

**COVID PROTOCOL**  
**Board Approved: August 23, 2022**

**Background.**

The Rahway School District continues to practice infection prevention strategies, including:

- Increased ventilation.
- Increased cleaning and disinfection by trained custodial staff.
- Support for those choosing to wear masks.
- Increased handwashing; instruction to children on effective handwashing techniques.
- Encouraging all vaccinations, routine and Covid.

**If Students or Staff are Sick:**

- When you are sick, please stay home. No one is to come to school after taking any medication for temperature, or cough. You must remain out of school if you have taken any of these (fever reducing/cough suppressing) medications for 48 hours. If symptoms do not improve after 48 hours please administer a covid test and inform your school nurse.
- Review our school Daily Screening questionnaire (see below) and if you have 2 symptoms on Column A or 1 on Column B stay home. Contact the nurse if you are unsure of what to do.

**Masks.**

Routine wearing of masks is Optional.

In response to an outbreak, Health Officials may require wearing a mask.

Masks MUST be worn on Day 6-10 after a positive Covid test.

**Quarantine:**

There will no longer be a required quarantine period for any close contacts.

Teachers, staff, and students will need to stay home if sick.

If a covid test is administered, please advise the school nurse of the outcome of the results and follow their instructions.

**Positive Test (either home, rapid, or PCR):**

If after taking a Covid test, the student and/or staff may return to school:

- If symptomatic: on Day 6 from onset of symptoms and no fever for 48 hours and no other new symptoms.
- If asymptomatic: on Day 6 from date of the test.
- Masks must be worn on day 6-10 regardless of symptoms.

**\*Teachers, staff and students must be cleared by a school nurse to return to work or school on day 6.**

**When necessary to take a covid test:**

**You must send a copy or picture of the covid test with name, date, and time marked on the test. This must be submitted for clearance to return to school/work.**

**\*\* This protocol was developed in conjunction with the Rahway Board of Health and after reviewing statistical data that indicates there has been minimal Covid transmission in school.**

**Useful links:**

- 1. NJ DOH Guidance for K-12 Schools.**  
[https://www.nj.gov/health/cd/documents/topics/NCOV/PH\\_Recommendations\\_K-12\\_Childcare\\_Camp.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/PH_Recommendations_K-12_Childcare_Camp.pdf)
- 2. CDC Guidance for K-12 Schools.** <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html#:~:text=CDC%20recommends%20universal%20indoor%20masking,layered%20prevention%20strategies%20in%20place.>
- 3. CDC Guidance on Isolation and Precautions for people with Covid-19.**  
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

*NOTE: All protocols are subject to change based on local health statistics.*

## COVID-19 Daily Screening

Name \_\_\_\_\_ Date \_\_\_\_\_

Please complete this short check each morning and report information per your school's reporting instructions.

### Section 1: Symptoms

Any of the symptoms below could indicate a COVID-19 infection and may increase the risk for spreading illness to others. Please note that this list does not include all possible symptoms and people with COVID-19 may experience any, all, or none of these symptoms. Please check yourself/student daily for these symptoms:

#### Column A

<input type="checkbox"/>	<b>Headache</b>
<input type="checkbox"/>	<b>Muscle Aches</b>
<input type="checkbox"/>	<b>Runny nose/Nasal Congestion</b>
<input type="checkbox"/>	<b>Chills</b>
<input type="checkbox"/>	<b>Sore Throat</b>
<input type="checkbox"/>	<b>Extreme Tiredness</b>
<input type="checkbox"/>	<b>Nausea</b>
<input type="checkbox"/>	

#### Column B

<input type="checkbox"/>	<b>Cough</b>
<input type="checkbox"/>	<b>Shortness of Breath</b>
<input type="checkbox"/>	<b>Difficulty Breathing</b>
<input type="checkbox"/>	<b>New Loss of Smell</b>
<input type="checkbox"/>	<b>New Loss of Taste</b>
<input type="checkbox"/>	<b>Vomiting</b>
<input type="checkbox"/>	<b>Diarrhea</b>
<input type="checkbox"/>	<b>Fever</b>

**If TWO OR MORE of the fields in Column A are checked off  
OR**

**AT LEAST ONE field in Column B is checked off,  
please do not come into work/School, stay home and notify the school nurse for further instructions.**