

**COVID-19 SCHOOL
OPERATIONAL STRATEGY 20–21**
as of April 6, 2021



ST. JOHN'S
EPISCOPAL SCHOOL

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WHAT CONSTITUTES SUCCESS AT ST. JOHN'S?

- Creating and maintaining an on-campus learning environment in which all constituents adhere to health and safety protocols.
- Caring for colleagues, students, and families while accepting that we are not here to be right, but to get it right, and that right will be a moving target that requires patience, determination, adaptation, and humility.
- Delivering flexible learning models that provide students with a St. John's education and experience irrespective of whether they learn at School or at home; respecting families' decisions regarding the choices they make for their children.
- Creating consistency for students to balance the inconsistency in the world around them and to help them transition between learning models in ways that are safe and predictable.
- Deepening our understanding of and abilities to use technology to fulfill our individual responsibilities.
- Adapting curriculum by identifying key skills and content areas and focusing instruction on those.
- Communicating clearly, regularly, and positively to share progress, provide feedback and ask for assistance.

Return to Campus Plan

Our top priority is the health and well-being of our students and employees when we return to School for the 2020–21 academic year. We continue to monitor local, state, and national directives related to COVID-19, and that guidance informs our operating procedures. Our goal is to mitigate risk while conducting School in person and on campus, and the sections that follow provide information about that approach, as well as about the alternative solutions we will be prepared to activate. As new health guidelines and safety protocols are published, we will update this plan to best serve the needs of our community.

LEARNING MODELS

ST JOHN'S ON CAMPUS

In this model, St. John's will deliver instruction on campus with students present while using all available on-campus spaces to maximize physical distancing during the school day and creating cohorts of students to limit contact chains and minimize transmission. Employees and students will follow additional health and safety protocols as recommended by the Centers for Disease Control and Prevention (CDC) and Dallas County Health and Human Services (DCHHS).

ST. JOHN'S AT HOME

We also recognize that when operating in an on-campus state, there may be (a) students whose families choose for them to remain off campus for the first nine weeks (mid-semester) due to health concerns or (b) individuals or cohorts who are required to quarantine at home for a specified period of time. Those students will participate in St. John's At Home. In this model, our physical campus remains open for the majority of students, and specified students continue their learning at home. We will deliver instruction in a hybrid model, with a faculty member assigned to students to facilitate learning through synchronous assistance and asynchronous lessons. Parents will support students as a "learning coach" and ensure they have access to a device, a place to work, and are engaged in virtual learning activities.

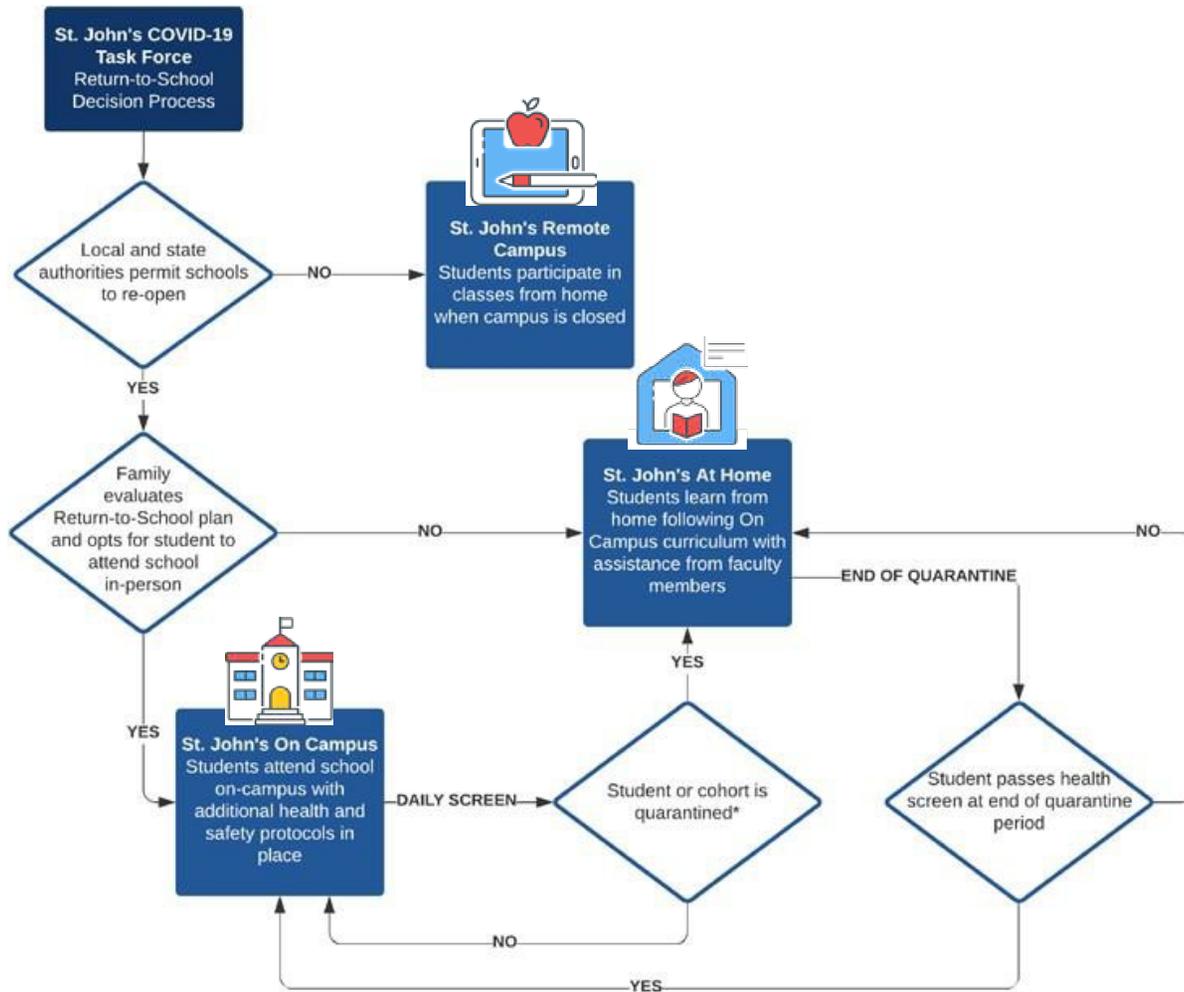
ST. JOHN'S REMOTE CAMPUS

Should St. John's be directed to close the physical campus for health or safety reasons, we will activate remote learning, in which all learning will take place virtually. Using the feedback about spring virtual learning received from faculty, parents and students, we have adjusted our approach to provide a more integrated experience for students when they are learning remotely.

