

Scenario-based COVID-19 Guidance for Schools, Childcare and Youth Programs



Scenario	Action	Communication
Someone has symptoms of COVID-19	<p>Send home and recommend testing ASAP. They should stay home until a determination can be made as to how to proceed, based on following scenarios.</p> <p>Cohort remains OPEN</p>	Reinforce importance of hand hygiene and facial coverings
Someone has a negative PCR result after symptoms of COVID-19	<p>To determine when they can return to campus, follow your site's policy for non-COVID illnesses. Might include:</p> <ul style="list-style-type: none"> ✓ No fever for 24 hours without use of fever-reducing medication ✓ No vomiting or diarrhea for 24 hours <p>If new symptoms develop after test, stay home and test again</p>	If symptomatic and received negative antigen result , should confirm results by PCR before allowing to return
A symptomatic person declines to get tested	Must provide proof of alternate diagnosis from their healthcare provider (and meet site's illness policy criteria before returning) OR they should complete 10 days of isolation (beginning the day after symptom onset) and meet Isolation Release Criteria (below) prior to returning	Encourage testing to confirm COVID-19 status , so that they may be exempt from future quarantine if exposed during the following 90 days ¹
Someone has been confirmed positive for COVID-19	<ul style="list-style-type: none"> • Send home with instructions to isolate for at least 10 days, beginning the day after the first symptoms occurred, or beginning the day following their positive test was collected if they have no symptoms • They may return on Day 11 or later, when they meet the Isolation Release Criteria: <ul style="list-style-type: none"> • Symptoms have improved • They have been fever-free for at least 24 hours, without using medication (such as Tylenol or Motrin) • If the COVID-19 case was present on site within the last 24 hours, clean and disinfect spaces occupied by that person ❖ Identify any individuals who may have been close contacts² to the COVID-19 case while they were on site during their infectious period, including students, staff or visitors ❖ Follow the current quarantine guidelines for close contacts (next page) to determine who needs to quarantine, for how long, when they should get tested³ and when they can return on site⁴ 	<p>Report confirmed COVID-19 case to Public Health: Use the SPOT Portal or email SRT@DPH.SBCOUNTY.GOV</p> <p>Notify Close Contacts about the exposure, using the applicable "Close Contact Advisory." Be sure to include details about when they should get tested and when they may return on site.</p> <p>Recommended: Notify all other staff and families of children in the class/school about the COVID-19 case using the "General Exposure Advisory"</p>

¹ After testing positive for COVID-19, it is not advised for individuals to test again for the following 90 days. It is possible that they may continue to test positive as their bodies shed dead viral fragments and some tests may pick up on this genetic material. Asymptomatic individuals can be exempt from quarantine for 90 days following recent infection.

² "Close contact" is generally defined as being within 6 feet of an infected individual for 15 minutes or more over the course of a day. People can be determined as close contacts in less than 15 minutes if they share eating utensils or drinks or have direct physical contact with an infected individual (hugging, kissing or playing moderate/high-contact sports together).

³ In certain circumstances, it is strongly advised that close contacts to do an initial test immediately after exposure, especially if there are 3 or more positive cases identified. If negative, testing should be repeated later in the quarantine period, based on current quarantine guidelines and recommendations. A negative result on an early test does not guarantee that they will not develop COVID-19 later in their quarantine period.

⁴ They must have developed no symptoms and test negative on/after the proper day to be released early from quarantine. Close contacts who are tested too soon (or not at all) after an exposure will not be released early from quarantine. They should continue to monitor for symptoms for the full 14 day period. If symptoms develop and no test is completed, an additional 10 days of isolation (beginning the day after symptom onset) must be completed before returning on site.

Quarantine & Isolation Guidelines

for Schools, Childcare and Other Youth Settings



Fully-Vaccinated	Guideline
A <u>fully-vaccinated person</u> was in close contact with a COVID-19 case	No quarantine required - may continue returning to school and/or work as long as they remain asymptomatic. Monitor for symptoms for 14 days after last exposure. Recommended to test 3-5 days after last exposure, or ASAP if symptoms develop.

