

COVID-19 Response Toolkit for New Mexico's Public Schools

F O R S C H O O L Y E A R 2 0 2 1 / 2 0 2 2

The release of this updated toolkit replaces and supersedes the previously released Toolkit

REPORTING

Notify New Mexico Public Education Department (NMPED) of confirmed cases of COVID-19 who were infectious while on campus.

- » CALL 505-476-5825
- » WEB [Rapid Response Submission](#)

Report all staff member cases of COVID-19 to the New Mexico Environment Department (NMENV) within 4 hours of notification by [completing the webform](#).

PREVENTION

- Get vaccinated
- Maintain physical distance
- Wear a face mask
- Wash your hands often with soap and water
- Clean regularly

TRANSMISSION

The virus spreads from person-to-person primarily:

- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- When droplets land in the mouths or noses, or are inhaled into the lungs, of people who are nearby.
- By symptomatic and asymptomatic individuals.

Please note that while Bureau of Indian Education schools may use NMPED's Rapid Response protocols, this Toolkit does not apply to them.

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Updates to this Toolkit from the previously published version on March 10, 2022,

include:

- Clarification on test to stay for close contacts of COVID positive household members
- Screening of unvaccinated adults on entrance into the school building is now a local decision
- Only those staff, contractors and volunteers who are unvaccinated and work onsite must provide a weekly COVID test.

Definitions

Asymptomatic Confirmed Case: A person who has tested positive for COVID-19 by laboratory testing but did not experience any symptoms of illness within 10 days of the test.

Close Contact: Someone who over a 24-hour period, has a cumulative exposure of fifteen minutes or longer within six feet of a confirmed COVID-19 case with or without a face covering.

- **Exception:** In the pre-K – 12 setting (including transportation), 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 students were engaged in consistent and [correct](#) use of [well-fitting](#) face [masks](#); and
 - » other [K–12 school prevention strategies](#) (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.

This exception does not apply to teachers, staff, or other adults in the pre-K–12 setting.

Confirmed Case: A person who has tested positive for COVID-19 on a Polymerase Chain Reaction (PCR) or antigen test from a respiratory or oral specimen.

Cohorting: The practice of keeping groups of students, and staff together over the course of the school day with the goal of limiting exposures to only those within the same cohort. This practice may help reduce the spread of COVID-19 by:

- Limiting exposure to an individual with COVID-19 to one particular cohort and not posing a broad risk to the rest of the school.
- Facilitating more efficient contact tracing in the event of a positive case.
- Allowing for targeted quarantine, testing, and/or isolation of a single cohort, instead of school-wide measures in the event of a positive case or cluster.

Contact Tracing Process: Contact tracing is the process of reaching out to individuals who have been exposed to a confirmed case of the virus in order to ensure they take the necessary precautions and receive any needed testing.

Infectious Period: Time during which an infected person is contagious and most likely to spread disease to others. If students, staff, contractors or volunteers were at school during their infectious period, all of their close contacts must be identified and quarantined.

- For a confirmed symptomatic COVID-19 case, the infectious period starts two days prior to the illness onset date and continues five days after illness onset AND until patient is fever-free for 24 hours without the use of fever-reducing medications AND symptoms have improved.
- For a confirmed asymptomatic COVID-19 case, the infectious period starts two days prior to the specimen collection date and continues for five days after.
- If a confirmed asymptomatic COVID-19 case has severe immunosuppression, the infectious period starts two days prior to the specimen collection date and continues 20 days after.

Isolation: The act of keeping someone who is sick or who tested positive for COVID-19 away from others by staying home from school, work, and other activities while infectious.

- Isolation should last at least 5 days after the onset of symptoms, and until fever-free for 24 hours without the use of fever-reducing medications, and experiencing improvement of symptoms.
- For people who never had symptoms, the isolation period is 5 days after the date their first positive test was collected. Vigilant mask wearing for 5 days after the isolation periods is also required (days 6–10).
- If someone has a severe illness or severe immunosuppression, the isolation period should be extended to 20 days.
- A negative test is not required to determine when to end the isolation period. Nor does a negative test end the isolation period. When in doubt, the New Mexico Department of Health should be consulted.

Quarantine: Keeping individuals who were in close contact with someone who has COVID-19 away from others. Close contacts with a confirmed case of COVID-19, should stay home from school, work, and other activities for 5 days following their last exposure. Exposed contacts should be tested for the novel coronavirus (SARS-CoV-2) at 5 days following the last exposure to a confirmed case. If the close contact has a positive result, isolation should be implemented as described above.

For the first 90 days after a positive PCR or school-based rapid antigen test, individuals who have had COVID-19 infections and who have completed their self-isolation periods, do not need to quarantine if they are a close contact of a COVID-19 infectious person. It is recommended that the individual get tested for COVID-19 five days after exposure if asymptomatic, and should isolate and test immediately if symptoms develop.

Individuals who have had close contact with a COVID-19 infectious individual are not required to quarantine if they [are up to date with COVID-19 vaccinations as recommended by the CDC – including boosters](#).

It is recommended that the individual get tested for COVID-19 five days after exposure. The individual should isolate and test immediately if symptoms develop.

Severe Illness: Indicated by hospitalization in an intensive care unit with or without mechanical ventilation.

Severe Immunosuppression: Severe suppression of immune response of an individual includes being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20 mg/day for more than 14 days.

- Other factors such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of isolation.

Test to Stay (Modified Quarantine)

Test to Stay is a recommended practice. Testing for Test to Stay may be accomplished through at-home rapid antigen testing with a signed assurance from the parents or student (if the student has reached the age of majority). If a school implements Test to Stay, free testing options must be available to families.

Students and staff participating in test to stay may ride school transportation and participate in instructional activities at school. They may also participate in extracurricular activities, including athletics.

To participate in test to stay requires an individual to test negative on rapid COVID-19 tests on selected test to stay testing days. Schools are to provide testing for test to stay a minimum of three days during the school week. A school may require individuals test more frequently than the required three testing days. When a student or staff member is absent, the testing sequence resumes on the subsequent testing day. Failure to test (regardless of the reason) when the individual is at school on a testing day terminates test to stay for the individual and a return to quarantine at home for the duration of the quarantine period is required.

Individuals with quarantine requirements longer than 5-days should continue to participate in



test to stay until their quarantine time is finished. For example, household close contacts should participate in test to stay for at least 10 days. In the case that an individual participating in test to stay has a second close contact exposure while on modified quarantine, the testing sequence is to be restarted for the most recent close contact.

If an individual on test to stay exhibits COVID-19 symptoms requiring self-isolation, then modified quarantine is terminated and the individual must self-isolate at home pending confirmation of a negative PCR test (or two antigen tests taken 24–48 hours apart) for COVID-19 and ideally, an alternative explanation for the symptoms. If COVID-19 is confirmed, then self-isolation continues for five days following the day that symptoms began, with vigilant mask wearing required for an additional five days.

Test to stay does not change self-isolation requirements for those who have tested positive for COVID-19 and are within the infectious period.

Important Note: If you are notified that a household member of a student or staff member is infected with COVID-19, any unvaccinated students or staff members who reside in the same household of this confirmed case must quarantine or participate in test to stay programs.

Close contacts not participating in test to stay must quarantine for 5 days from the last date of exposure. If a close contact is continuously exposed (i.e., lives in the same household), the close contact must quarantine for the 5 days the positive person is infectious and an additional 5 days in case the close contact converts to positive. This means that household members living with a COVID positive individual must quarantine for a minimum of 10 days (5 days of infectious person + 5 days of quarantine without being around someone who is infectious). The infectious period begins two days before symptom onset or two days before day of specimen collection (for asymptomatic persons). If someone else tests positive in the home this resets the calendar for the other household members, and they will have a longer quarantine period than the initial 10 days.