St. John's Remote Campus differs from the Spring 2020 Virtual Learning Program in that it provides an academic program that more seamlessly transitions between on-campus and remote learning.

DECISION PROCESS

St. John's COVID-19 Task Force continues to regularly monitor government regulations to inform our decision-making process. We understand that families may choose for their children to remain at home and participate in St. John's At Home, and that option does exist. We will continually evaluate and adapt, as necessary, the learning models we offer.



HEALTH AND SAFETY PROTOCOLS

COVID-19 SCHOOL OPERATIONS AND HEALTH PLAN

St. John's is responsible for protecting the health and safety of our students, faculty, staff, and visitors while on campus, and we will follow guidelines for schools set forth by the Centers for Disease Control and Prevention (CDC) and Dallas County Health and Human Services Department (DCHHS).

PROMOTING BEHAVIORS THAT REDUCE THE SPREAD

Administrators will educate students, parents, faculty, and staff on the symptoms of COVID-19 and the importance of a student staying home if they have any of the symptoms or if anyone in the household tests positive for the disease. There is currently no method to screen daily for asymptomatic infected people, so proper physical distancing will be required on campus.

- Signs have been placed throughout the campus to remind students, faculty, and staff to practice safe hygiene practices and to recognize the symptoms of COVID-19.
- If a student, faculty, or staff member becomes ill while at School, the decision tree will be followed.
- Training for teachers and staff regarding COVID will be provided by the School. This includes Texas A&M AgriLife Special Considerations for Infection Control during COVID-19.
- Dr. Hargrove will update protocols as directed by the CDC and DCHHS through weekly meetings with the DCHHS.

LEARNING MODEL DECISION AND SCREENING PROCESS

We understand that choosing the best learning model for each child can be difficult. The CDC has released an operational strategy/decision tool <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html> for parents to help them decide whether their family should choose either the At Home or On Campus learning model. St. John's will support families whether learning from home or on campus. Additionally, with the health of students, faculty, staff, and our community in mind, we are putting screening measures in place to limit the spread of COVID-19 within the School setting.

HEALTH AND SAFETY PROTOCOLS

** STUDENT SCREENING

Parents must screen their child/children using SchoolPass prior to coming to School. The screening involves taking the student's temperature and checking for the following:

SYMPTOMS:

- Temperature of 100°F or more (Fever is not always present)
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for those with chronic allergic/asthmatic cough, a change in their baseline)
- Diarrhea, vomiting, or abdominal pain along with other COVID-19 symptoms
- New onset of severe headache, especially with a fever
- New loss of taste or smell
- Congestion or runny nose (for those with chronic allergies, a change in their baseline)
- Muscle or body aches
- Fatigue that is greater than normal

If these symptoms are present, students must stay home. Parents are asked to report to the School Nurse if their child becomes ill with COVID-19 symptoms or a household member is diagnosed.

EXPOSURE:

Close contact defined as someone who has been within six feet of an infected person (laboratory confirmed) for a cumulative total of 15 minutes or more over a 24-hour period.

*** If you are unable to access SchoolPass, an alternative screening form will be provided for you to print, complete, and bring with the student at morning drop off. If you are unable to provide documented screening, you may be asked to return home. This process is vital to the safety of the St. John's community*

HEALTH AND SAFETY PROTOCOLS

FACULTY AND STAFF SCREENING

Regardless of the level of community transmission, it is critical that schools use and layer five key prevention strategies* that are essential to safe delivery of in-person instruction while preventing COVID transmission in schools:

1. Universal and correct use of masks
2. Physical distancing
3. Hand washing and respiratory etiquette
4. Cleaning and maintaining healthy facilities
5. Contact tracing in combination with isolation and/or quarantine

** Layered strategies are implemented at the same time to provide the greatest level of protection against COVID-19 transmission.*

Sick faculty and staff are required to stay home as per School guidelines. Faculty will self-screen based on the following:

SYMPTOMS:

- Temperature of 100°F or more
 - Sore throat
 - New uncontrolled cough that causes difficulty breathing (for those with chronic allergic/asthmatic cough, a change in their baseline)
 - Diarrhea, vomiting, or abdominal pain along with other COVID symptoms
 - New onset of severe headache, especially with a fever
 - New loss of taste or smell
 - Congestion or runny nose (for those with chronic allergies, a change in their baseline)
 - Muscle or body aches
 - Fatigue that is greater than normal
- Exposure:
- Close contact

If these symptoms are present, the faculty or staff member must stay at home, report to their supervisor and Dr. Hargrove and complete a Health Reporting Form. As part of our procedures, St. John's will have a screening process and a detailed reporting tool to assess and track any potential cases of COVID-19 at School.

HEALTH AND SAFETY PROTOCOLS

VISITORS AND VENDORS

- Nonessential visitors, volunteers, and activities involving external groups or organizations will not be allowed on campus at this time.
- All vendors coming to campus will be asked to fill out a screening form before coming to campus.
- Temperature screening will be completed prior to being allowed on campus.
- All vendors must wear a mask while on campus. If they do not have one, a mask will be provided.

PHYSICAL DISTANCING PRACTICES

- To the extent possible, faculty, staff, and all adults will maintain at least six feet of distance between each person
- Student seating will be arranged to maximize distance between students and minimize opportunities for transmission.
- Carpool schedules have been staggered for arrival and departure for each division.
- Students should maintain physical distancing during arrival and departure.
- CDC continues to recommend at least six feet of distance:
 - Between adults in the School building and between adults and students
 - In common areas such as School lobbies and auditoriums
 - When masks cannot be worn, such as when eating
 - During activities when increased exhalation occurs, such as singing, shouting, sports, or exercise. These activities should be moved outdoors or to large, well-ventilated spaces whenever possible
 - In community settings outside of the classroom and with adults not part of your household

HANDWASHING AND RESPIRATORY ETIQUETTE

- Students, faculty, and staff should wash their hands for at least 20 seconds upon arrival to School and prior to leaving campus each day. If hand-washing facilities are unavailable, sanitizer may be used.
- Hands should be washed/sanitized before leaving the classroom, before lunch, after lunch, after recess, and after using restroom facilities.
- When outside, students and staff must cover coughs and sneezes with a tissue or sneeze/cough into their elbow. Used tissues should be thrown in the trash and hands washed immediately with soap and water for 20 seconds.
- If soap and water are not available and hands are not visibly dirty, use an alcohol-based handsanitizer that contains at least 60% alcohol.
-

HEALTH AND SAFETY PROTOCOLS

FACE COVERINGS

The St. John's face-covering policy meets DCHHS and CDC recommendations. Masks must be worn from the time a student or employee exits a car (or enters campus in the case of walking/biking) until he or she returns to the car or exits campus. Students may remove masks when maintaining six feet of distance from another person, such as when eating or drinking or taking breaks outdoors. Faculty may allow students to remove masks during recess and P.E. if students are outdoors and maintaining physical distance. Employees may remove masks when working alone in a classroom or office. Masks are part of the safety protocols and are a required part of the uniform.

