experience and program.
- 5. Assess current and potential classrooms and common spaces to determine levels of occupancy and layout for appropriate social distancing.
- 6. Limit the sharing of student materials.
- 7. Increase cleaning and disinfection of classrooms, and provide hand sanitizer and other cleaning supplies in each classroom.
- 8. Create plans for passing time and campus movement to minimize the number of students or staff in restrooms and hallways at any given time.
- 9. Utilize larger spaces for instruction, such as auditoriums, libraries, conference rooms or other communal spaces to help maintain social distancing and minimize the number of students in a classroom.
- 10. Hold classes and other school events and activities in outdoor spaces to help de-densify campus.
- 11. Develop guidance on use of screens, working across time zones, and length of class times to help promote continuity of learning.
- 12. Develop a continuity of learning plan in case of prolonged absences from faculty and staff due to COVID-19.
- 13. Promote an academic environment that enables independent and group work, with flexibility in timelines and assessments of learning.

# Chapter 4: Athletics and Interscholastic Activities

Northern New England boarding schools believe it is essential to the physical and mental well-being of students to engage in physical activity, athletic competition and extracurricular activities. Athletics and other interscholastic activities should be part of school reopening plans in all situations where these activities can be done safely. This planning will comprise a shared commitment to the health of our student athletes, coaches, and training staff, thoughtful implementation and intense oversight of heightened protocols, and the camaraderie that has always been a hallmark of northern New England boarding schools.

### POINTS OF EMPHASIS IN REGARD TO ATHLETICS AND INTERSCHOLASTIC ACTIVITIES:

- 1. Teams health screenings will be regularly conducted at our individual schools, as approved by health officials and in compliance with CDC guidelines. No symptomatic student, coach or trainer should participate in athletics or training. Health screenings including temperature checks, will be mandated for both teams (adults and students) day-of prior to any interscholastic play. Visiting teams will conduct checks before departing their own campus and any students with a fever or displaying symptoms will not be permitted to travel.
- 2. Schools will not allow individuals to participate in interscholastic sports until quarantines have been completed.
- 3. Limits on the number of contests per sport will be adhered to, in accordance with best practices established by state health and athletic associations, as well as the CDC.

- 4. Athletic travel time should be kept to minimum amounts as program needs and school schedules dictate.
- 5. Travel and transportation policies should be designed to limit the spread of contagions; pre-planning should include limiting the number of students per vehicle, as well as limiting or eliminating non-essential stops on route, meals, and overnight protocols.
- 6. When possible, teams should travel in uniform, avoid using visitor locker rooms, bring their own medical kits, water, postgame snacks and meals, as well as training staff, as appropriate.
- 7. Visiting team bathroom locations should be identified and reserved exclusively for game day competition. When possible the host school will provide an outdoor sheltered location, such as a tent, for visiting teams to gather and store belongings.
- 8. Coaches and students should be trained about high risk behaviors associated with athletics, including but not limited to, shouting in close range of opponents, spitting, group celebrations that include contact, sharing water bottles, and pre or post-game handshakes.
- 9. Handwashing or hand sanitizer stations will be provided by the host school on the sidelines for both teams. All team members and contest personnel will wash hands before and after each game.
- 10. Considerations should be made to minimize risk introduced by third party officials. Communicate with all game officials about campus policies and stay in contact with officials' associations about expectations and responsibilities.
- 11. Follow state health guidelines and sport specific requirements for face coverings and other necessary protective equipment, such as face shields for helmets and others, during game play and practice.
- 12. Limit or eliminate spectators at contests and invest in technology to broadcast as many games as possible to accommodate parents, family members, and college recruiters. Schools that allow spectators should follow social distancing guidelines and indoor occupancy recommendations.
- 13. At regular intervals throughout the season, and especially after competitions, schools will conduct health screenings and temperature checks of all players and coaches to determine return to play appropriateness.
- 14. For any interscholastic athletics, policies on spectators will be mutually agreed upon by both the host and visiting schools' administrations.
- 15. Health personnel, athletic directors, and heads of school will participate in weekly conference calls to review and revise policies and procedures as deemed appropriate, and evaluate viability of continued competition.