COVID-19 Close Contact Quarantine Requirements

Those who are not up to date with COVID-19 vaccination and who are close contacts of COVID-19 infectious individual have two options. The primary option is participation in a test to stay program. Individuals opting not to participate in test to stay must quarantine at home to help stop the spread of COVID-19.

It is strongly encouraged that close contacts who are up to date with COVID vaccinations take a COVID-19 test on day five after exposure. Close contacts who have had laboratory-confirmed COVID-19 during the past 90 days and recovered, are not required to quarantine if they remain asymptomatic after the exposure. They should isolate and test immediately if symptoms develop.

For quarantine, the day of exposure (close contact) is day zero. Day one is the first day after exposure. The time of day of exposure does not matter, as the 5th day of quarantine is a full day quarantine. As an example, if an individual is exposed on the 1st day of the month, quarantine would go through the 6th of the month and assuming there were no other exposures, COVID-19 symptoms, or positive tests, the exposed individual could return to school the morning of the 7th.

EXAMPLE 1

Bob – Tested COVID-19 positive on November 5th but had no symptoms. Bob must self isolate through end of day on November 10th. Note: If Bob is severely immune suppressed, he must self isolate through November 25th.

Sally (unvaccinated) – Ate lunch with Bob (approx. 5 feet away) for 20 minutes on November 3rd. Sally starts her test to stay protocol or must quarantine through November 8th. Note: If Sally develops symptoms or tests positive, she will need to begin self-isolation.

In situations in which there is COVID-19 exposure at home (continuous contact with an infectious individual in the same household) the quarantine begins upon notification of the positive case in the household; however, counting of the 5 quarantine days does not begin until the infectious period of the COVID-positive individual is completed. Quarantine for household members is 10 days from symptom onset date or positive test so long as no other COVID-19 infections are identified in the household and there are no severely immune-suppressed individuals in the home.

If a second individual in the home tests positive then the quarantine clock is reset and the 10 days of quarantine

starts from the symptom onset date or positive test date for the second positive individual.

The infectious period of a COVID-positive individual begins two days before symptom onset, or two days before a positive test in asymptomatic cases and continues for five days after symptom onset, or positive test. However, in those who are severely immune suppressed the infectious period lasts 20 days.

Household members are those individuals who live together in a building that shares a ventilation system (this definition does not extend across households in multi-family dwellings such as apartment complexes). If household members live in separate buildings (with separate heating/cooling, bathroom and kitchen facilities), they may not necessarily be continuously exposed to COVID-19.

EXAMPLE 2 – multiple household members test positive

Siblings Jose, Pablo and Maria live in the same household and are unvaccinated. Jose develops COVID-19 symptoms on September 10 and stays home from school. He tested positive for COVID-19 on September 11th.

Pablo and Maria begin their quarantine on September 12th. On September 15th, Pablo and Maria get tested for COVID-19. Pablo tests positive, but Maria has a negative test.

Maria is tested again on September 20th and is again negative.

Jose's symptoms improved by the evening of September 15th and he may return to school on September 17th (24 hours after fever reduction/symptoms improved).

Pablo quarantined until September 15th and then began self-isolation. Pablo remained asymptomatic. Pablo may return to school on September 21st.

Maria never developed symptoms and never tested positive. She may return to school on September 26th, 10 days after Pablo's positive test. Maria quarantines for a total of 15 days.

EXAMPLE 3 – severely immune suppressed household member

Unvaccinated stepsisters Ashley and Patricia live in the same household. Ashley is on chemotherapy and is severely immune suppressed. Ashley develops COVID-19 symptoms on January 5th and stays home from school. She tests positive for COVID-19 on January 6th. Patricia begins her quarantine on January 7th.

On January 10th, Patricia tests negative for COVID-19.

Ashley's symptoms improved on January 15th and she may return to school on January 25th.

Patricia never developed symptoms and never tested positive. She is eligible to return to school on February 1st, 26 days after Ashley's symptom onset.

COVID-19 Preparation & Response for Schools

District Planning and Response Team

Assemble a COVID-19 District Planning & Response Team

1. Team Lead/Point Person
2. Leader & Deputies
3. Head Nurse
4. HR Director
5. Head of Operations & Facilities
6. Head of Security
7. Principals
8. An Educator (designated by the Union if educators are represented)
9. A Staff/Facilities Employee (designated by the Union if educators are represented)

At Each School. Prepare & Plan

Prepare a duty list and designate a backup for each team member.

Identify an isolation area for ill students or staff.

Plan for student pick up when one large area or the entire building needs to be evacuated at once:

1. Pick up of students
2. Sending staff home
3. Who stays last?
4. Will buses be used?

Plan for when a student cannot be picked up immediately.

Responsibilities of the School COVID-19 Point of Contact

Collect and maintain all information about who is in each building:

1. Staff rosters including cell phone numbers
2. On-site contractor rosters
3. Classroom and cohort rosters
4. Class schedules
5. After school program rosters
6. Real-time sign-in sheets/visitor rosters
7. Real-time student attendance data from school administrators
8. Bus route rosters
9. Each student's emergency contacts authorized to pick up, authorized medical care, and household member information, etc.
10. Up-to-date student addresses

Have key contact information on hand for state agencies who can answer questions:

- » NMPED hotline: 505-476-5825
- » NMENV/OSHA for recording staff cases: 505-476-8700
- » NMDOH COVID hotline for general questions: 1-855-600-3453
- » School Health Advocates contact information (available on page 30)



Communication for Schools

COVID-19 Point Person

Each school must identify a COVID-19 Point Person to liaise with the New Mexico Public Education Department (NMPED) Rapid Response Team. For many schools, the school nurse may be well-suited to serve in this role. In the event of a confirmed positive case in the school, the point person must be prepared to:

- Effectively communicate with NMPED and other state officials conducting case investigations;
- Provide up-to-date contact information for each student at the school;
- Identify close contacts of confirmed cases; and
- Ensure close contacts follow test to stay protocol, or if individual is not participating in test to stay, complete appropriate quarantine or isolation (if becomes positive) period prior to returning to school.

Please provide the name and contact information of the designated Point Person to NMPED in this [online spreadsheet](#). You may appoint one point person for all of your schools. However, please assign a back-up Point Person in the event that your Point Person is absent or ill.

Please see the ***Staff & Student Individual Decision Tree*** for additional information.

Confidentiality Considerations

An individual's right to privacy should always be considered. In sharing information with students, families, and staff members, report the fact that an individual in the school has been determined to have COVID-19, rather than specifically identifying the student or staff member who is infected.

However, in relation to the sharing of information with NMPED Rapid Response members or NMDOH School Health Advocates, the Federal Education Rights and Privacy Act (FERPA) permits non-consensual disclosures of Personally Identifiable Information (PII) from students' education records under the health or safety emergency exception to "appropriate parties" (such as public health officials) whose knowledge of the information is necessary to protect the health or safety of students or other individuals. Additional information regarding FERPA and COVID-19 may be found in the [U.S. Department of Education's FERPA & Coronavirus Disease 2019 \(COVID-19\) Frequently Asked Questions \(FAQs\)](#).