- Masks must fit snugly over the nose, mouth, and against the side of the face without gaps, allow for breathing without restriction, and be comfortable enough to be worn all day or for extended periods of time.
- Masks must include multiple layers of breathable fabric or be disposable surgical masks (not N95 masks).
- Masks must be secured with adjustable or elastic loops. No tie closures.
- Touch the mask by its straps and avoid touching the mask while it is worn.
- Masks may not have vents.
- Bandanas, gaiters, and gaping or flowing face coverings are not permitted.
- Face shields are not recommended for everyday use and are not permitted for students unless they are worn in addition to a mask since they allow respiratory droplets containing the virus to escape.
- Students' masks should be clearly identified with names or initials, top/bottom and front/back.
- Masks may not have any written messages. Any pattern or design on a mask should be appropriate for a PK-8th grade school. If a mask distracts from learning, the student will need to replace it.
- Students should have an extra mask with them each day and should not share or swap masks.
- Change the mask if it becomes wet or soiled.
- Masks should be stored in a designated space for each student that is separate from others when not being worn.
- Wash cloth face coverings after every day of use, before being used again, or if visibly soiled.

Masks should **not** be worn:

- By a child under two years old
- By someone with a disability who cannot wear a mask or cannot safely wear a mask for reasons related to the disability
- In a situation when wearing a mask would create a risk to health or safety

HEALTH AND SAFETY PROTOCOLS

MAINTAINING HEALTHY ENVIRONMENTS

Cleaning and Disinfection - We are always mindful of and exercise preventative measures around illness at School, and we have implemented several standards to ensure our campus is regularly cleaned and disinfected to maintain the health and well-being of our community. These include but are not limited to:

- Signage in and near the restrooms with reminders about healthy hygiene habits.
- Communications from the Clinic to teach effective handwashing and preventative practices.
- Faculty and staff education regarding the signs and symptoms of illness in our community.
- Increased monitoring by the School Nurse for COVID-19 symptoms.
- Hand sanitizing stations throughout the School.
- Increased cleaning and disinfection of all horizontal surfaces, water bottle fountains, and fixtures (i.e. doorknobs).
- Increased disinfecting frequently touched surfaces (doorknobs, handrails) in rooms and common areas.
- Enhanced air filtration system to electrostatically clean our HVAC coils which will dramatically increase ventilation throughout the School. This will increase our air circulation of outside air and quality by increased delivery of clean air and dilute potential contaminants.
- Nightly deep cleaning of classrooms and common areas with following EPA-approved disinfectants.

PHYSICAL DISTANCING IN A SCHOOL SETTING

SHARED OBJECTS

- Each child's belongings will be kept separated from others and in individually labeled containers, cubbies, or areas*.
- Students will not share cubbies.
- Students will have access to individual supplies to minimize sharing of high-touch materials.
- Electronic devices, toys, books, and other games or learning aids will not be shared.
- Students, faculty, and staff are asked to bring their own water bottle to fill in the touchless water fountains. Single use water fountains will be closed for drinking.
- Students should not bring unnecessary items from home to School.

** The risk of surface transmission is very small. Focus on hand hygiene and cleaning protocols are more in keeping with the risk of surface transmission.*

MODIFIED LAYOUTS

- Student seating will be arranged to maximize distancing of at least three feet* with universal masking between students and minimize opportunities for transmission.
Physical distancing in classrooms CDC recommendation update on March 19, 2021.

PHYSICAL BARRIERS

- Employees with plexiglass in place may continue to use it, but the recommendation has been removed.
- Signage will serve as a reminder for employees and students to remain at least six feet apart in lines and at other times (e.g. carpool, recess, etc.) ([Operational Strategy updates for K-12 Schools as of March 19, 2021](#))

CARE OF STUDENTS AND STAFF WHO BECOME ILL AT SCHOOL

PHYSICAL LAYOUT OF HEALTH SERVICES

- In order to prevent the spread of infectious disease at School, our health services will be divided into two fully separate areas. A sick side (Health Clinic) and a well side (Wellness Center).
- Students who are ill will enter the Health Clinic (fever, stomachache, headache, nausea, vomiting, etc.).
- Students who need first aid for injury, medications, or consultation and/or treatment for a non-contagious condition (diabetes, asthma) will enter the Wellness Center.
- There will be two rooms in the Clinic designated as isolation rooms.
- Both areas will be staffed by a Registered Nurse and an Advanced Practice Registered Nurse.

ISOLATE AND TRANSPORT THOSE WHO ARE SICK

- Students, faculty, and staff will perform daily at home health screenings according to School policy. If they are experiencing any symptoms of COVID-19, they should stay home and notify the Pandemic Coordinator (the designated COVID-19 point of contact) in the Wellness Center at 214-856-6711. Health Clinic.

Symptoms:

- Temperature of 100°F or more
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for those with chronic allergic/asthmatic cough, a change in their baseline)
- Diarrhea, vomiting, or abdominal pain with associated COVID-19 symptoms
- New onset of severe headache, especially with a fever
- New loss of taste or smell
- Congestion or runny nose (for those with chronic allergies, a change in their baseline)
- Muscle or body aches
- Fatigue that is greater than normal:

CARE OF STUDENTS AND STAFF WHO BECOME ILL AT SCHOOL

Exposure

- Close contact
- If a student/employee has a new symptom (e.g., new loss of smell only) with no other diagnosis to explain the symptom, he or she must remain home and consult with a health care provider for guidance about assessment of symptom or testing, even if it is the only symptom he or she is experiencing.
- Students, faculty, and staff should also notify the Health Clinic if they test positive for COVID-19 or have been in close contact with a case or presumptive case, especially a household member.
- Students who present to the Clinic with COVID-19 symptoms will be put into an isolation room on the sick side of the Clinic and cared for by the nurse. The nurse/Pandemic Coordinator will contact parents to pick the student up and give instruction for medical supervision. Students need to be picked up within 30 to 45 minutes of the call from the Clinic. All parents should secure a back-up person who can be ready to pick up their child if a parent is unable to do so.
- Faculty and staff who become ill with COVID-19 symptoms will notify the Clinic and their supervisor by phone/email and go home or to a healthcare provider depending on the severity of their symptoms. If a faculty or staff member is severely ill and unable to get home unassisted, he/she will report to the sick entrance of the Clinic and wait for transportation in an isolation room.
- Insert Quarantine and Isolation somewhere in here. We need to make all this flow, it seems a bit disorganized?