# Chapter 5: Social Emotional Wellness

Since school doors were last open, students and staff have experienced many significant stresses. Isolation, separation from friends, teachers, and colleagues, illness or loss of loved ones and loss of routines are just some of the enormous challenges that members of boarding school communities have experienced in the past year. In addition, there has been great pain and division caused by racial injustice in our nation. For all of these reasons and more, this is not a normal school year. The social emotional needs and well-being of our communities are always fundamental to our program and warrant additional considerations specific to current and recent circumstances.

### POINTS OF EMPHASIS IN REGARD TO SOCIAL EMOTIONAL WELLNESS:

- 1. Provide a variety of forums in which faculty and staff can connect with students and families about their health, concerns and emotions.
- 2. Create systems and structures to support adult wellness and mental health during the pandemic.
- 3. Design program that leverages the positive impact of outside time and physical activity on mental health and wellness.
- 4. Recognize and affirm the extra cognitive load that the entire community is carrying during this atypical period.
- 5. Provide appropriate mental health support and counseling services for the entire school community.
- 6. Update the community on a regular basis about resources available to support social emotional wellness.
- 7. Recognize the critical role that families play in the social emotional health of students and find meaningful ways to maintain those connections given this atypical year.
- 8. Consider allowing parent visitation at any point in the fall semester, at designated times and in designated places. Appropriate protocols will be in place with regard to PPE and physical distancing.

# Chapter 6: Ongoing Monitoring and Health Protocols

There is no single strategy that will eliminate the risk of virus transmission on school campuses, and until a vaccine becomes available, a layered approach is necessary to reduce the spread of COVID-19. This layered approach comprises, but is not limited to, regular health screening and testing when necessary, quarantine and isolation practices, staff training, as well as school-wide communication of expectations in regard to social distancing, personal hygiene, hand-washing, and face covering. Consultation with health center directors and medical professionals, state CDC, and public health experts should frame all decisions regarding campus health protocols.

### POINTS OF EMPHASIS FOR ONGOING HEALTH MONITORING AND PROTOCOLS:

1. Assign a COVID-19 response team, whose duties include acting as the school coordinator to monitor the plan, implement action steps, and act as a liaison to the local, regional, or state departments of public health.
2. Consider vulnerable populations of students and staff whenever establishing policies for the community and will work to be flexible around individuals with precondition health issues.
3. Work with public health experts to establish testing and quarantine protocols for the entire school community.
4. Campus health professionals should be trained in COVID-19 test administration, as well as establish testing supply lines, monitor testing availability, and stay informed in regard to the changes in this landscape.
5. Encourage and frequently remind all employees and students to perform daily health self-checks and immediately report any symptoms to the health team prior to mixing with the school community.
6. Establish clear policies for employees and students who exhibit any known symptoms of COVID-19. Create remote platforms on which faculty can teach, students can learn, and all staff can work should they need to be isolated.
7. Post signage in public areas regarding community standards for handwashing, social distancing and mask wearing. Update as necessary.
8. Consider a statement of rights and responsibilities of all community members in response to the COVID-19 pandemic.
9. Monitor and update enhanced cleaning protocols, especially for high contact, high traffic areas on campus. COVID-19 response personnel should consider scheduling time each day to observe that protocols are being followed, identify weak points, and create strategies for improvement.

# Chapter 7: Containing an Outbreak

Despite the best efforts to prevent transmission of contagions, it is likely that schools will see students or staff members who test positive for COVID-19 or are exposed to others with the virus. Response to positive cases should include clearly defined and communicated protocols, shared with communities and families well before an outbreak occurs. Response teams will determine the seriousness of suspected and confirmed positive cases, and team members will be assigned responsibilities for implementing any necessary isolation and quarantine protocols, communication with families as well as state and local public health authorities, and for ongoing care for boarding students who cannot, or may not, travel back home.