Rapid Response to a COVID-19 Case in an School Facility

RESOURCES:

- **NMPED Hotline:** 505-476-5825 (8am–6pm Monday-Sunday)
- [New Mexico Testing Sites](#)
- [COVID-19 Test Results](#) website indicates which NMDOH results tested negative
- [CDC Cleaning and Disinfecting Guidance](#)
- [COVID-19 Vaccination Registration System](#)

ACTION STEP	RESPONSIBLE	TIMELINE
<p>1. Ensure the positive individual has been isolated and sent home. Inform the positive individual and his/her parents/guardians (if a student), that the positive individual will need to self-isolate for 5 days from the specimen collection leading to the positive test result (or symptom start date) AND until fever-free for 24 hours without fever reducing medication AND until symptoms are improved.</p>	<p>School Administrator or District/School COVID-19 Point Person</p>	<p>Within 4 hours of notification</p>
<p>2. If a staff member, also report the positive case within 4 hours to NMENV at 505-476-8700.</p>	<p>School Administrator or District/School COVID-19 Point Person</p>	<p>Within 4 hours of notification</p>
<p>3. Determine the close contacts of the positive case and notify the close contacts, or parents of close contacts, so that the close contacts quarantines and may get tested. It is encouraged for close contacts to test on day 5 following exposure.</p>	<p></p>	<p></p>
<p>4. Shut down impacted facilities/classrooms for a minimum of 2 hours (24 hours recommended) and perform enhanced cleaning, sanitizing, and disinfecting of facilities in accordance with CDC guidance.</p>	<p>School Administrator or District/School COVID-19 Point Person</p>	<p>Within 6 hours of notification</p>
<p>5. Maintain records of all positive cases reported to the school so the school can calculate the percentage of positive staff and students over the past 14 days and for reporting aggregate positive cases in the DOH's Provider Portal.</p>	<p>School Administrator or District/School COVID-19 Point Person.</p>	<p>Reporting required every Monday.</p>
<p>6. Call your regional School Health Advocate for any guidance needed regarding testing, cleaning, closure, etc.</p>	<p>School Administrator or District/School COVID-19 Point Person</p>	<p>No time requirement</p>

What to Report for Schools

- If the case is a **staff member**, report to NMENV within 4 hours of notification by one of these methods:

- » **EMAIL** NMENV-OSHA@state.nm.us
- » **CALL** 505-476-8700
- » **FAX** 505-476-8734



A “close contact” in a school is defined as:

- Anyone who came within six feet of the infected individual (even while wearing a mask) for a cumulative total of 15 minutes over a 24-hour period.
- **Exception:** In the pre-K – 12 setting (including transportation), 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 students were engaged in consistent and [correct](#) use of [well-fitting](#) face [masks](#); and
 - » other [K-12 school prevention strategies](#) (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K-12 school setting.

This exception does not apply to teachers, staff, or other adults in the pre-K – 12 setting.

Each district or school's COVID-19 Point Person must either report positive cases of COVID-19 to NMPED for any student, staff, or contractor, in the [PED Rapid Response Webform](#) OR must track their positive cases by school or office and provide a list of schools and offices in which more than 3% but less than 5% of staff and students have tested positive over the last 14 days, as well as those schools and offices with greater than 5% and report those schools and offices weekly in the [DOH provider portal](#). Positive staff member cases must be reported to the NMENV.

Data to be reported through the DOH Provider Portal by 10 am each Monday morning include:

- Charter school or school district headquartered in which county?
- Are staff and students required to wear masks at school and school sponsored events (yes/no)
- # PK-12 students and staff tested with PCR tests (including VAULT) this week
- # PK-12 students and staff tested with rapid antigen tests this week
- # PK-12 students and staff who tested positive for COVID-19 in past 7 days
- % of school workers (those required to participated in surveillance testing) who tested this week
- # School workers who completed an initial sequence of COVID vaccination
- # School workers who have received COVID-19 booster
- # School workers with an approved vaccination exemption (this should be zero)
- Were there any barriers to meeting the surveillance testing percentage this week?
- Is the school or district participating in test to stay?
- How is testing for test to stay being completed (PMG/ onsite-staff/other)
- Assurance school/district is tracking positive cases over past 14 days (Yes/No)
- Name of schools/offices with at least 3% but less than 5% of students/staff positive over the past 14 days
- Name of schools/offices with 5% or more of students/staff positive over the past 14 days
- Street address of school/office with 5% or more of students/staff positive over the past 14 days
- City of school/office with 5% or more of students/staff positive over the past 14 days

COVID-19 Symptoms

The table below provides two symptom sets with clinical definitions for COVID-19 (in the absence of another diagnosis—see **Acute vs Chronic COVID Symptoms**). COVID-19 is suspected if an individual has one symptom from column one, OR two symptoms from column two.

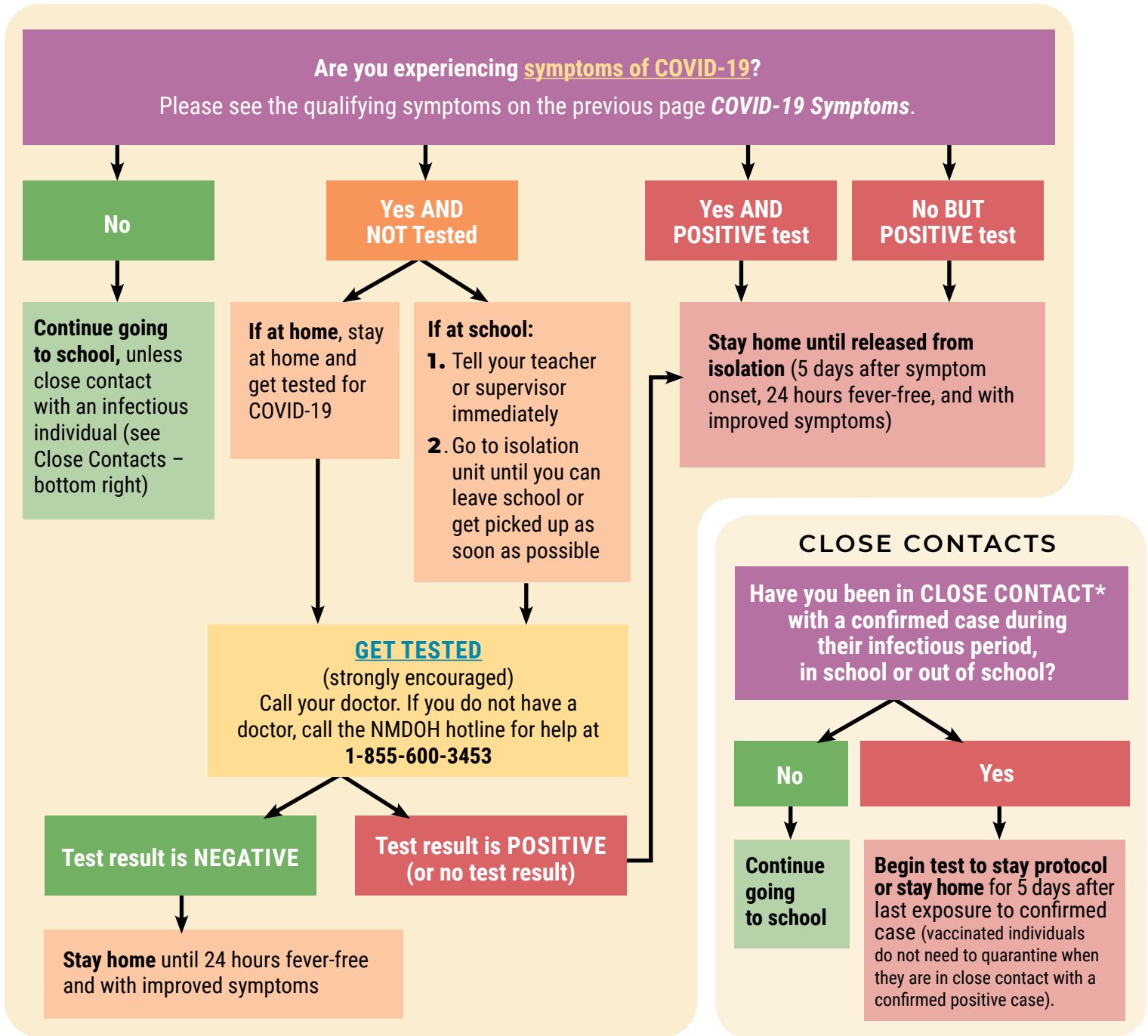
<p>COLUMN 1 ONE SYMPTOM & COVID IS SUSPECTED</p>	<p>COLUMN 2 TWO SYMPTOMS & COVID IS SUSPECTED</p>
<ul style="list-style-type: none"> • Cough • Shortness of breath • Difficulty breathing • Olfactory disorder • Taste disorder • Confusion or change in mental status • Persistent pain or pressure in the chest • Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone • Inability to wake or stay awake 	<ul style="list-style-type: none"> • Fever (measured or subjective) • Chills • Rigors • Myalgia • Headache • Sore throat • Nausea or vomiting • Diarrhea • Fatigue • Congestion or runny nose



Throughout this document, “COVID-19 symptoms” refers to the sets of symptoms provided above.