CARE OF STUDENTS AND STAFF WHO BECOME ILL AT SCHOOL

Quarantine or isolation:

- Isolation keeps someone who is infected with the virus away from others, even in their home.
- Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health
- Stay Home and monitor your health while in Quarantine
- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.F), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from others, especially those who are at higher risk of COVID-19
- You may not participate in youth sports or sports practices while in quarantine, even with a negative test result
- A negative PCR COVID test result only means that you did not have COVID-19 at the time of testing, so continue to take steps to protect yourself and others
- Participating in sleepovers, birthday parties, or any gathering outside of the home while in quarantine is high risk and potentially exposing others to COVID if you are within the 14-day period
- Isolation keeps someone who is infected with the virus away from others, even in their home.

Who Needs to Isolate?

- People who do not have symptoms but have tested positive for COVID-19
- If you continue to have no symptoms, you can be with others after 10 days have passed since the date you had your positive test
- If you develop symptoms after testing positive, you may be around others after at least 10 days have passed since your first symptoms appeared and other symptoms are improving
- If you have recovered from your symptoms after testing positive for COVID-19, you may continue to test positive for three months or more without being contagious to others. You should be tested only if you develop new symptoms of possible COVID-19.

CARE OF STUDENTS AND STAFF WHO BECOME ILL AT SCHOOL

What Do I Do in Isolation?

- Stay home and monitor your symptoms. If you have an emergency warning sign (including trouble breathing), seek emergency medical care immediately
- At home stay in a separate room from other household members, if possible and use a separate bathroom, if possible
- Avoid contact with other members of the household and pets
- Do not share personal household items, like cups, towels, and utensils
- Wear a mask when around other people inside the home if you are able to
- Routinely clean and disinfect frequently touched surfaces and common areas
- Quarantine and Isolation periods are subject to change if changes occur within situations surrounding the person in quarantine or isolation. Every situation is different. Quarantine periods are based on multiple factors. Accurate information concerning exposures and close contacts along with well-informed clinical judgement determine the details of the quarantine periods. Quarantine periods may at times look different because we do not have enough information or because we learn new information.
- If an ambulance must be called for a student or faculty/staff member, the nurse will alert the EMS that the person may have COVID-19.
- Clean and Disinfect – Areas used by a sick person will be closed off and will be used after appropriate cleaning and disinfecting has occurred.

CARE OF STUDENTS AND STAFF WHO BECOME ILL AT SCHOOL

NOTIFY HEALTH OFFICIALS AND CLOSE CONTACTS

- The School Nurse/Pandemic Coordinator will maintain a notification table when the Clinic is contacted about of an employee, student or a close contact of an employee or student becomes ill with COVID-19 like symptoms.
- In accordance with state and local laws, the Pandemic Coordinator will notify local health officials of any suspected or confirmed cases of COVID-19 within the School community.
- Communication will be sent to parents, faculty, and staff of any case of COVID-19 in School while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA).
- The Pandemic Coordinator will inform those who have had close contact with a person diagnosed with COVID-19 to stay home and quarantine for 14 days to monitor for symptoms.

If a child tests positive for COVID-19, the members of that student's cohort or advisory group who have had close contact will be sent home to quarantine and self-monitor for 14 days. Any teachers who have had close contact will also be required to quarantine for 14 days. You cannot test out of quarantine (testing negative within the 14-day quarantine period) according to the CDC. The reason that you must stay in quarantine even if you test negative is because it is possible to develop symptoms two to 14 days after exposure.

CARE OF STUDENTS AND STAFF WHO BECOME ILL AT SCHOOL

CLEANING AFTER A POSITIVE OR PRESUMPTIVE POSITIVE CASE OF COVID-19

- All students will be moved from the affected classroom/area to another classroom. A sick student's belongings should travel with them to the Clinic and then home.
- Cleaned and disinfected areas will be closed off that are heavily used by the individual with the lab-confirmed case until the non-porous surfaces in those areas can be disinfected, unless more than seven days have already passed since that person was on campus.
- Staff will wait at least 24 hours before cleaning and disinfecting if possible.

SCHOOL OPERATIONAL STRATEGY GUIDELINES

- Sick students, faculty, and staff members should not return to School after a COVID-19 diagnosis until they have met CDC's criteria to discontinue the prescribed 10-day home isolation.
- If a student, faculty member, or staff member has symptoms of COVID-19 or a positive test for COVID-19, they should only return to School after they have met the following criteria for discontinuing isolation: It has been at least 10 days since symptoms first appeared, you have been fever-free for at least 24 hours without the use of fever-reducing medication, and symptoms have improved.
- If a student, faculty member, or staff member has reason to believe they have COVID-19 (i.e. symptoms or exposure) the School recommends being tested for COVID-19. If they choose not to be tested, it is assumed they have COVID-19 and they must stay home and self-isolate.
- If the person tested positive for COVID-19 but never had symptoms (asymptomatic), and if they continue to have no symptoms, they can return to School after 10 days since the day the positive test was performed.
- A person may return to campus after a negative test as long as they are not prescribed quarantine or isolation based on history and exposure. The affected person will need to send documentation of physician consultation and diagnosis and/or negative PCR COVID test.

ISOLATION AND PPE STANDARDS

UNIFORM AND STANDARD PPE DURING PANDEMIC

- Nursing staff will wear a disposable surgical mask for all interactions.
- Nurses will also wear medical scrubs with closed-toe shoes on a daily basis.
- Universal precautions will be taken with all patients including:
 - Wearing medical grade gloves
 - Washing hands before and after each office encounter/intervention. Soap and water scrubbing for 20 seconds is the preferred method. Hand sanitizer with at least 60% alcohol is also acceptable. Handwashing must be done in the case of gross soiling.
- Students with fever, cough, shortness of breath and/or other symptoms of COVID-19 will be placed in a surgical mask and isolated in a separate room.
- Nurses should try to keep close physical contact minimal and get those who need to be isolated into a separate room within 10 minutes in order to minimize exposure time.
- Nurses should maintain six feet of physical distance from patients when possible.
- When entering isolation rooms additional PPE may be donned such as face shield, goggles, gown and/or shoe covers if indicated by patient's condition and nurses' clinical judgment of likely exposure.
- PPE that is donned for an isolation room should be taken off and disposed of before exiting the room.