Unvaccinated (or partially-vaccinated)	Guideline
A person (not fully-vaccinated) was a close contact to a confirmed COVID-19 case while <u>outside of the K-12 school setting</u> (exposed at home, in the community, at sports practice, preschool, college, etc.)	They must complete at-home quarantine .
An employee/staff member (not fully-vaccinated) was in close contact with a confirmed COVID-19 case	They must complete at-home quarantine .
K-12 Student (not fully-vaccinated) was a close contact to a COVID-19 case in a K-12 school setting and both the case and contact were wearing masks during the exposure ("mask-on-mask" exposure)	They qualify for Modified quarantine .
K-12 Student (not vaccinated) had close contact with a confirmed COVID-19 case while at school, but either the case or the contact were not wearing a mask for <u>any</u> portion of the exposure period ("unmasked" or "partially-masked" exposure)	They do not qualify for Modified quarantine. They must complete at-home quarantine .

Type of Quarantine	Protocol
At-home Quarantine	<p>Quarantine at home for 7-10 days, Day zero being the date of last exposure.</p> <p>If they remain asymptomatic:</p> <ul style="list-style-type: none"> • May discontinue quarantine after Day 7, if tested negative on/after Day 5 • May discontinue quarantine after Day 10, if declined testing on/after Day 5 <p>Monitor for symptoms through Day 14</p> <p>➤ If symptoms develop, they should begin isolation ASAP and get tested</p>
Modified Quarantine	<p>Must quarantine for 7-10 days (following protocol above). May not participate in any extracurricular activities, including sports and all other community activities.</p> <ul style="list-style-type: none"> • They may continue returning to school for in-person instruction if: <ul style="list-style-type: none"> ✓ They remain asymptomatic ✓ They test 2x (PCR or antigen) during 10-day period ✓ They continue to appropriately mask and use proper hand hygiene <p>➤ If symptoms develop, they should begin home isolation ASAP and get tested</p>

Scenario-based FAQ

FAQ - Scenario	Recommendation
<p>Scenario A:</p> <p>A student at our school has a sibling who has been exposed to COVID-19 and is in quarantine.</p> <p>Can our student continue coming to school?</p>	<p>It is best for the exposed sibling (Sibling A) to separate from others in the home (separate bedroom and bathroom), in case they become infectious during their quarantine. Regardless of whether or not they are able to separate, the student who is not quarantining (Sibling B) may continue coming to school.</p> <p>If Sibling A begins developing symptoms, they should be tested ASAP. If Sibling A tests positive and has been in close contact with Sibling B (starting 2 days prior to their symptom onset or starting 2 days prior to their positive test date if they had no symptoms), Sibling B must stay home and not return to school until after completing their at-home quarantine.</p>
<p>Scenario B:</p> <p>A student at our school tested positive for COVID-19 and they were in multiple classes during their infectious period.</p> <p>Do all of the students in those classes need to quarantine?</p>	<p>Only the individuals who were in close contact to the COVID-19 case will be required to quarantine (if not vaccinated). This may not be the entire classroom if a strict classroom seating charts have been maintained (including at lunch tables, when 6-foot spacing cannot be maintained).</p> <p>The COVID Coordinator should work with the school to determine if they can confidently confirm who may have been a close contact. If this cannot be confidently confirmed, it may be best to consider the entire class as close contacts, as a precaution.</p>
<p>Scenario C:</p> <p>An athlete at our school tested positive. The day they got their result, they went and got re-tested at their primary care provider's office, which has come back negative.</p> <p>Do they still need to continue isolation?</p>	<p>Generally, negative results cannot supersede a recent positive result - meaning, yes, they need to continue isolation.</p> <p>For more details on this topic, please refer to our Testing Algorithm, found on our COVID-19 Testing Fact Sheet. There are instances where a positive antigen result should be confirmed by PCR (when the person is asymptomatic).</p> <p>Additionally, it is not recommended for people to re-test (during the next 90 days) after receiving a confirmatory positive result (see footnote¹ of page 1)</p>
<p>Scenario D:</p> <p>An athlete at our school tested positive for COVID-19 and was at practice all week.</p> <p>Does their entire team need to quarantine?</p>	<p>Not necessarily. Schools should consider the full definition of a "close contact" (see footnote² of page 1) when determining who needs to quarantine. Exposure can occur very quickly during direct physical contact, therefore, some activities don't require the 15 minutes to be considered close contact.</p> <p>Different sports carry different levels of risk depending on if they are played indoors or outdoors and whether they are low contact or moderate-to-high contact activities.</p> <p>In moderate-to-high contact activities, such as football or basketball, the entire team may have had direct physical contact during play and therefore are considered exposed. When investigating exposure, schools should consider if players congregated on sidelines, in locker rooms or before/after practice. Any player(s) who meet the criteria to be considered a close contact should quarantine (at home) unless fully-vaccinated and asymptomatic.</p>

