

# JACKSON PUBLIC SCHOOL DISTRICT

151 Don Connor Blvd.  
Jackson, NJ 08527

(732) 833-4638  
FAX (732) 833-4639

Nicole Pormilli  
Superintendent of Schools

Kurt Holtz  
Director of Guidance

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## Temporary Quarantine Instruction Procedures

**Temporary Quarantine Instruction** is defined as temporary instruction and related services provided by the JSD to students who are required to mandatorily quarantine. Classified students will be eligible for 10 hours per week and non classified students will be eligible for 5 hours per week. Students receiving related services will be eligible for the continuation of IEP-based services during their quarantine period through virtual options either during or after the school day, as determined by their related service provider. School instruction will be provided virtually via Google Meets in either a 1-1 or small group setting. The *Temporary Quarantine Instruction Form* will be completed by the school nurse or the student's medical doctor dependent on the reason for quarantine (see below):

- A. Mandatory School Required Quarantine initiated by the JSD (**School Nurse Completes Form**)
- COVID-19 Exclusion for Students Who Have Tested Positive for COVID-19; **OR**
  - COVID-19 Exclusion for Close Contact Identified by the School
    - Definition of Close Contact: A close contact is defined as being within 6 feet of someone with known COVID-19 for fifteen or more minutes during a 24-hour period;
    - **Exception:** In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.; **OR**
  - COVID-19 Exclusion for Students Who Have COVID-19 Compatible Symptoms exhibited at school and as determined by the School Nurse
    - Definition of Compatible Symptoms:
      - **At least two** of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose; **OR**
      - **At least one** of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder.
- B. Mandatory School Required Quarantine initiated by the JSD (**Student's Medical Doctor Completes Form**)
- COVID-19 Exclusion for Students Who Have COVID-19 Compatible Symptoms exhibited at home and confirmed by a licensed medical doctor

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The school nurse will complete the *Temporary Quarantine Instruction Form A* for students who qualify under A above. The nurse shall indicate the start and end date for the quarantine period, sign, and forward the form to the school counselor.

Item B. above will require one of two options prior to Temporary Quarantine Instruction being approved.

1. The student will need to have the *Temporary Quarantine Instruction Form B* completed by a licensed medical doctor. The licensed medical doctor will sign off on the form and include the quarantine start and end dates. Instruction will only be granted if the licensed medical doctor verifies that the student is exhibiting COVID-19 Compatible Symptoms.
2. In lieu of the licensed medical doctor's approval, the student exhibiting symptoms will need to complete a COVID-19 test. Evidence of a positive test will be provided to the school nurse who will be able to establish the start and end dates for the quarantine period.

**Jackson Township Board of Education  
Temporary Quarantine Instruction: Form A**

This form is to be completed for any student who is subject to a Mandatory School Required Quarantine initiated by the Jackson School District. This includes the following circumstances:

- Tested Positive for COVID-19
- Close Contact Identified by the School
- Exhibiting COVID-19 Compatible Symptoms in school and as determined by the School Nurse

**Section 1 (Completed by School Nurse)**

REASON FOR QUARANTINE (Select One):

\_\_\_\_\_ Tested Positive for COVID-19

\_\_\_\_\_ Close Contact Identified by the School

\_\_\_\_\_ Exhibiting COVID-19 Compatible Symptoms in school and as determined by the School Nurse

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

GENERAL EDUCATION

504

SPECIAL EDUCATION

INITIAL START DATE OF QUARANTINE: \_\_\_\_\_

RETURN DATE FROM QUARANTINE: \_\_\_\_\_

\*\*Excluded individuals who are close contacts of staff or students who tested positive for COVID-19 may be considered for a reduced exclusion period based on community transmission levels as follows:

- High (orange) exposed close contacts should be excluded from school for 14 days.
- Moderate or Low (yellow or green) exposed close contacts should be excluded from school for 10 days (or 7 days with negative test results collected at 5-7 days)

NURSE: \_\_\_\_\_

NURSE SIGNATURE: \_\_\_\_\_

**Section 2: Completed by the student's Guidance Counselor**

TEMPORARY QUARANTINE START DATE: \_\_\_\_\_

TEMPORARY QUARANTINE END DATE: \_\_\_\_\_

NUMBER OF HOURS ELIGIBLE FOR TEMPORARY QUARANTINE INSTRUCTION: \_\_\_\_\_

TEACHER(S) ASSIGNED TO COMPLETE TEMPORARY QUARANTINE INSTRUCTION:

\_\_\_\_\_

**Once completed, this form must be returned to Kurt Holtz, Director of Guidance, to be kept on file and validate the payment of Temporary Quarantine Instructor.**

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## **Jackson Township Board of Education Temporary Quarantine Instruction: Form B**

This form is to be completed for any student who is subject to a Mandatory School Required Quarantine initiated by the Jackson School District. This includes the following circumstances:

- A student who is exhibiting COVID-19 Compatible Symptoms at home as confirmed by a licensed medical doctor

### **Definition of COVID-19 Compatible Symptoms:**

#### **At least two of the following symptoms:**

- fever (measure or subjective), chills, rigors (shivers), myalgia,(muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny, nose; **OR**

#### **At least one of the following symptoms:**

- cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder

Exclusion criteria for students who have COVID-19 compatible symptoms or who test positive for COVID-19:

- Ill individuals with COVID-19 compatible symptoms who have not been tested or individuals who tested positive for COVID-19 should stay home until at least 10 days have passed since symptom onset and at least 24 hours have passed after resolution of fever without fever reducing medications and improvement in symptoms.
- Persons who test positive for COVID-19 but who are asymptomatic should stay home for 10 days from the positive test result.
- An alternate diagnosis (including a positive strep test or influenza swab) without a negative COVID-19 test is not acceptable for individuals who meet COVID-19 exclusion criteria to return to school earlier than the timeframes above.