ISOLATION AND PPE STANDARDS

ADDITIONAL NOTES:

- Schools are not expected to identify or diagnose cases of COVID-19.
- Symptoms of COVID-19 are individualized and variable, and sometimes not present.
- The CDC has recognized that the primary symptoms are FEVER, COUGH, and SHORTNESS OF BREATH. Some may experience gastrointestinal symptoms. GI symptoms with other COVID symptoms should be treated as possible COVID-19
- Because the symptoms of COVID-19 are so variable and can be mild or absent, the School will err on the side of extreme caution and children without fever who continue to complain of symptoms will be sent home for evaluation.
- The School's illness policy will remain in place for non-COVID-19 diagnoses: students with fever (temperature of 100°F or greater) or contagious symptoms (vomiting, diarrhea) will be sent home from School. Students should be free of fever and other symptoms for 24 hours without medication before returning to School per school management policy of illness. Vomiting and diarrhea should be resolved for a minimum of 24 hours before returning to School.
- Respiratory treatments using nebulization will no longer be permitted at School until further notice.

COMMUNICABLE DISEASE MONITORING

INTERNAL

- Nursing staff will collaborate with attendance staff to record symptoms when students call in sick.
- Nursing staff will monitor community illness for communicable disease trends.
- Nursing staff will maintain communications with DCHHS with weekly surveillance reports and report increases in absences. DCHHS will provide guidance and recommendations for potential School closure
- If there is a positive COVID-19 case in our school, this is a reportable condition. The Pandemic Coordinator will complete a COVID-19 case report form for school and notify DCHHS and begin the contact tracing process.

EXTERNAL

- Nursing staff will maintain ongoing monitoring of local, national, and global health trends.
- Nursing staff will follow updates from DCHHS regarding community-specific communicable disease concerns, planning, and interventions.

CONSIDERATIONS FOR CLOSURE OF SCHOOL

- The Pandemic Coordinator, Nursing staff and administration will consult with DCHHS and use CDC guidelines, while monitoring community spread, regarding interventions when considering School closure.
- Nursing staff will coordinate with the communications department for notification to parents, faculty, and staff promptly in case of School closure or outbreak of COVID-19.
- In accordance with state and local laws and regulations, school administrators will notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act.
- St. John's will inform those who have had close contact at School with a person diagnosed with COVID-19 to stay home and quarantine for symptoms and follow the plan created for the contact by the

pandemic coordinator in compliance with CDC and DCHHS guidelines.

SCENARIO PLANNING: PARENT RESPONSIBILITY

1. What do I do if my child has one or more symptoms of COVID-19?

SYMPTOMS:

- Temperature of 100°F or more (fever is not always present)
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for those with chronic allergic/asthmatic cough, a change in their baseline)
- Diarrhea, vomiting, or abdominal pain (with other COVID symptoms)
- New onset of severe headache
- New loss of taste or smell
- Congestion or runny nose (for those with chronic allergies, a change in their baseline)
- Muscle or body aches
- Fatigue that is greater than normal

EXPOSURE:

- Close contact

Do not send your child to School

- Keep your child home to monitor the symptoms and seek guidance from your child's health care provider
- If you choose not to seek the guidance of a health care provider, consider having your child tested for COVID-19 with a PCR test
- If you choose not to seek the guidance of a health care provider or have your child tested, then your child will be subject to the 14-day quarantine.
- If your child is COVID tested, please notify Dr. Hargrove in the Wellness Center and provide her with an update on test results.
- If your child tests positive, contact tracing will be initiated to determine if there were any potential close contacts on campus.
- If your child tests negative and there is no known exposure, he/she will need to remain home until

symptoms have resolved.

- If any other household members develop similar symptoms, then the entire household should consider being tested to determine if the exposure is within the home
- If a family member tests positive, then your child will be required to remain home. Dr. Hargrove will help you determine next steps for your child until they have been without symptoms.
 - except loss of smell/taste, which can take longer to come back.
 - fever free without use of fever reducing medication.
- Please consult your family doctor or pediatrician.
- Your child should observe the quarantine guidance issued.
- If a COVID-19 test is performed, you will be given quarantine or isolation guidance depending on the result

2. My child is well, but someone else in the household has one or more of the common symptoms of COVID-19:

SYMPTOMS:

- Temperature of 100°F or more
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for those with chronic allergic/asthmatic cough, a change in their baseline)
- Diarrhea, vomiting, or abdominal pain with other COVID symptoms
- New onset of severe headache, especially with a fever
- New loss of taste or smell
- Congestion or runny nose (for those with chronic allergies, a change in their baseline)
- Muscle or body aches
- Fatigue that is greater than normal

EXPOSURE:

- It is recommended that the household/family member be PCR COVID tested to determine risk for other family members.
- IF the symptomatic household/family member tests positive for COVID, then all other family

members will be subject to the 14-day quarantine period to monitor for symptoms. The 14-day quarantine period will begin on the last day of contact with the symptomatic family member, if the family member is truly able to isolate away from the family. If isolation is not possible, then the 14-day quarantine period will begin once the positive family member has completed their isolation.

- Determine if your child is a close contact
- Only send your child back to School if he/she does not develop symptoms during the 14-day quarantine period.

