Student Symptom Decision Tree

Fever (≥100.4°F)

Low-risk: general symptoms



Sore throat



Cough

High-risk: red flag symptoms



Congestion/runny nose



Headache



Difficulty breathing



Nausea/vomiting/diarrhea



Fatigue/muscle or body aches



.oss of taste/smell

Exposure to a COVID-19 positive person?

within 6 ft of a COVID + or clinically compatible person for >15 min in a 24 hr period, regardless of masking, and occurring in any location (indoor or outdoor)

NO

▶1 low risk symptom



Send home



Return to school 24 hrs after symptom resolution (without fever reducing

▶≥2 low risk symptoms



Send home



medication). Consider an evaluation

by health care provider

Health care provider confirms alternative diagnosis for symptoms. A health care provider's note must be on file. Certified SARS-CoV-2 PCR or Antigen lab-confirmed not needed



and symptoms improving

Return to school after 24 hrs without fever

Return to school after 24 hrs without fever



Positive certified SARS-CoV-2 PCR or Antigen lab-confirmed test

Negative certified SARS-CoV-2 PCR

or Antigen lab-confirmed test



and symptoms improving Return to school after 10 days since symptom onset and 24 hrs with no fever without the use of fever-reducing



No provider visit or test



medications and other symptoms of COVID improving. Quarantine close contacts of confirmed cases. Contact HCA if questions.

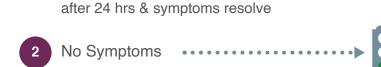


(within 6 feet for >15 min in a 24 hr period, regardless of masking)

► <u>Vaccinated or Documented COVID within 90-days</u>



- Isolation for 10 days regardless of testing Upon return to school, mask indoors and
- outdoors for 14 days from last exposure

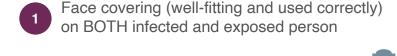


For 1 low risk symptom may return to school

- No quarantine
 - Continue to monitor for symptoms through day 14 Test** required on day 3-5 after date of last

 - No required testing if previously infected within the past 3 months (Lab documented)

Unvaccinated





Modified quarantine:

- · If no test**, home from school for 10 days May attend school in person
- · Always wear a mask indoors. Wear a mask outdoors when around others through day 14 from last exposure.
- *≥2 low-risk or 1 high-risk symptom for 1 low risk symptom may return to school after 24 hrs & symptom

Symptoms* develop ••

- Tests** 2 x per week for the first 10 days at least 3 days apart The exposed student may participate in
- resolution & complete modified quarantine already under way
- all required instructional components of the school day, except when masks cannot be worn. No participation in extracurricular activities at school, including sports, is allowed within the community setting.
- **All tests must be certified SARS-CoV-2 PCR or Antigen Laboratory Confirmed tests.
- May return to extracurricular activities at school on day 8 after the last exposure if test** is negative on/after Day 5.
- No face covering on EITHER infected or exposed person
- May return to extracurricular activities on/after day 11 from last exposure if no test** is taken.
- Symptoms* *≥2 low-risk or 1 high-risk symptom
- Isolation for 10 days regardless of test** results Get a test**
- for 1 low risk symptom may return to school after 24 hrs & symptom resolution & complete shortened quarantine already under way
- No symptoms
- Get care

**All tests must be certified SARS-CoV-2

and adolescents (11.02.2021).

PCR or Antigen Laboratory Confirmed tests.

Shortened quarantine:

- May return to school after day 7 (day 8) following a negative test** obtained on or after day 5 from last exposure
- · Always wear a mask indoors. Wear a mask outdoors when around others through day 14 from last exposure. If no test** is taken, home
- from school for 10 days. The exposed student may participate in
- all required instructional components of the school day, except when masks cannot be worn. No participation in extracurricular activities at school, including sports, is allowed within the community setting.
- May return to extracurricular activities at school on day 8 after the last exposure if test** is negative on/after
- on/after day 11 from last exposure if no test** is taken.