School Staff & Student Decision Tree

The following decision tree was created for families, students, and staff to better understand the steps that should be taken if an individual develops symptoms. Close contacts who are up to date with vaccination (including boosters for those eligible) are not required to quarantine and are encouraged (not required) to test 5 days after exposure or at onset of symptoms. Unvaccinated close contacts must begin test to stay protocol (page 4 of the Toolkit), or quarantine for 5 days, and are strongly encouraged to be tested five days after exposure or at onset of symptoms.



Symptoms in a Recovered Individual: If a person is positive for COVID-19, completes their self-isolation, recovers, and then develops new COVID-like symptoms within 90 days of their first infection, they should stay home until fever-free for at least 24 hours without fever-reducing medication and with improvement in symptoms. They may consider consulting their healthcare provider for additional guidance. If a person who was positive for COVID-19 more than 90 days ago develops new COVID-like symptoms, they should follow the same guidance as for someone who was never previously a case.

*See definition of Close Contact on page 3.

Acute vs. Chronic COVID Symptoms in Schools

Acute Symptoms

Both vaccinated and unvaccinated students and staff with no known exposure to COVID-19 but with new onset COVID-19 symptoms, such as headache or runny nose, should be sent home to self-isolate and are encouraged to test. If the student or staff member provides proof of a negative PCR test result (or two rapid antigen test results taken 24–48 hours apart), they may return to school before the full 5 days of isolation. If they decide not to test, they must isolate for the full 5 days.

Symptomatic staff and students who have not provided evidence of COVID-19 vaccination are encouraged to get tested for COVID-19 with a PCR test (or two rapid antigen tests taken 24–48 hours apart) and should remain in isolation until the results are available. A negative test result will discontinue the isolation and the student or staff member may be allowed to return to school provided that the symptoms do not interfere with the ability to work or learn at school. If a person has had a known exposure to COVID-19, quarantine or participation in Test to Stay is required and it is recommended the person be tested five days after exposure.

Chronic Symptoms

Students who exhibit chronic, mild non-specific COVID-19 symptoms should have their symptoms assessed either by a school nurse or primary care provider. If there are no changes in symptoms from the baseline state, students would not need to be tested and may participate in school. If students have a change in symptoms from their baseline as assessed either by a school nurse or a primary care provider,

then the students should be tested for COVID-19 and be placed in isolation until the results are available. A negative result will discontinue the isolation. If a student has a change in their baseline state and the student does not get tested, the student must self-isolate for 5 days and be fever-free without fever reducing medication for 24 hours and have improving symptoms before returning to school.

Staff with allergies, asthma, or other non-infectious chronic disease which may present with mild non-specific COVID-19 symptoms should contact their primary care provider. The primary care provider may furnish the staff member with medical documentation stating that present, non-specific mild symptoms do not differ from the patient's baseline, indicating the individual may return to school without being tested for COVID-19.

Students or staff who have not provided evidence of COVID-19 vaccination, who have tested negative for COVID-19 in the past two weeks and who have no known exposure to COVID-19, should not be tested again in the presence of chronic symptoms that have not changed in a meaningful way during that interval. If those symptoms were to change from their baseline, then the student or staff should begin home isolation.

Students and staff with mild, chronic conditions, such as asthma or allergies, who have not provided evidence of COVID-19 vaccination and who receive a negative rapid antigen COVID test result, are not required to self-isolate and may participate in school and extra-curricular activities until such time as the individual has a positive COVID-19 test or has a change in symptoms. A note from a primary care provider is not required for reentry in such cases.

Special Considerations

School personnel should be aware of students who repeatedly present to the health office with symptoms requiring isolation. If a student has recently tested negative, has no known exposure, and continues to present with undiagnosed illness, the school health team may wish to meet with the parents/guardians and other school personnel involved in the child's education to discuss potential strategies to ensure in-person learning. When making decisions regarding the student's ability to remain in school, please refer to the two-column

COVID-19 symptom table on page 12. When schools require that students isolate, students must be provided academic support and instruction during their days at home when they would have been at school. For example, schools may require students to do online/remote instruction from home, or they may provide the student with instructional packets. In an effort to maximize in-person learning, unvaccinated close contacts are strongly encouraged to participate in the test to stay program.

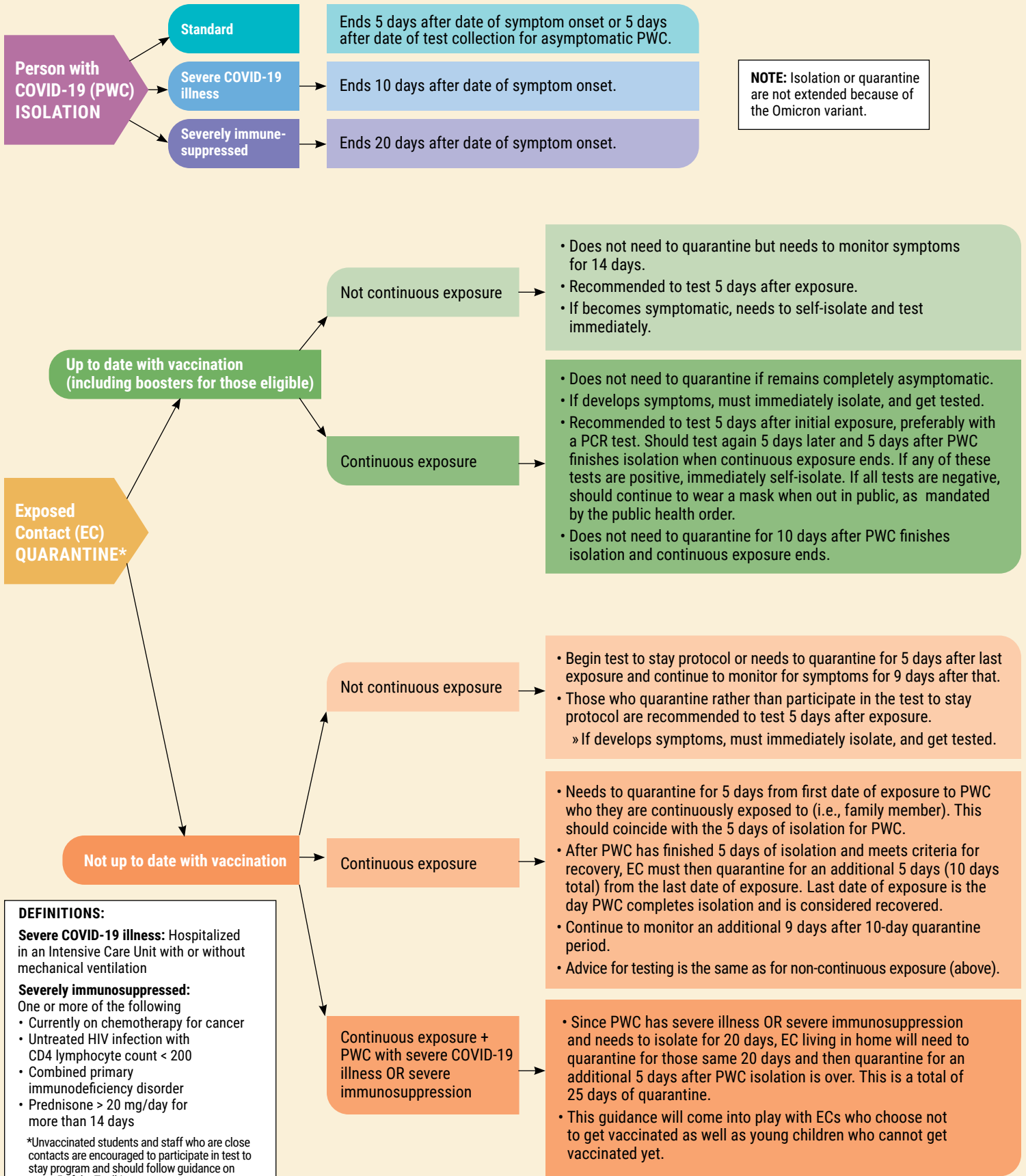
If I develop symptoms after vaccination, should I isolate myself and get tested for COVID-19?