3. My child has tested positive for COVID-19

- Inform the Clinic of the diagnosis to begin contact tracing and create an isolation plan **specific to your situation** to mitigate the spread of the virus.
Do not send your child to School for at least 10 days since symptoms first appeared
- Until they have been without fever for 24 hours without the use of fever-reducing medication
- symptoms have improved except loss of smell/taste, which can take longer to come back.
- Your child should observe the isolation guidance issued.
[Duration of Isolation CDC Guidelines](#)
- Please consult your family doctor or pediatrician. For further guidance especially if symptoms do not improve or worsen during the 10-day Isolation period. [For Parents: Multisystem Inflammatory Syndrome in Children \(MIS-C\) associated with COVID-19](#)

4. My child has one or more of the common symptoms of COVID-19 but has tested negative for COVID-19

SYMPTOMS:

- Temperature of 100°F or more
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for those with chronic allergic/asthmatic cough, a

change in their baseline)

- Diarrhea, vomiting, or abdominal pain with other COVID symptoms
- New onset of severe headache, especially with a fever
- New loss of taste or smell
- Congestion or runny nose (for those with chronic allergies, a change in their baseline)
- Muscle or body aches
- Fatigue that is greater than normal

EXPOSURE:

- Close contact
- Consult your pediatrician if symptoms persist. If the test result is a false negative and your pediatrician diagnoses presumed COVID-19, follow **isolation guidelines**.
- Do not send your child to school for at least 10 days since symptoms first appeared AND
- If fever is present, must be free without use of fever reducing medication for 24 hours

5. My child has had close contact with someone who has tested positive for COVID-19.

- Notify Dr. Hargrove in the Wellness Center
- Your child should observe the quarantine guidelines issued by the CDC and other family members should limit close contact with your child.
- Do not send your child to School for 14 days following last close contact with the person with COVID-19.
- If your child develops symptoms during the 14-day quarantine period, your child should have a COVID-19 PCR test performed. If the test result is negative, complete the 14-day quarantine, if the test result is positive, your child will begin a 10-day isolation starting from the last contact with the case.

6. My child had a fever or upper respiratory symptoms, but the pediatrician diagnosed my child with another illness and not COVID.

- If your child recovers, he or she may return when 24 hours have passed without fever and fever reducing

medication

- Symptoms have improved.
- Please get a return to school note with diagnosis and any test results signed by the physician.

7. My child has an underlying medical condition which puts them in the special risk category for COVID-19.

- Make sure the Clinic and Wellness Center are aware of the medical condition and that there is guidance from the physician to follow concerning risks and exposures. Follow advice of a medical doctor and inform the Division Head if the doctor's advice is to keep the child home.

8. I have a family member living within my household who is in the special risk categories.

- Ask the household member to contact their physician for clarity about family members attending School and guidance for potential exposure.

RESOURCES

Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>

Centers for Disease Control and Prevention Considerations for Schools:

[Operational Strategy for K-12 Schools through Phased Prevention For Parents: Multisystem Inflammatory Syndrome in Children \(MIS-C\) associated with COVID-19](#)

[Schools and Child Care Programs: Plan, Prepare, and Respond](#)

CDC FAQs for Businesses: https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html?deliveryName=USCDC_2067-DM27395

CDC How to Manage Your COVID Symptoms at Home:

<http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

Discontinuation of Home Isolation for those with COVID 19 Symptoms:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

NASN Care of Ill Students/Staff in School Setting in Response to COVID-19:

https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/03182020_NASN_Considerations_for_School_Nurses_Regarding_Care_of_Students_and_Staff_that_Become_Ill_at_School_or_Arrive_Sick.pdf

World Health Organization: <https://www.who.int/publications-detail/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>

American Academy of Pediatrics 2019 Novel Coronavirus (COVID-19) webpage regarding how to prevent transmission, how to care for infected individuals, activities when school and day care are closed, how to speak to kids about the virus. Return to Work/School after COVID19 diagnosis with/without test an/or

[symptoms.](#)

RESOURCES

American Academy of Pediatrics COVID-19 Planning Considerations for Return to In-Person Education in Schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Guidance for Healthcare Personnel COVID Exposure: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

SCHOOL-WIDE PROCEDURES

- If a student or employee has a new symptom (e.g., new loss of smell only) with no other diagnosis to explain the symptom, he or she must remain home and talk to a health care provider about testing for COVID-19, even if it is the only symptom he or she is experiencing. If the individual is tested for COVID-19, they will notify their supervisor and Dr. Hargrove, and use the test results to determine if they quarantine or isolate.
- If a student or employee exhibits COVID-19 symptom(s) while at School, the School Nurse will isolate ill student from routine clinic visitors who are in designated well and sick rooms in the clinic. Clinic staff will contact parents to pick up the student, and the family must follow directions provided by the staff.

Students and employees should not come to School if they become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case. If a student or employee tests positive for COVID-19, the School will notify our community and the Pandemic Coordinator will provide guidance based on CDC and DCHHS guidelines while observing privacy laws.

Our approach to risk reduction is a layered defense in which we take many individual steps to contribute to a healthier on-campus environment.

SCHOOL-WIDE PROCEDURES

ENHANCED CLEANING PROTOCOLS

- In addition to following evening cleaning protocols, we will have a day porter on campus to sanitize surfaces throughout the day, including playground equipment.
- Employees will complete Special Considerations for Infection Control in Child Care Settings during COVID-19, a course offered by Texas A&M AgriLife Extension.

REDUCING CONTACTS

Throughout the school day, everyone on campus will practice physical distancing and adhere to the following guidelines to reduce contact with others.

- Student arrival and dismissal times will be staggered.
- SchoolPass will allow for contactless management of student arrival, dismissal, and carpool. Parents will receive instructions about setting up a family account and managing their children's attendance.

School employees, rather than Middle School students, will assist with morning carpool while avoiding physical contact with arriving students.

- Face coverings/masks will be worn by all students and employees per the CDC guidelines and DCHHS.
- Everyone will practice physical distancing in classrooms.
- To begin the school year, faculty will rotate between classrooms for most classes, and students will remain in their classrooms throughout the day.
- Supplies and resources will not be shared between students.
- For most grades, locker rooms will be closed, and students will not dress out for P.E.
- No tutors, therapists, or third-party program providers will be permitted on campus. We will provide parents with guidelines for requesting tutoring room reservations for eligible children to meet virtually with these providers.
- Campus visitors will not be permitted except for business purposes.
- Items may not be dropped off for students with the receptionist.

REDUCE GROUP SIZES

- Our efforts to reduce group sizes to support the health and well-being of the community while on campus include:

SCHOOL-WIDE PROCEDURES

- Students will be assigned one of six entry doors and will be welcomed individually into the building to maintain physical distance.
- Signage will indicate indoor walking paths as one-way.
- Students and teachers will eat lunch outside (weather permitting) or in the gymnasiums.
- Fall day and overnight trips will be eliminated.
- Students will be permitted to use the restrooms in limited numbers.
- Students will be allowed to have their backpacks in classrooms.
- Recess groupings will be reduced, and students will rotate between play areas.
- Students will be assigned to a cohort, which is a group of students and teachers that stay together throughout the school day, to minimize exposure for students, teachers and staff while at school.