### POINTS OF EMPHASIS FOR CONTAINING AN OUTBREAK:

1. COVID-19 response teams should assess suspected COVID-19 positive students or staff and implement the appropriate steps necessary to care for that individual as well as to protect the community from further transmission. Response teams will include school health care professionals, appropriate senior leadership, residential life deans, communications staff, and external health experts as necessary or appropriate.
2. Response plans should be clearly communicated with all school constituencies and frequently noted or discussed in school meetings, parent correspondence and other media. An ongoing discussion of these plans will go a long way toward mitigating anxiety about the necessary steps to contain the virus.
3. Response plans should include protocols regarding:
   a. Indications that require isolation or quarantine, as well as what those actions entail for the individual and for the school
   b. Communication with families as well as state CDC and local public health authorities

c. Transportation off campus
d. Ongoing care on campus for students who may not travel
e. Testing and contract tracing of individuals who may have been exposed to positive individual
f. Communication with the school community and/or with the media
g. Availability and supplies of PPE
h. Assignment of response team members responsible for each of the above steps

# Chapter 8: Broad Outbreak

Schools must prepare for the possibility of virus spread more broadly within the campus or local community. In these circumstances, state CDC or local health authorities are likely to intervene and require more substantial and wide-ranging action by the school, including the closing of on-campus operations. Preparation for this scenario should include clearly defined action and communication steps to be carried out by COVID-19 response teams and senior administrative leadership.

**POINTS OF EMPHASIS FOR A BROAD OUTBREAK:**

- 1. Following the determination of a single case on campus, testing and contract tracing steps should be assessed by COVID-19 response team, and by state authorities, to determine the extent of virus transmission on campus.
- 2. Should it become evident that a positive case has spread, response teams will work with public health authorities to determine the best course of action given the level of spread. These actions could include but not be limited to:
  a. Campus quarantine and cleaning protocols
  b. Transportation off campus for infected individuals
  c. Transition to remote learning and online communications
- 3. Judgment that community spread would require suspension of all on-campus programming, dormitory closure, and a return home for students that are able
- 4. Contingency plan for students that cannot travel off campus
- 5. Communication plan with all constituencies
- 6. Determination of benchmarks necessary to re-open campus operations
- 7. Take into account local and state conditions when depopulating campus. Create contingency plans for care of students should the virus spread and overwhelm local hospitals and health care resources.

# Chapter 9: Community Health Expectations and Commitments

ISANNE boarding schools are committed to the notion that all students, faculty, staff and families must embrace the shared responsibility necessary to keep schools and the local community healthy. This requires changes to normal daily routines from prior years and most significantly—*collective and uniform commitment to stated community health expectations.* Active participation in all elements of return to school protocols is essential to being a part of a boarding school community in the coming year.

### POINTS OF EMPHASIS FOR COMMUNITY HEALTH EXPECTATIONS AND COMMITMENTS:

- 1. Outline shared understandings and behaviors that all members of the community must agree to abide by in order to live and work together on campus this school year.
- 2. Educate on the inter-dependence that exists for all community members, and the extended community, which underscores the need for individual and collective commitment to health expectations.
- 3. Communicate any updates or changes to these understandings as circumstances necessitate.
- 4. Articulate accountability mechanisms and disciplinary actions that may result in a failure to comply with community health expectations and commitments.
- 5. Update and amend any agreements based on any changes in guidelines from the state departments of health and the CDC.

# Broad Collaboration

By coming together as a group of schools, we have also been able to not only leverage the extensive expertise of our communities, but also employ leading voices in the field. The principles of Responsibly Reopening have been reviewed by national leaders in the fields of epidemiology, education and managing risk and liability. We are proud that this framework has been vetted and endorsed by:

- **MARCY BAUERS,** Manager-Risk Management; **SAMUEL D. DAUME JR.,** Senior Vice President, and **JEFFREY J. OLSEN,** Senior Vice President of the Fred C. Church Insurance Education Practice
- **THE HONORABLE DAVID SHULKIN,** M.D., FACP, Ninth Secretary, U.S. Department of Veterans Affairs and President, Shulkin Solutions
- **MICHAEL R. JAFF,** D.O., FACP, FACC, Chief Medical Officer, Global Medical Device Manufacturer and Professor of Medicine, Harvard Medical School
- **DR. KENDALL HOYT,** Ph.D, Assistant Professor of Medicine, Dartmouth Geisel School of Medicine
- **LINDA JOHNSON,** Director and Education Law Group Co-Chair, McLane Middleton P.A.