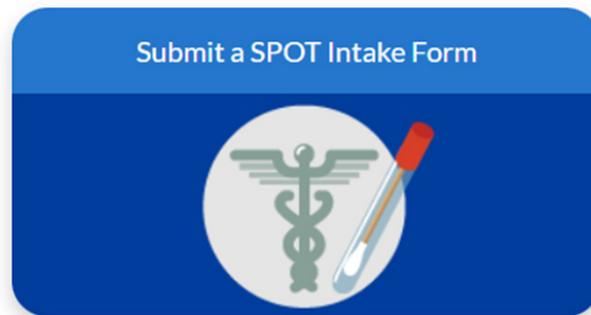
Scenario-based FAQ (2)

FAQ - Scenario	Recommendation
<p>Scenario E: Childcare exposures</p> <p>A COVID-19 positive child at our daycare was present while infectious. Do all of the kids in their cohort need to quarantine?</p>	<p>In the daycare setting, proper mitigation measures (masking, distancing, etc.) and strict classroom seating charts are not always maintained.</p> <p>Because of the nature of the setting, it is not common for daycare/preschool sites to be able to confidently confirm who was and was not in close contact to the infectious case, unless the case is an infant who had minimal contact with others during the day. It may be best to quarantine the entire stable group, as a precaution.</p>
<p>Scenario F: Exposure in the home</p> <p>A student (not vaccinated) at our school/program has a household member who is positive for COVID-19.</p> <p>When can they come back to school?</p>	<p>If the student has had close contact to a positive household member, they must quarantine at home (they are NOT eligible for modified quarantine).</p> <p>If they <i>cannot</i> separate completely from the positive household member, then they are being continually exposed in the home - this means the child's quarantine "clock" does not begin until after their final exposure to the positive case - final exposure may end up being the positive case's last day of their isolation/infectious period.</p> <p>If the student can completely separate, then their quarantine can begin the day after they completely separated (the day after last exposure).</p> <p>Complete separation in the home: separate bedroom, bathroom (or use at different times of day with appropriate disinfection after use), 6ft+ physical distance, plus wearing masks while in common spaces</p>
<p>Scenario G: Allergy Symptoms</p> <p>A student at our site has sniffles or sneezing (mild symptoms).</p> <p>Do we send them home?</p> <p>Do they need to be tested?</p> <p>When can they come back?</p>	<p>When addressing children with mild symptoms, an informed decision about whether to send the child home should be made on a case-by-case basis. This decision can be made by the school nurse or COVID liaison.</p> <p>Schools should consider if the child in question has a documented health history of allergies, if the child regularly experiences seasonal allergies and has symptoms that match their typical allergy symptoms, etc.</p> <p>However, if the child has any other COVID-19 symptoms in addition to the runny nose/allergy symptom, a possible recent exposure to COVID-19 or the runny nose fluid is not clear - then staying home, monitoring and testing are recommended.</p> <p>If a child is sent home with symptoms (even mild ones), it is recommended they test right away for COVID-19. Those who do not test or receive an alternate diagnosis from a primary care provider will need to complete a minimum 10 day isolation as described in scenarios above.</p> <p>Those who test negative after symptom onset can return onsite when they meet the site's non-COVID illness criteria.</p>

Exposure Reporting Information

Upon learning that a staff, student or visitor has tested positive for COVID-19 and has exposed people on site (or was previously exposed on-site and is now positive), please use the “[SPOT](#)” to report to Public Health or email: SRT@DPH.SBCOUNTY.GOV.

1. Submit a SPOT Intake Form online.



2. After reporting, a School Specialist Investigator will be reaching out to you to you to provide more information.
3. Please notify close contacts of the exposure and instruct for them to begin applicable quarantine. *See the Scenario-based Guidance and sample exposure advisory letter templates.*

Please note: When notifying close contacts and discussing their COVID-19 exposure, **do not disclose the identity of the person who tested positive**, as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act (FERPA).