

HCDS COVID-19 and Common Cold Policies and Procedures

**Researched and developed by Andrea E. Murphy
(Excerpted from The HCDS Parent Handbook)**

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HOGARTH COUNTRY DAY SCHOOL

Established 1980 at

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Dear Colleagues in the Early Childhood Community,

As we all know, COVID-19 is not over. The State and Federal governments appear to be minimizing COVID's ongoing impact as evidenced by the discontinuance of free testing and the abysmal lack of direct and complete guidance specifically for the early childhood community.

I spent dozens of hours researching current recommendations for handling COVID-19 (or suspected COVID-19) in the early childhood classroom. Concrete advice is sorely lacking and the recommendations, which seem to better serve older children, often leave unanswered questions. I decided to take recommendations from the CDC and other reputable sources and tweak them for my students, the majority of whom are 3 to 6 years old.

What follows are policies for handling different COVID situations. They apply to all my preschoolers, whether vaccinated or not. Vaccination, although great for decreasing the likelihood of severe illness and hospitalization, does not prevent COVID-19 infections.

We need to keep in mind that COVID-19 doesn't just affect the children in early childhood settings. Teachers working in close contact with their students are vulnerable to infection. We need to protect our teachers and support staff, some of whom have preexisting conditions or are elderly, leaving them prone to a more severe infection.

Also, the consequences of multiple COVID-19 infections are largely unknown and may not be known for many years. Not doing everything we can to prevent the spread of infection is playing Russian roulette with the future health of our students, staff and families.

If you think the Hogarth policies will work in your center, feel free to share a link to these pages with your families. If you end up adapting them, please cite this document as a reference.

Good luck!

Yours in good health,

Andrea Murphy

COVID-19 Section (Excerpted from the HCDS ILLNESS and INJURY POLICY)

The CDC recommends taking the following steps to minimize the spread of disease in early childhood settings:

1. Staying up-to-date on all vaccinations, including COVID-19 vaccinations.
2. Staying home when sick.
3. Practicing good hand hygiene.
4. Practicing respiratory etiquette. (Coughing/sneezing into the crook of the elbow.)
5. Optimizing ventilation.
6. Cleaning and disinfecting the environment.
7. Testing if exhibiting symptoms of COVID-19.

RESPIRATORY DISTRESSORS: COVID-19, COMMON COLD AND RSV

We've developed the following guidelines in accordance with CDC recommendations we've tailored to match our young students' abilities. Our goal is to create a healthful environment in which our students will thrive. Everybody will miss less school if children stay home when they are ill.

A NOTE ABOUT SEASONAL ALLERGIES: If you suspect your child's symptoms are due to seasonal allergies, please secure a doctor's note stating that they are cleared for school and do not need to isolate. If your child has a fever with their symptoms, it is not allergies, even if they are prone to seasonal allergies.

If your child is ill with a respiratory illness, they must stay home. Most preschoolers are only mildly ill with the common cold, RSV and COVID-19. Mild or not, they are still contagious. At this time, according to CDC guidelines, testing for COVID-19 is recommended but not required. To test or not to test is up to you.

If your child tests positive for COVID-19 or has symptoms consistent with COVID-19 and you choose not to test, your child will need to remain at home for at least 10 days. (The COVID isolation or quarantine count starts with zero on the day your child tests positive or the day symptoms first appear if you choose not to test. Without testing it is impossible to know for sure what they have contracted.)

After 10 days, they may return if their symptoms have *significantly** improved **and** they have been fever-free without the use of medication for 24 hours. We are not following the guidelines for older children which allow for a masked return to school after 5 days. Evidence suggests that at least 30% of people with COVID are still contagious after 5 days. 30% who cannot consistently and correctly mask pose an unacceptable risk to the classroom community.

If your child tested positive and their symptoms have *significantly improved AND they've been fever-free for 24 hours when day 5 rolls around, you may want to see if they can test out of isolation early.** If your child has two sequential negative antigen tests 48 hours apart (on days 6 and 8), your child may return to school on day 8 if they remained fever-free without the use of fever-reducing medication and their symptoms continued improving.

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If you choose to test for COVID-19 and your child tests negative with an antigen test, the test must be repeated 48 hours later to rule out a false negative. Your child may return to school when their symptoms have *significantly** improved and they have been fever-free without the use of medication for 24 hours. The same holds true for a single negative PCR test. **Proof of testing (one PCR or two antigen tests) must be provided before your child returns to school before ending their isolation. COVID policies and procedures are fluid** and may change with little-to-no notice if circumstances warrant. As a small school with a staff of 2, we will need to close if a staff member falls ill. Make-up classes will be offered. There is no reduction in tuition for such closures.