### ISANNE BOARDING SCHOOLS WORKING GROUP:

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## OTHER PARTICIPATING SCHOOLS:

- **WILLIAM MITCHELL,** Head of School, Bishop College School

## RESOURCES AND REFERENCES

This document was prepared following the directives of federal, state and local government guidelines for reopening schools, and uses the guidance provided by the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) and the U.S. Equal Employment Opportunity Commission (EEOC), U.S. Department of Labor (DOL), and its Occupational Safety and Health Administration (OSHA).

In addition, the following resources were reviewed and contributed to the thinking presented here:

- ACHA's ACHA Guidelines Considerations for Reopening Institutions of Higher Education in the COVID-19 Era
- American Academy of Pediatrics: COVID-19 Planning Considerations: Guidance for School Re-entry
- Connecticut Independent School Reopen Plan
- Framework for Reopening Maine's Colleges and Universities
- Maine: Framework for Returning to Classroom Instruction (last updated July 17, 2020)
- NAIS document on Reopening 101: Tactical Considerations for Independent Schools – June 2020
- New Hampshire: NH Grades K–12 Back-to-School Reopening Guidance July 2020
- Vermont: Update On Planning to Reopen Vermont Schools For Fall 2020 – THURSDAY, JUNE 4, 2020

ISANNE boarding schools are eager to welcome students back to campus and are committed to reorienting students in their care in the safest and most supportive way possible.

*The Independent School Association of Northern New England (ISANNE) unites, supports and promotes its diverse member schools in a changing world.*

