Student Symptom Decision Tree

Low-risk: general symptoms

High-risk: red flag symptoms





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 and adolescents (10.04.2021).

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.