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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** |