# Glossary:

- **ASYMPTOMATIC:** Not showing any symptoms (signs of disease or illness). Some people without any symptoms still have and can spread the coronavirus. They're asymptomatic, but contagious. Fever, cough, and shortness of breath are the main symptoms of COVID-19. Call your healthcare provider or a UVA clinic if you have any of the symptoms.
- **THE CENTERS FOR DISEASE CONTROL (CDC):** The United States' federal health protection organization.
- **COHORT:** students that are grouped together based on various factors, such as dormitory, academic schedule, age, activities and others in order to restrict mixing with other groups of students and staff.
- **COMMUNICABLE:** Similar in meaning as "contagious." Used to describe diseases that can be spread or transmitted from one person to another.
- **COMMUNITY SPREAD:** The spread of an illness within a particular location, like a neighborhood or town. During community spread, there's no clear source of contact or infection.
- **CONFIRMED CASE:** Someone tested and confirmed to have COVID-19.
- **CONGREGATE SETTINGS:** Public places that can get crowded and where contact with infected people can happen. This includes places like malls, theaters, and grocery stores.
- **CONTACT TRACING:** the identification of people who have an infectious disease and their contacts (people who may have been exposed) and working with them to interrupt disease transmission.
- **CORONAVIRUS:** A family of related viruses. Many of them cause respiratory illnesses. Coronaviruses cause COVID-19, SARS, MERS, and some strains of influenza, or flu. The coronavirus that causes COVID-19 is officially called SARS-CoV-2, which stands for severe acute respiratory syndrome coronavirus 2.
- **COVID-19:** The name of the illness caused by the coronavirus SARS-CoV-2. COVID-19 stands for "coronavirus disease 2019."
- **COVID-19 CODE OF CONDUCT:** an agreement among community members about the practices they will follow in regard to preventing the spread of coronavirus.
- **EPIDEMIC:** A situation where more cases of disease than expected happen in a given area or to a group of people.
- **EPIDEMIOLOGY:** The branch of medicine that studies how diseases happen and spread in communities of people. A person who studies epidemiology is called an epidemiologist.
- **EXPOSED:** although data are insufficient to precisely define and variations can occur due to a number of situational variables, exposure is assumed for any person who is closer than 6 feet in an indoor setting without effective face covering for more than 10 minutes.
- **HEALTH SCREENING:** a process designed to check for diseases and health conditions before there are any signs or symptoms. Screenings for COVID-19 usually include a questionnaire and temperature check.
- **IMMUNITY:** Your body's ability to resist or fight off an infection. Your immune system is a network of cells throughout your body that help you avoid getting infected and help you get better when you are infected.
- **IMMUNOCOMPROMISED:** Also called immune-compromised or immunodeficient. This describes someone who has an immune system that can't resist or fight off infections as well as most people. This can be caused by several illnesses. Some treatments for illnesses can also cause someone to be immunocompromised.
- **INCUBATION PERIOD:** The time it takes for someone with an infection to start showing symptoms. For COVID-19, symptoms appear 2–14 days after infection.
- **ISOLATION:** the separation of individuals who are infected with a disease from the general population of a community.
- **MASK (FACE COVERING):** a piece of material designed to cover the nose and mouth.
- **MITIGATION:** actions that communities can take to slow the spread of a new virus. Examples include healthy hygiene habits and hand washing, intensive cleaning and disinfection methods, physical distancing, the wearing of face coverings.
- **OUTBREAK:** A sudden increase of a specific illness in a small area.
- **PANDEMIC:** When a new disease spreads to many countries around the world.
- **PPE:** PPE Stands for personal protective equipment. This includes masks, face shields, gloves, gowns and other coverings that healthcare workers use to prevent the spread of infection to themselves and other patients.
- **PERSON UNDER INVESTIGATION (PUI):** When a health provider suspects a person has the coronavirus. But, no test has confirmed the infection.
- **PRESUMPTIVE POSITIVE CASE:** When a person tests positive for the coronavirus, but the CDC hasn't confirmed the case.
- **QUARANTINE:** the separation of individuals who have been exposed to a contagion. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Governments sometimes order

quarantines to keep healthy people from exposure to infected people. They give rules to behavior and boundaries to movement.

- **SCREENING:** This is not the same as a coronavirus test. This step helps healthcare workers to decide if you actually need a coronavirus test. It's a series of basic questions about your health condition and recent history. Screening may also include other common healthcare procedures, like taking your temperature.
- **SELF-ISOLATION:** Also called self-quarantine. Separating yourself when you're sick from healthy individuals to prevent spreading illness.
- **SHELTER IN PLACE:** An order for people to stay where they are and not leave for their own protection. A stay-at-home order is a kind of shelter-in-place order.
- **SOCIAL CONTRACT:** Also known as a COVID-19 Code of Conduct an agreement among community members about the practices they will follow in regard to preventing the spread of coronavirus.
- **SOCIAL DISTANCING:** Also called physical distancing. It means putting space between yourself and other people at all times. The goal is to slow down how fast an infection spreads. The CDC recommends keeping at least six feet between you and others around you in public. Social distancing also includes avoiding crowds and groups in public.
- **SYMPTOMATIC:** When a person shows signs of illness. For COVID-19, that includes cough, fever or shortness of breath.
- **TESTING:** there are currently tests for both the COVID-19 virus, and testing for the presence of the COVID-19 antibodies. The viral test takes a swab from the respiratory system, and the antibody test takes a sample of blood. In both cases, samples are sent to a lab and results returned anywhere from 2-5 days. Neither of these tests are completely effective independently, but are useful as part of a more comprehensive mitigation and detection strategy.
- **VULNERABLE POPULATION:** those individuals who, because of age, pre-existing health conditions, and other factors, are at greater risk of contracting COVID-19.
- **WORLD HEALTH ORGANIZATION (WHO):** This United Nations organization monitors and protects public health around the world.
- **ZOONOTIC:** This means that a disease was originally was detected in animal, but is now infecting people also.