STUDENT LIFE ON CAMPUS

We are creating multiple scenarios for our return to School. On the following pages for Lower School and Middle School, we describe the most restrictive version, which places students in cohorts. Cohorts are groups of students that remain as intact as possible throughout the day to limit student cross-over. Students will see teachers every day for live instruction when on campus.

LOWER SCHOOL – EARLY CHILDHOOD

ARRIVAL/DISMISSAL

- Early Childhood students will enter at the Flagpole doors. A School employee will open and close the car door for the student.
- Lower School students will remain in classrooms until notified by SchoolPass that their cars have arrived, at which time they will exit through the Lower School carpool deck doors.

SCHEDULE

- Students arrive between 7:45 – 8:15 a.m. and depart at 2:30 p.m.
- Academic instruction begins at 8:15 a.m.
- Students and teachers will eat lunch outside (weather permitting) or in the gymnasiums. Weather permitting, classes will use outdoor recess areas.

COHORTS

Early Childhood students will be in a cohort with their homeroom teacher and classroom assistant. Students will remain with their cohort for all classes, recess times, and lunch.

LOWER SCHOOL – FIRST THROUGH FOURTH

ARRIVAL/DISMISSAL

- Students in first through fourth grades will be dropped off at the Lower School entrance. Students will be required to independently open and close the car doors.
- Lower School students will remain in classrooms until notified by SchoolPass that their cars have arrived, at which time they will exit through the Lower School carpool deck doors.

SCHEDULE

- Students arrive between 7:45 – 8:15 a.m. and depart starting at 2:45 p.m.
- Academic instruction begins at 8:15 a.m.
- Students and teachers will eat lunch outside (weather permitting) or in the gymnasiums. Weather permitting, cohorts will rotate through outdoor recess areas (e.g., field, playground, green space, Middle School donut) throughout the week.

COHORTS

Students will be in a cohort with their homeroom teacher. Students will remain with their cohort for all classes, recess times, and lunch. If we find it to be in students' best interest, we will revise cohort groupings when we return to school in January.

MIDDLE SCHOOL

ARRIVAL/DISMISSAL

Middle School students will enter through assigned Middle School, cafeteria, and Main Gym doors. For dismissal, all Middle School students will remain in classrooms until notified by SchoolPass that their cars have arrived, at which time they will exit through the Middle School carpool doors.

SCHEDULE

- Students arrive between 7:30 – 8:00 a.m. and depart at 3:30 p.m. Academic instruction begins at 8:00 a.m.
- Students will follow an A-B day block schedule with longer class periods to leverage in-person time with teachers and to reduce the number of transitions in a school day. Learning will be structured as weekly modules, meaning assigned work will take place over the course of a week rather than only on days when a class meets. Students' schedules will be in effect regardless of where learning takes place – on campus or at home.
- Students and teachers will eat lunch outside (weather permitting) or in the gymnasiums. Weather permitting, advisories will rotate through outdoor recess areas (e.g., field, playground) throughout the week.

COHORTS

There will be four advisories per grade level; to begin the school year, we plan for students to attend most of their classes with the advisory. Two advisories per grade level will form a cohort to enable the re-grouping of students for instruction in classes such as world language. If we find it to be in students' best interest, we will revise cohort groupings in January.

STUDENTS' SOCIAL AND EMOTIONAL HEALTH

Creating and maintaining a healthy campus environment is an essential responsibility, and attending to our students' social and emotional well-being is a key part of that charge. We are mindful that current circumstances have introduced uncertainty and a lack of control into children's lives, and children are responding to their environments in myriad ways. To meet students' and families' needs, we have restructured and expanded our student support services, a move that gives us ready access to more in-depth resources as we care for students' social and emotional health. As you prepare your family to return to School, please visit the resources on www.stjohnsschool.org.

STUDENT SUPPORT SERVICES

STUDENT FORMATION

To provide a more robust student-support program, we welcome Jane Hensley, LPC, to the St. John's team as Interim Director of Student Formation. She will guide the Student Formation Team's work in the areas of counseling, learning support, service learning, worship and pastoral care, social and emotional learning, and nursing. In this role, Mrs. Hensley will also serve as counselor, providing immediate on-site counseling. In addition, she will assist families with referrals for clinical care through the School's new partnership with The Housson Center and other local mental health professionals.

NURSING

As described in the Health and Safety section, we will meet significant health and safety standards when we return to campus. To do so, our clinic footprint will expand to include separate well and sick entrances and rooms, as well as two isolation rooms. We have Amy Johns, RN, is responsible for the Health Clinic and for monitoring students that are placed into isolation. Dr. Cindy Hargrove, DNP, CPNP-PC is acting as the Pandemic Coordinator for St. John's, and is responsible for the Wellness Center and for initiating contact tracing. Amy and Cindy will be supporting one another in the Health Clinic and Wellness Center while supporting the health and well-being of the community.

STUDENTS' SOCIAL AND EMOTIONAL HEALTH

SOCIAL AND EMOTIONAL LEARNING

Through our new partnerships with The Housson Center and the Institute for Social and Emotional Learning (IFSEL), we will continue nurturing the growth of an inclusive community where the dignity of every human being is respected through social and emotional learning and advisory programming. Our work with The Housson Center and IFSEL will help prepare us to meet students where they are when they return to School—whether on campus or at home. Parenting for the Present, a Housson Center partnership, will also provide educational programming for St. John's parents.

CHAPEL

The chapel experience is foundational to a St. John's education and will remain so. Our chaplain, Mr. Porcheddu, and early childhood chaplain, Mrs. Newsom, will create chapel experiences that adhere to health and safety protocols while attending to the spiritual enrichment of our students. We continue to monitor directives about in-person worship from the Episcopal Diocese of Dallas, the National Association of Episcopal Schools, and the Southwestern Association of Episcopal Schools, and we will evaluate our plans as we receive new information.

ATHLETICS

St. John's Athletics will follow health guidelines for student-athletes and coaches this fall. We are working in collaboration with fellow ISAS schools and with guidance from athletics associations to develop a thorough approach to protect the health and well-being of our student athletes and coaches when they engage in sport and physical education activities. Our decisions will be informed by CDC guidelines for schools and youth sports, and they may change based on current trends, data, and needs.

TECHNOLOGY

St. John's is committed to providing the best possible learning experience both on campus and when students are learning remotely. Our digital platforms will keep students and teachers connected when students participate in St. John's At Home and when the physical campus must close so that students may continue to learn, grow, and thrive.