Individuals who develop symptoms after vaccination may be unsure if their symptoms are related to the vaccination or if they are infected with the SARS-CoV-2 virus. The following approach should be utilized to determine next steps when post-vaccination symptoms occur and get better within three days of vaccination.

PRESENCE OF ANY SYMPTOMS AFTER VACCINATION	SUGGESTED APPROACH
Injection site pain, swelling, and/or redness	These symptoms are consistent with the COVID-19 vaccination. Self-isolation is not recommended.
Cough, shortness of breath, runny nose, sore throat, and/or loss of taste or smell	These symptoms are unlikely to be from the COVID-19 vaccination. Self-isolate immediately and get tested for COVID-19.
Fever (100.0°F or higher), fatigue, headache, chills, myalgia, and/or arthralgia	<p>These symptoms are consistent with post-vaccination, SARS-CoV-2 infection, or another infectious pathogen.</p> <p>Self-isolate until all of the following conditions have been met:</p> <ul style="list-style-type: none"> • Feel well enough to perform normal activities, AND • Fever has resolved, AND • No additional symptoms are experienced (i.e. do not have other signs of COVID-19, including cough, shortness of breath, sore throat, and/or change in smell or taste) <p>Self-isolate and get tested for COVID-19* if symptoms are not improving or persist for more than three days.</p>

Positive viral (nucleic acid or antigen) tests for SARS-CoV-2, if performed, should not be attributed to the COVID-19 vaccine, as vaccination does not influence the results of these test.

Quarantine & Isolation Decision Tree



Face Coverings & Other Personal Protective Equipment for Schools

The state-wide requirement for mask wearing in schools has been lifted. The decision for when and whether masking will be required is the determination of a local school district or charter school.

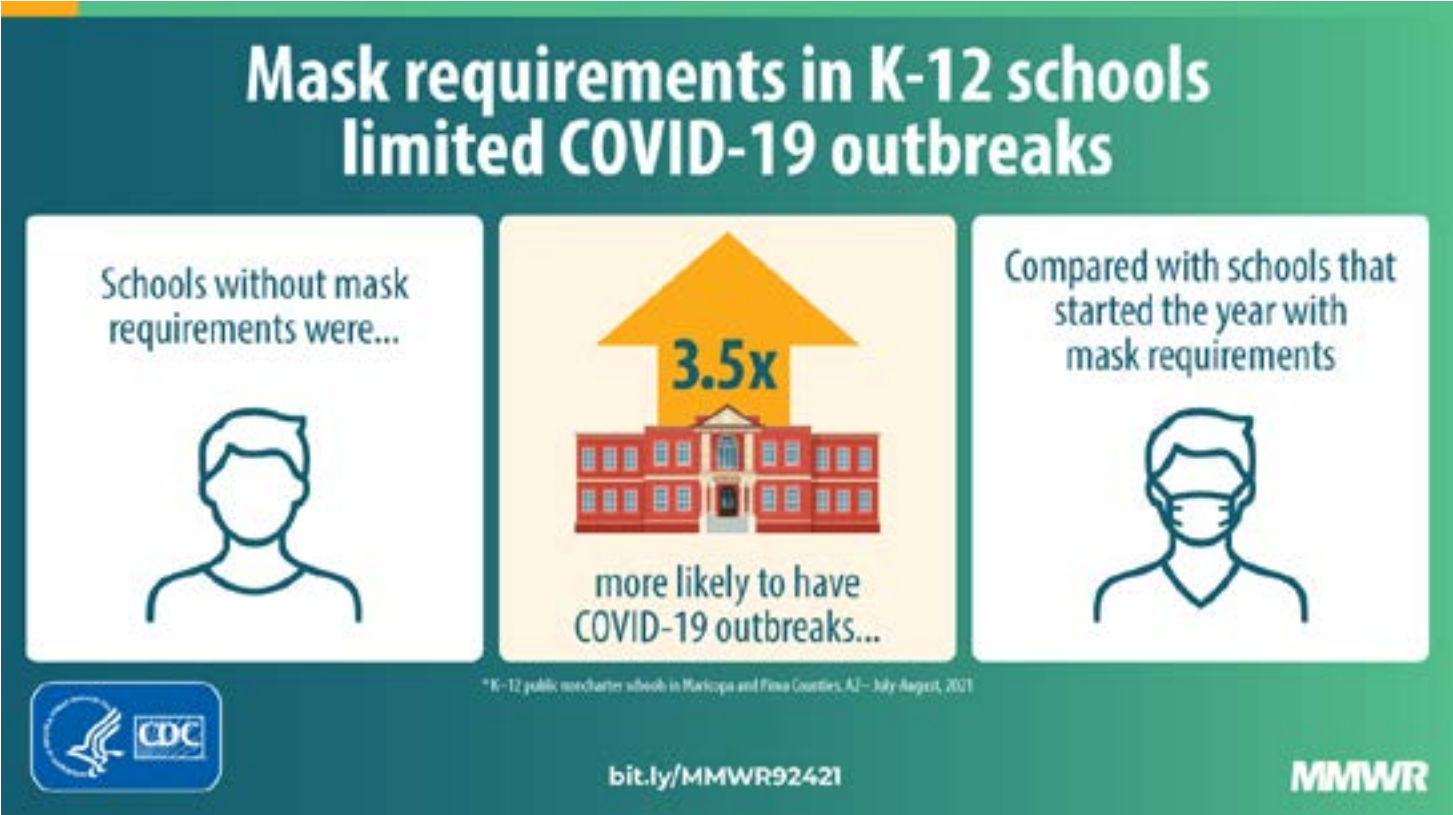
The Public Education Department, the Department of Health and the Governor recognize that conditions across New Mexico have improved such that it may be appropriate in some schools to remove the mask mandate and that local leaders are best equipped to make that decision. With the goal of keeping our students safe, each school should balance the pros and the cons of requiring mask wearing in the schools. Factors to take into account would include the school vaccination rates, access to vaccination and testing, access to high quality masks, rate of community

transmission in the surrounding area, and data from the [MMWR](#) that has demonstrated the effectiveness of mask wearing to prevent COVID transmission.



Visitors to a school, including visiting sports teams, will abide by the masking requirements of the school.

It is also highly recommended that those who are participating in test to stay be required to wear a mask during the five days of test to stay, and it is required that those who are returning to school from a COVID infection after five days of self isolation wear masks at school and at all school activities, from day six through day 10 to reduce the risk of COVID transmission. The day of symptom onset is day zero. If an individual is asymptomatic, the day of specimen collection for the positive COVID test is day zero.



Vaccination Verification

Existing laws and regulations require certain vaccinations for children attending school. Schools regularly maintain documentation of people's immunization records.

Schools should use the same standard protocols for COVID-19 vaccination information that are used to collect and secure other immunization or health status information from students.

The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements. Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations.

There is currently no NMPED requirement for vaccinated individuals to disclose their vaccination status.

