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| **Confirmed COVID-19 Case or****person has symptoms of COVID-19** | **First Degree of Separation** | **Second Degree of Separation** | **Third Degree of Separation or More**  |
| **Person has a case of COVID-19** **Example** **Patient A** | **Person is a close contact AND/OR household contact with someone who is positive for COVID-19****Example****Person B** | **Person has contact with person who has contact with a person positive for COVID-19****Example****Person C** | **Person has not had any contact with anyone who has COVID-19 or their contacts** |
| Persons who **have symptoms of COVID-19 and** have **tested positive** (by PCR, rapid molecular or antigen testing) **OR** **have not been tested** **should** **stay home and away from others until at least 10 days** have passed since their symptoms first appeared **AND** They have had no fever for at least 24 hours (one full day without the use of medicine that reduces fever) **AND** Symptoms have improved (e.g. cough, shortness of breath)Individuals who have **NO symptoms AND have tested positive for COVID-19 should stay home and away from others until 10 days have passed** from the collection date of their positive COVID-19 test **AND** they have not developed symptoms. Individuals with a negative COVID-19 test stay home and follow the [NJDOH School Exclusion](https://www.nj.gov/health/cd/documents/topics/outbreaks/School%20Exclusion%20List_9.2018.pdf) and provide medical clearance for return to school with documented proof of negative test. As per [DOH guidelines](https://www.nj.gov/health/cd/documents/topics/NCOV/RecommendationsForLocalHealthDepts_K12Schools.pdf)  | **Close contact (>10 minutes within 6 feet) with someone who has been diagnosed with COVID-19 (positive PCR test) or ( direct contact with secretions)****OR****Household contacts are individuals who live in the same house as a lab confirmed COVID-19 case.****(Classmates or Co-workers of Person A)****Individuals should stay home, self-quarantine and monitor for symptoms for 14 days from the last date of exposure with the confirmed case. Testing does not shorten quarantine for close contacts.** **IF REGIONAL RISK LEVEL IS HIGH-Close contacts of those symptomatic should be instructed to quarantine and may return If the ill person tests positive: after 14 days from the last exposure & asymptomatic.** **After the ill person provides documented proof of negative PCR OR antigen test.**  | **Contact with someone who has been a close contact to a person positive for COVID-19****(Classmates or Co-workers of Person B)** | **Has not had known contact with anyone positive for COVID-19** |
| **Attendance Status****Exclude from school/work; May participate in Virtual learning if tolerated.** | **Attendance Status****Exclude from school/work; May participate in Virtual learning.** | **Attendance Status****Continue with school/work****Continue wearing face covering and practice social distancing** | **Attendance Status****Continue with school/work****Continue wearing face covering and practice social distancing** |
| **Return to School/Work****Must isolate until fever free for 24 hours without use of fever-reducing medications and at least 10 days after onset of symptoms OR 10 days after the test date of those without symptoms.****Must have virtual re-entry meeting with a school nurse prior to reentry.****Medical clearance needed for return to school/work** | **Return to School/Work****Close contacts should self-quarantine & monitor for symptoms. They may return after 14 days from the last date of exposure with the person as long as they have no symptoms.** **Quarantine remains in effect for 14 days even if the person under quarantine tests negative for COVID-19.****Follow up with medical provider/DOH****Household Contacts: Self-quarantine for individuals with household contacts who are COVID-19 positive begins AFTER the self-isolation of the household contact ends (fever free for 24 hours and at least ten days after onset of symptoms; minimally 24 days from onset of symptoms of COVID-19 positive person.)** **Virtual Reentry Meeting with School Nurse****Medical Clearance needed to return to school/work** | **Return to School/Work****Continue with school/work****Self-monitor for symptoms and discuss with a medical provider any concerns.** | **Return to School/Work****Continue with school/work** |