May return to extracurricular activities



This care pathway was designed to assist school personnel and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health care provider,

including school nurses. This guidance is based on current evidence and best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children

For more detailed guidance, see the California Department of Public Health: https://www.cdph.ca.gov/

COMMON QUESTIONS & ANSWERS

FACE COVERINGS

Q. Why does the AAP still recommend universal masking in schools?

- 1. To reduce COVID transmission and keep schools open so that kids can attend school
- 2. Newly discovered variants of COVID are more easily spread among children, adolescents, and adults
- 3. To protect unvaccinated students, some who are not yet eligible for immunization, from COVID
- 4. Difficulty in monitoring or enforcing mask policies for those who are not vaccinated

Q. Do you recommend COVID vaccination?

A. We strongly urge that all eligible students receive the COVID vaccine as recommended

Q. When does a child need to wear a mask at school?

A. According to the CDC and CDPH, masks should be worn inside, regardless of immunization status. Masks are not required outside. "Exposure" in the Student Symptom Decision Tree can occur indoors or outdoors.

Q. When do faculty and staff need to wear a mask at school?

A. Teachers, regardless of immunization status, should remain masked when indoors at school, regardless of whether a student is present.

PHYSICAL DISTANCE

Q. Do we still need to enforce physical distancing in schools?

A. When masks are worn, there are no physical distancing requirements in the K-12 setting, which includes school transportation. During times when masks come off, such as during snack, lunch, or outside breaks, maximize physical separation as much as possible to reduce transmission of COVID.

GENERAL HEALTH & SCREENING TESTING RECOMMENDATIONS

Q. How does a health screener know whether a student with minor symptoms should be sent home?

- A. Refer to the updated 2021 Student Symptom Decision tree
- B. Considerations when determining if a student with Covid symptoms should go home:
 - Does the student have any previously reported health concerns that may have similar symptoms as Covid such as allergies, asthma, diabetes, or IBS?
 - Has the child had exposure to other illnesses, i.e., the mother has a cold, but a negative COVID test?
 - If the student has a cough, is the cough continuous or rarely noted? If the cough is explained by a known health issue and does not last longer than 15 minutes, consider allowing the student to rest.
 - If the child's symptoms (i.e., runny nose or congestion) are only rarely noted and do not impact his/her ability to wear a mask, consider allowing him/her to stay at school. If the symptoms worsen and impact the child's ability to wear a mask, the child should be sent home.

CASE REPORTING/CONTACT TRACING/INVESTIGATION

Q. Is the school responsible for case reporting and contact tracing?

A. Schools are required to report COVID cases to the local public health department in accordance with applicable privacy laws as soon as they are informed (Title 17, section 2500). Districts must continue to conduct contact tracing for close contacts (less than 6-feet of separation, masked or unmasked, with contact duration > 15 minutes) that occur in indoor or outdoor environments.

QUARANTINE & ISOLATION RECOMMENDATIONS (refer to Student Symptom Decision Tree)

Q. Which COVID screening tests are acceptable?

A. Any FDA-approved screening test will be considered acceptable.

Q. What if a family member or close contact in the household also has COVID and is contagious?

A. Define 'last exposure' as the point in which an individual no longer has close contact with a COVID + person or someone clinically compatible while they are considered contagious (10 days from the onset of symptoms or 14 days from the time of positive test for asymptomatic individuals) for a 15-min. in a 24-hour period, regardless of masking.

HAND HYGIENE RECOMMENDATIONS:

Q. Is hand washing still a critical mitigation strategy?

1. Yes! Please teach and reinforce washing hands throughout the day, especially before and after eating, after using the toilet, and after handling garbage, using playground equipment, or removing gloves.

CLEANING RECOMMENDATIONS

Q. How often should indoor surfaces be cleaned to keep students and faculty safe?

A. Cleaning classrooms & shared P.E. equipment once a day is often enough to remove a potential virus that may be on surfaces. Surfaces that encounter food should be washed, rinsed, and sanitized before and after meals. Use recommended cleaning agents (see U.S. Environmental Protection Agency COVID list).

VACCINATION VERIFICATION

Q. Should schools try to keep track of COVID vaccinations?

A. Schools should maintain documentation of a student's immunization records, including COVID, in compliance with California state regulations (Health & Safety Code, Div. 105, pt. 2, Ch. 1).

SCHOOL SAFETY PLANS: Establish and share your safety plans, outlining expectations, guidelines, and consequences for failure to adhere to important COVID-related protocols. Clarify roles and responsibilities (health screening personnel, food service staff, COVID liaison to report cases and conduct contact tracing, lunch supervision to maximize physical distance, and staff to oversee cleaning and sanitization). Refine and update plans as necessary.