Evidence of full vaccination includes:

- Original or copy (including photo) of a vaccination card indicating the individual completed a course of COVID-19 vaccination at least 14 days prior to the current date; or
- Print out or screen shot from NMVaxView indicating the individual completed a course of COVID-19 vaccination at least 14 days prior to the current date.

Replacement vaccination cards are available at regional public health offices. Family health providers can provide a print out from NMVaxView. In circumstances in which a family attests to a student being up-to-date with COVID vaccination but the family is unwilling or unable to provide documentation, a school may check vaccination status through the Healthcare Effectiveness Data and Information Set (HEDIS).

Emergency Paid Sick Leave

Districts and state-chartered schools must provide emergency paid sick leave to employees under House Bill 2 (signed April 9, 2021). The federal government renewed and expanded the Families First Coronavirus Response Act (FFCRA) as a voluntary program for the period April 1, 2021, through Sept. 30, 2021. However, House Bill 2 requires LEAs to implement the provisions of FFCRA through June 30, 2022. ([See House Bill 2](#), lines 22-25 on p. 169 and lines 1-2 on p. 170.) To pay for this mandate, you may use state-appropriated operational funds or available Elementary and Secondary School Emergency Relief funds. ([See House Bill 2](#), lines 1-2 on p. 170.) ESSER funds are also subject to federal statutory use requirements and applicable federal regulations. If using ESSER funds, such use must be listed under "other activities necessary to maintain operation and continuity of services" in the American Rescue Plan application.



COVID-19 Surveillance Testing in Public Schools

COVID-19 surveillance testing is required for all schools providing in-person student services, including athletics. The purpose of surveillance testing is to detect COVID-19 outbreaks as early as possible by screening asymptomatic individuals.

COVID-19 surveillance testing programs test unvaccinated asymptomatic individuals to discover undiagnosed cases and to better understand the rate of infection in the community. Staff who provide evidence of meeting the current CDC COVID-19 vaccination recommendations for their age group do not need to participate in surveillance testing. Those staff and students who have provided evidence of being up to date with COVID vaccination but who are not yet eligible for a booster, need not participate in surveillance testing until four weeks after they become eligible for the booster, if they have not received the booster within the four weeks. Individuals who have tested positive in the past 90 days are not included in surveillance testing either.

Districts and charter schools must ensure that any onsite school district and charter school staff, contractors and regular volunteers who have not provided evidence of being up to date with COVID-19 vaccination participate in COVID-19 testing each week that student services are provided at school.

“To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools may consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities.”

–CDC Guidance for COVID-19 Prevention in K–12 Schools

Districts and charter schools are required to report the number of staff and students tested for COVID-19 each week through the [NMDOH Provider Portal for COVID-19](#).

Beginning March 21st, 2022 surveillance testing of school employees is to be provided using rapid antigen testing through school-based rapid antigen testing. Over-the-counter rapid antigen tests may be used for surveillance testing with a signed assurance.

Asymptomatic individuals who have not been exposed

to COVID-19 and who participate in surveillance testing are not required to self-isolate/quarantine from specimen collection until their results arrive. However, asymptomatic individuals who test positive for COVID-19 must self-isolate for 5 days from the date of specimen collection.



At-Home Rapid Tests

Over-the-counter (OTC) rapid antigen COVID tests taken at home may be used for all testing requirements, including surveillance testing, when accompanied with a signed assurance from the individual tested, or the individual's parent if the individual has not yet reached 18 years of age. The assurance (to be submitted to the school or district) must state that the individual followed the testing instructions and received a negative result.

A negative PCR test with a sample collected within 48 hours of a positive at-home rapid COVID test would negate the positive test and would not require continued self-isolation based off of the at-home rapid COVID test. **This only applies to those persons who are asymptomatic and not considered a close contact.** Symptomatic individuals should continue to self-isolate regardless of the PCR test result. If more than 48 hours separate the two specimen collections, a laboratory-based PCR should be considered a separate test—not a confirmation of the earlier test.

Positive at-home antigen test results can be reported by families through the [State of New Mexico Self-Reporting Webform](#). Patients can also report a positive test through [NM Notify](#) (anonymous contact tracing app)

Schools that have a supply of OTC rapid antigen tests may provide families with two tests per person for symptomatic students and staff. These tests should be taken between 24–48 hours apart to rule out COVID-19 infection.

Bureau of Indian Education schools are encouraged, but not obligated to participate in surveillance testing.

Air Filtration in Schools

High-quality air filtration is one aspect of a multi-pronged strategy for ensuring healthy school environments. To address issues and concerns surrounding air quality, NMPED will work with each district and school to ensure installation of high-quality air filters. In addition, each district shall have an established and written protocol on inspecting, repairing and providing maintenance on ventilation systems within all school facilities.

Ventilation system upgrades and improvements will increase the delivery of clean air and dilute potential contaminants within each classroom and school facility. The NMPED will be deploying the [American Society of Heating, Refrigerating and Air-Conditioning Engineers \(ASHRAE\) recommendation](#), which states the target level for filtration in schools is minimum efficiency reporting value (MERV) 13 or higher. On average, this will remove 75 percent of particle size of 0.3 to 1.0 μm .

This higher standard of filtration is more effective at removing viral particles from the air. The ASHRAE

document linked above provides additional guidance on determining compatibility of various types of HVAC systems with a MERV 13 filter. NMPED will work with those districts and schools to identify the highest quality compatible filters. Schools may also consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning (especially in higher risk areas such as a nurse's office or areas frequently inhabited by persons with increased risk of getting COVID-19).

Additionally, districts and schools unable to immediately install MERV 13 or its equivalent must work with their operations staff to take the following actions in accordance with the [guidelines from the CDC](#):

1. Run the central air fan continuously;
2. Open dampers to increase air flow;
3. Open windows and doors (be mindful of possible safety considerations); and
4. Deploy box fans or other portable fans and air purifiers with high air circulation capacity in addition to prioritizing the use of these items in classrooms with higher ventilation needs.

Guidance on COVID-Safe Practices

Vaccination Events

For those eligible for the COVID-19 vaccine, vaccination is the most important COVID-safe practice to protect the individual and community. Schools may consider hosting vaccination events as part of the back to school process. Schools (along with other organizations) may request on-site vaccination events through this [Department of Health webform](#). Schools should have at least 25 people to be vaccinated, which can include family and community members. Parents who have signed students' vaccine consent forms do not need to be present for vaccination. For questions about vaccination, please reach out to Maxine Otero at Maxine.otero@state.nm.us.

Seating Charts

For all in-person services, teachers will develop and maintain seating charts that ensure social distancing requirements are maintained and that limit the number of student interactions.

School Transportation Guidance

NMPED's Transportation Guidance for the 2021–2022 School Year provides requirements, considerations, recommendations, and best practices to encourage a safe and successful school year.

The following are important minimum requirements:

1. To the greatest extent possible, a maximum of two students may sit together on a bus seat.

The following are recommendations, suggestions, and other options:

1. NMPED has updated the [School Bus Inspection Guide](#) to allow for the installation of aftermarket equipment on all school buses that enhance the safety of the driver and passengers due to COVID-19 as long as they meet all federal guidelines and regulations. Examples include:
 - a. Hand sanitizer dispensers
 - b. Driver shields
 - c. Passenger curtains.

2. Bus drivers and school bus assistants must implement loading and unloading procedures on a school bus, which will include assigned seating.
3. Bus drivers and school bus assistants must implement loading and unloading procedures on a school bus, which may include assigned seating. If possible, those students who board first should sit all the way to the back, and those who board last should sit in the front. When unloading, the front of the bus should unload first to prevent students from crossing the paths of one another.
4. Student temperature checks are not required. Temperature checking students may be done at school bus stops (or at school). This can be done by the bus driver or a school bus assistant. Policies will need to be developed on what to do with students who have COVID-19 symptoms.
5. Schools and districts should encourage families to have a parent or guardian present until the students are picked up to ensure no student is left unattended at a school bus stop. Implement clear policies and procedures for isolating students with symptoms and transporting them to their homes.
6. Sanitization of a school bus before and after students are transported may be required. Implement procedures for the sanitization of a school bus and determine what staff will complete this type of work.
7. Schools and districts must train all bus drivers and school bus assistants on updated policies and procedures related to COVID-19.