* An occasional, lingering cough is to be expected for several weeks after an upper respiratory infection. However, if they are still *actively* coughing and/or sneezing and/or their nose is constantly running or filled with yellowish, greenish goop, they should not return to school even if they are fever-free and testing negative.

The following table is from the [CDC's May 11, 2023 update](#) on testing after a COVID-19 infection. You'll see that testing when newly symptomatic is recommended.

 I tested positive for COVID-19 in the last 90 days.	
<p>My first positive test result was within: 30 days or less</p> <hr/> <p>I have symptoms Use an antigen test. Repeat negative tests following FDA recommendations .</p> <p>I do not have symptoms Testing is not recommended to detect a new infection.</p>	<p>My first positive test result was within: 31-90 days</p> <hr/> <p>I have symptoms Use an antigen test. Repeat negative tests following FDA recommendations .</p> <p>I do not have symptoms Use an antigen test. Repeat negative tests following FDA recommendations .</p>
<p>After a positive test result, you may continue to test positive for some time. Some tests, especially PCR tests, may continue to show a positive result for up to 90 days. Reinfections can occur within 90 days, which can make it hard to know if a positive test indicates a new infection. Consider consulting a healthcare provider if you have any questions or concerns about your circumstances.</p>	

If your child tests negative for COVID-19 and their symptoms do not improve, I suggest you have them [tested for RSV](#) especially if community levels are high.

QUARANTINE AFTER A MASKLESS COVID EXPOSURE

- **WHEN TO QUARANTINE:** All students, both vaccinated and unvaccinated, need to quarantine for 10 days **after an extended (such as with a family member) maskless COVID exposure.** [CDC exposure recommendations](#) cannot be successfully followed by preschoolers which is why they need to quarantine. EXCEPTION: **According to the above graphic, children within 31 to 90 days of their own COVID infection do not need to quarantine unless they are symptomatic.** They should still rapid-test on day 5, or immediately if they develop symptoms. Children who are 30 days or less from their own COVID infection do not need to quarantine or test unless they are symptomatic.
- **CALCULATING QUARANTINE PERIOD:** Day 0 is your last day of exposure to someone with COVID. **Keep in mind that the quarantine period rolls back to day 0 with each new extended exposure so isolating that positive family member is crucial.**
- **QUARANTINE TESTING REQUIREMENTS:** Get tested 5 full days after the last exposure. If positive isolate immediately. If negative finish the 10-day quarantine, returning to school on day 11 if still symptom-free.
- **The children do not need to quarantine if a classmate develops COVID.** An exposure in our well-ventilated, CO2-monitored classroom is likely not as extensive as an extended exposure from home.
- **You will be notified if we have a positive case among our students so you can quarantine if you so choose.** Those self-initiated quarantine days are eligible for make-up.

A FREQUENTLY ASKED QUARANTINE QUESTION: How do we respond when our child is exposed to an untested household member who is ill with COVID-like symptoms?

- Without testing, there is no way to know whether or not this is a COVID exposure. Your child must remain at home until their ill household member tests negative for COVID-19 either by a negative PCR test or 2 negative rapid tests administered 48 hours apart.
- If your family member chooses not to test, your child must quarantine for 10 days from their last exposure to the ill person.
- If your child develops symptoms, they will need to be tested even if their family member tested negative.

[Click here for more information from the CDC about testing.](#)

ABOUT MASKS

- Masking is optional under most circumstances. When would we ask your child to mask? [According to the CDC:](#) “Students or staff who come to school or an ECE program with [symptoms](#) or develop symptoms while at school or an ECE program

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should be asked to wear a well-fitting mask or respirator while in the building and be sent home and encouraged to get tested . . . “

- We will resume mandatory indoor masking if [community risk levels of COVID-19](#) start to rise.
- “Schools might need to require masking in settings such as classrooms or during activities to protect students with immunocompromising conditions or other conditions that increase their risk for getting very sick with COVID-19 in accordance with applicable federal, state, or local laws and policies.” ([Quote taken directly from the CDC’s website.](#))
- If you wish for your child to mask while at school, we will unreservedly support your decision. Your child will not be the only person masked in the classroom as Andrea will likely be masking indoors much of the academic year.

COVID policies and procedures are fluid and may change with little-to-no notice if circumstances warrant. As a small school with a staff of 2, we will need to close if a staff member falls ill. Make-up classes will be offered. There is no reduction in tuition for such closures.