SEESAW

For students in Lower School, Seesaw is the platform for student academic engagement, submission of student work, and parent communication.

MICROSOFT TEAMS

Middle School uses Microsoft Teams as the platform for presentation of learning modules, including class assignments. Teams also facilitates collaborative classrooms and lets students and teachers connect synchronously in a secure learning environment. This is the school-wide platform we will use to support our At Home and Remote Campus learning models by providing a live (synchronous) learning environment. Through live engagement between faculty and students via Teams, we will increase student participation and learning retention in remote circumstances.

FACTS

The School's web portal for grades and school information.

PREPARING FOR TRANSITIONS

At times, circumstances beyond our control will affect our ability to hold in-person learning on campus. Based on predictions from the CDC, we anticipate possible outbreaks of COVID-19 which could potentially impact on-campus programming in the future. In the event we are notified by government or health officials of the need to close the campus, school programming will continue remotely.

OUR COMMITMENT

If we are required to limit or restrict access to campus or parts of campus (for example, to restrict access for just one division), St. John's will transition to our Remote Learning Campus learning model. During any period of temporary remote learning, we remain committed to:

- Delivering on our mission
- Providing students with an exceptional learning experience
- Communicating clearly and consistently with our community

LEADERSHIP TEAM

St. John's is committed to delivering our mission through an excellent educational experience primarily rooted in on-campus programming while also providing learning options for those who are unable to be on campus due to health risks of the student or a family member. To safely and effectively return to School, St. John's is assessing health protocols, acting decisively, and developing guidelines and procedures to effectively and efficiently serve our community. The following are our principles for returning to campus:

- Protect the health and safety of students and employees
- Be compliant with protocols established by local, state, and national health officials
- Use guidelines from the AAP, CDC and DCHHS
- Set clear expectations for the St. John's community
- Establish effective use of spaces and places to support physical distancing
- Provide students with familiarity of School routines for learning

COVID RESPONSE TEAM MEMBERS

- Aaron Wallace, Director of Technology
- Amanda Doran, Interim Chief Financial Officer
- Amy Johns, School Nurse
- Chris Patterson, Chief of Staff
- Cindy Hargrove, Pandemic Coordinator and School Nurse
- Jayme Johnson, Head of Lower School
- John Walker, Dean of Students and Director of Athletics
- Karla Wigley, Director of Advancement
- Meshea Matthews, Head of School
- Michael Via, Chief Enrollment Management Officer
- Pam Jordan, Head of Middle School
- Sue Trumbo, Chief Operations and Human Resources Officer
- Susan Brower, Chief Culture, Strategy, and Communications Officer

HELPFUL RESOURCES

Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>

Centers for Disease Control and Prevention Considerations for Schools:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Return to Work/School after COVID-19 diagnosis with/without test and/or symptoms:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

World Health Organization: <https://www.who.int/publications-detail/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>

American Academy of Pediatrics COVID-19 Planning Considerations for Return to In-Person Education in Schools: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Parenting in Place Masterclasses, August 5: A Conversation about Back-to-School

<https://www.parentinginplacemasterclass.com/>

Mood-Boosting Tips for Families During the COVID-19 Pandemic

<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Mood-Boosting-Tips-for-Families-COVID-19.aspx>

8 tips for managing children's anxiety about COVID-19: <https://www.childrens.com/health-wellness/8-tips-for-managing-childrens-anxiety-about-covid-19>

7 tips to help your child wear a face mask: <https://www.childrens.com/health-wellness/7-tips-to-help-your-child-wear-a-face-mask>

Helping Kids Get Used to Masks: <https://kidshealth.org/en/parents/coronavirus-masks.html>

GLOSSARY OF TERMS

ASYMPTOMATIC

Showing no symptoms of disease. A person infected with COVID-19 can be asymptomatic because they are in an early stage of infection and symptoms have not yet developed (“pre-symptomatic”), or they may not develop any symptoms at all during their infection.

CLOSE CONTACT

Someone who was within six feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from two days before illness onset (or, for asymptomatic patients, two days prior to test specimen collection) until the time the patient is isolated.

COVID-19

The name of the disease caused by the novel coronavirus, SARS-CoV-2, and is short for Coronavirus Disease 2019.

COMMUNITY TRANSMISSION/SPREAD

Infections identified in a given geographic area without a history of travel elsewhere and no connection to a known case.

CONTACT TRACING

The process of identifying, assessing, and managing people who have been exposed to a contagious disease to prevent further transmission.

CORONAVIRUS

A family of viruses that cause illness ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus recently discovered has been named SARS-CoV-2 and it causes COVID-19.

GLOSSARY OF TERMS

DRIVE THROUGH TESTING

Individuals remain in their vehicles, and medical staff in protective gear come to administer the swab test and the swabs are sent to a laboratory for testing.

DROPLET TRANSMISSION/SPREAD

A mode of transmission for a contagious disease that involves relatively large, short-range (less than 6 feet) respiratory droplets produced by sneezing, coughing, or talking.

FLATTENING THE CURVE

Slowing a virus' spread to reduce the peak number of cases and related demands on hospitals and infrastructure.

HOME ISOLATION

Persons with COVID-19 who have symptoms or laboratory-confirmed COVID-19 who have been directed to stay at home until they are recovered. **(Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>)**

ISOLATION

Separating sick people with a contagious disease from those who are not sick.

MASK/FACE COVERING

A protective covering made of fiber or gauze and fitting over the nose and mouth to protect against dust or air pollutants, or made of sterile gauze and worn to prevent infection of those that come in contact with the mask wearer.

PANDEMIC

An epidemic that has spread over several countries/continents, usually affecting a large number of people.

GLOSSARY OF TERMS

PHYSICAL DISTANCING

Keeping a safe space between yourself and other people who are not from your household with the goal of reducing the spread of COVID-19. The practice of physical distancing includes staying at least six feet apart from people not from your household in both indoor and outdoor spaces.

QUARANTINE

Separating and restricting the movement of people exposed (or potentially exposed) to a contagious disease.

SELF-QUARANTINE

Staying home and away from other people as much as possible after exposure.

SHELTER IN PLACE

All residents must remain at their place of residence, except to conduct essential activities, essential businesses, and essential government functions.

SYMPTOMATIC

Showing symptoms of disease. The most common symptoms of COVID-19 include: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell, and gastrointestinal symptoms of diarrhea, vomiting, or nausea.