The following are FAQ's regarding School Transportation:

1. **Q:** In regulation, school districts are not allowed to cross district boundaries without an approved boundary agreement signed by the Secretary of NMPED. Can the district cross over district boundaries to deliver food?

A: Yes – 6.42.2.2 [SCOPE] provides that the “[p]rovisions of this rule apply to public school districts where temporary transportation boundaries are established to transport students from an adjoining district within a specified geographic area where it is impractical to transport such students to school within the district where they live.” (Emphasis added.) This rule pertains to the transportation of students, not meals or other goods.

2. Q: In regulation school districts are allowed to pay families a per capita reimbursement for transporting their children to school when it is impractical to send a school bus to transport the students. Can LEAs still pay families a per capita feeder reimbursement for transporting their children to pick up meals?

A: No – 6.43.2.15 [PER CAPITA FEEDER REQUIREMENTS] provide that “[t]he local board may provide per capita or per mile reimbursement to a parent or guardian in cases where regular school bus transportation services are not available or impractical because of distance, road conditions or sparseness of population or in cases where the local board has authorized a parent to receive reimbursement for travel costs incurred by having a child attend a school outside the child's attendance zone.” **In this instance, reimbursement is not available for travel costs incurred for picking up meals, since the rule addresses travel costs for students only.**

3. Q: In regulation, school districts are required to conduct bus evacuations once per semester. Will districts be required to conduct these evacuations due to COVID-19 or can NMPED give a waiver?

A: Bus evacuations under NMAC 6.41.4.9(11) are required. Waivers will be considered on a case by case basis.

4. Q: Can tribal leaders require school district bus drivers to be tested for COVID-19 before they deliver meals on tribal lands?

A: Bus drivers are subject to surveillance testing under [NMPED requirements](#). If tribal leaders require more stringent testing, then bus drivers are subject to tribal policies when traveling to tribal lands under the doctrine of tribal sovereignty.

5. Q: Does the same transportation guidance apply to athletic trips?

A: Yes.

6. Q: What is the guidance regarding transportation of students in SUVs?

A: Smaller vehicles pose more risk to unvaccinated individuals, therefore NMPED recommends the use of a school bus. If there is no other alternative, then SUVs should be used with as few unvaccinated passengers as possible and to the extent possible, keep one unvaccinated individual per bench and staggered, so the students are not directly in front of or behind each other. The windows should be open.



Procedural Considerations

Social Distancing

Social distancing is required for students and staff in schools who have not provided evidence of vaccination. Unvaccinated adults are to maintain 6 feet of social distance to the extent possible from other adults and from students. Unvaccinated students are to maintain 3 feet of social distance to the extent possible, except when eating, exercising, playing wind instruments, and singing or shouting, in which case 6 feet of social distance to the extent possible is required. If schools do not have a means of differentiating enforcement of social distancing requirements based on vaccination status, then all students, staff and visitors are to maintain social distancing requirements. Regardless, schools may require that everyone on campus maintains social distance.

Attendance

The COVID-19 pandemic exacerbated student engagement issues, and during reentry may lead to poor attendance for some students. Prior to dropping a student for 10 consecutive absences, schools must provide interventions as required by the Attendance for Success Act including intensive specialized supports and referral to the probation services office.

Intensive specialized supports may include **referral to Engage NM** for students who meet Tier 3 and Tier 4 criteria for Attendance for Success Act. When LEAs refer students to ENGAGE New Mexico, a dedicated outreach team will reach out to the student/family through multiple modalities (phone, email, text message, social media, and US mail) to engage the family and offer them the on-going support of an academic coach throughout the school year.

Academic coaches work with students/families to support engagement and attendance, address academic performance issues, navigate academic resources in all learning modalities, and connect families with state and community resources. LEAs receive a weekly report identifying student's response to the intervention. Should an attendance referral become necessary in the

future, documentation related to this intervention is provided directly to CYFD by ENGAGE New Mexico. For additional information, contact EngageNM@graduationalliance.com.

If after receiving intensive specialized supports, such as referral to Engage NM, a student continues to have unexcused absences a referral to the probation services office of the judicial district in which the student resides shall be made. Once a referral is received, the probation services office will contact the family and set up a meeting with the student and parents, school officials, and other individuals whom the family requests participate. These meetings may occur at the school, or during the pandemic, may be conducted over Zoom.

Before-school Procedures

A common time for students to socialize in groups is upon arrival at school and before the start of classes. This time period represents a high-risk time for transmitting COVID-19. Recommendations to reduce the risk of virus transmission before school include:

- Staggering arrival times such that there are fewer students entering the school at one time;
- Requiring students to enter classrooms immediately upon arrival at school;
- Requiring teachers to arrive prior to the arrival of buses;
- Providing space and supervision for students who arrive prior to the opening of classes;
- Providing adequate direction and procedural training to students and their families;
- Increasing the number of staff on morning duty (and during transitions) to ensure students maintain social distancing requirements and report directly to class.

Breakfast and Lunch Procedures

- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as the gymnasium or outdoor seating can help facilitate distancing. To the greatest extent possible, students should eat outside, sit on only one side of a table and maintain greater than six feet of distance from others.

- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Promote hand washing before, after, and during shifts, before and after eating, after using the toilet, and after handling garbage, dirty dishes, or removing gloves.
- Improve ventilation in food preparation, service, and seating areas.



Duty schedules may need to be amended to ensure that unvaccinated students maintain social distance while in the cafeteria. Please note that districts and charter schools that serve breakfast and lunch to students in classrooms will still be fully funded for all appropriate federal and state food programs.

It is strongly recommended that grab and go meals be provided for students in remote only instruction.

Classroom Transitions (passing periods)

Cohorting practices will limit classroom transitions; however, it will remain important for schools to develop procedures and to train students and staff on how to move through campus safely.

Schools must:

- Provide adequate supervision during transitions to ensure students are maintaining social distancing requirements;
- Provide training to students and staff with opportunities to practice safe transitions.

Schools should also consider:

- Staggering transition times to limit hallway traffic;
- Limiting hallway traffic to one-way, or if allowing two-way traffic, erecting dividers to separate lanes of traffic;
- Using visual cues, such as tape on the floor, to encourage social distancing.

After-school Procedures

Another common time for students to socialize in groups is upon dismissal. This time period represents a high-risk time for transmitting

COVID-19. Recommendations to reduce the risk of virus transmission after school include:

- Staggering dismissal times such that there are fewer students exiting the school at one time;
- Requiring students to embark buses directly upon dismissal;
- Providing a space and supervision for students who are awaiting pickup;
- Providing adequate direction and procedural training to students and their families;
- Increasing the number of staff on afternoon duty to ensure students maintain social distancing requirements and exit campus expeditiously.

Cleaning

In addition to the deep cleaning of spaces occupied by COVID-19 infectious individuals, schools are to maintain a daily cleaning schedule, particularly for high-touch surfaces. Schools must ensure safe and correct application of disinfectants and keep out of reach of children. See [CDC guidelines for cleaning facilities](#).

Drinking Fountains

Drinking fountains may be used in schools and should be considered high touch surfaces for frequent cleaning.

Singing & Playing Wind Instruments

Music education is an important aspect of a well-rounded education; however, components of music education, such as singing and playing wind instruments, present higher probability of COVID-19 transmission than other school subjects do.



The following COVID safe practices (CSPs) are required for singing and playing wind instruments as part of an instructional class such as band and choir, and as part of co-curricular activities such as band attendance at athletic events.

Key safety requirements (CSPs) to allow for students singing and playing wind instruments include:

- Prohibiting unvaccinated students from sharing of instruments and supplies.
- Implementing and training unvaccinated students on protocols to ensure that students maintain social

distancing (6 feet) while playing and singing, and 3 feet at all other times, especially when assembling and disassembling instruments.

- Using disposable absorbent pads or other receptacles, where possible, to catch the condensation expelled from water keys that will be discarded or cleaned properly after use.

School-related Events

School-related events, including assemblies, dances, award ceremonies, academic competitions and extra-curricular events are permissible.

COVID-safe practices such as social distancing are required for individuals at all school events. Spectators are allowed at school-related events.

Travel

Overnight and out-of-state travel are allowed for students and staff for field trips, athletics, professional development and other important school business. Quarantine is not required upon return (subject to current public health order).

COVID-safe practices are to be enforced during the field trip, including social distancing to the extent possible. It is recommended that field trips be limited to outdoor destinations and that eating and drinking be limited to the outdoors.

Visitors

Adults that come on campus during school hours and who have not provided evidence of vaccination are required to complete a COVID-screening, including temperature check, upon entry. All visitors must follow relevant COVID-safe practices.

Student Lockers

Schools may choose to limit access to student lockers if lockers become a place where groups of unvaccinated students congregate without maintaining social distance requirements.

Enhanced COVID-Safe Practices Required Due to Infectious Cases on Campus (Rapid Response)

All districts and charter schools must create and implement a plan for enhanced COVID-safe practices to protect the health of students, staff and the community.

The required plans for enhanced COVID-safe practices will include:

1. A summary of COVID-safe practices that a district or charter school is currently implementing and all enhanced COVID-safe practices a district or charter school will implement as needed, such as student cohorting, cessation of extra-curricular activities for unvaccinated students, prohibitions on spectators and outside visitors, and other mitigating strategies specific to a school's circumstances, AND
2. A process for evaluating whether there are particular programs, classes, or grade levels exhibiting most of the COVID cases (in order to target interventions specific to those settings).

Districts and charters are to post these plans on the district, school or charter website.

Please note that the NM Department of Health has both the authority and responsibility to temporarily close any public facility, including public schools, if infectious case counts become dangerously high or if your district or charter plans for enhanced COVID-safe practices are insufficient to properly address public health concerns.

COVID-Safe Practices for Youth Sports & Programs

See comprehensive [guidance for NMAA activities covering eligibility to participate, COVID-Safe Practices, resources, and FAQs](#).

- Close communal use locker rooms, or ensure that locker rooms meet sufficient air filtration requirements and are only open when there is sufficient adult supervision to maintain social distancing requirements.
- Conduct practices and competitive play outdoors when possible.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.
- Intensify cleaning, disinfection, and ventilation.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing in pollens that may exacerbate asthma symptoms) to children using the facility.
- Include all coaches and staff (who have not provided evidence of vaccination or of testing positive in the last 90 days) in COVID-19 surveillance testing programs.
- Conduct trainings for students regarding hygiene and safety protocols including proper hand washing, touching of face, covering mouth and nose when coughing/sneezing and social distancing.
- Stagger arrival and drop-off times and locations. Students waiting to be picked up should maintain 3 feet social distancing.
- Establish protocols to limit direct contact with parents.
- Take the temperatures of staff (who have not provided evidence of vaccination) daily with a touchless

thermometer. Individuals with elevated temperatures (above 100.4° F) or with COVID-19 related symptoms should stay home. Implement screenings safely, respectfully, and in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.

- Plan for when a staff, child, or visitor becomes sick. Advise sick staff members not to return until they have met DOH criteria to discontinue home isolation.
- Students who become sick should be picked up immediately. For emergency situations, staff should call 911.

As per guidance from NMAA's Sports Medicine Advisory Committee, any student who has had a COVID-19 infection must complete the self-isolation period and then receive medical clearance from a medical professional using the [COVID-19 Medical Clearance Form](#) before returning to participation in an NMAA sanctioned-activity. Students who have had COVID-19 infections and have received clearance for participation must continue to follow the protocols given for return to activity.

ADDITIONAL RESOURCES

- All Together New Mexico – [COVID-19 Safe Practices Guidance](#)
- New Mexico Department of Health COVID Hotline: 1-855-600-3453 (Available 24/7 in English and Spanish)
- [State of New Mexico COVID-19 website](#)
- [New Mexico Department of Health](#)
- [Centers for Disease Control and Prevention \(CDC\) COVID-19 website](#)
- Occupational Safety and Health Administration (OSHA): [Guidance on Preparing Workplaces for COVID-19](#)
- [CDC Guidelines for Cleaning and Disinfection Community Facilities](#)
- Environmental Protection Agency (EPA): [List N: Disinfectants for Use Against SARS-CoV-2](#)
- [CDC Print Resources in multiple languages](#)
- [CDC Frequently Asked Questions](#)
- List of Suppliers: [COVID-19 Emergency Supply Collaborative](#)
- [Frequently Asked Questions: Children and COVID-19](#)
- [Frequently Asked Questions: Summer Youth Programs](#)

Useful Phone Numbers

Coronavirus

- **Coronavirus Health Hotline**—call for any health-related questions about the Coronavirus: 1-855-600-3453
- **Coronavirus Information Hotline**—call if you have any questions about school closures, job issues, eviction notices, etc.: 1-833-551-0518

Food

- **Assistance obtaining food for school-age children:** 1-505-827-6683
- **SNAP Benefits:** 1-800-283-4465
- **Special Supplemental Nutrition Program for Women, Infants, and Children**—questions on food or formula availability: 1-505-469-0929
- **Special Supplemental Nutrition Program for Women, Infants, and Children**—general questions: 1-866-867-3124

Mental Health

- **New Mexico Crisis and Access Line**—24/7 community and state resources for individuals, families, and agencies concerned with mental health: 1-855-662-7474 or 1-855-227-5485 (TTY)
- **National Hopeline Network:** 1-800-SUICIDE
- **Spanish-Language Suicide Hotline:** 1-866-331-9474
- **Suicide 24/7 Emergency Line:** 575-758-1125
- **Suicide Text Line:** 741741
- **University of New Mexico Mental Health:** 505-272-2800

Additional Resources

- **Alcoholics Anonymous:** 505-266-1900
- **Child Abuse Hotline:** 505-841-6100 or dial #SAFE from a mobile phone (note: #SAFE cannot receive text messages)
- **Domestic Violence Hotline:** 1-800-773-3645
- **Gambling Addiction:** 1-800-522-4700
- **National Child Abuse Hotline:** 1-800-24-ACHILD
- **National Child Abuse Prevention Line:** 1-800-CHILDREN
- **National Human Trafficking Hotline:** Call 1-888-373-7888 (TTY: 711) *Text 233733
- **National Domestic Violence Hotline:** 1-800-799-SAFE (7233)
- **National Domestic Violence Hotline (Español):** 1-800-942-6908
- **National Domestic Violence Hotline**—TTY, text telephone for deaf, hard of hearing, or speech-impaired): 1-800-787-3224
- **National Runaway Switchboard:** 1-800-637-0701 Ext. 118
- **National Sexual Assault Hotline:** 1-800-656-HOPE
- **National Teen Dating Abuse Help:** 1-866-331-9474
- **Native American Professional Parent Resources:** 505-345-6289
- **New Mexico Healthcare Worker and First Responder Support Line:** 855-507-5509
- **New Mexico Legal Aid:** 505-633-6694
- **New Mexico Rape Crisis Center:** 505-266-7711
- **New Mexico Substance Abuse Helpline:** 1-855-505-4505
- **Poison Control:** 1-800-222-1222
- **Pull Together:** 1-800-691-9067