

Student Healthy at School Protocol

1. Parents should complete a quick health assessment, including a temperature check, before sending their student to school. If there are no symptoms observed, the student should proceed to school as normal.
2. Each school will develop and communicate to families the procedure for daily entry/exit to the school building. The procedure will include information on traffic patterns, drop off times, which entrance to use and other details to needed to maintain a safe and orderly entry/exit.
3. All students will have their temperature taken prior to entry to the school building. Bus riders will have their temperature taken prior to entering the school bus.
4. If a student shows any symptom (fever, chills, shortness of breath/difficulty breathing, new cough, new loss of taste or smell, or gastrointestinal symptoms), the student must be isolated until the parent can pick up the child. The parent will be told to notify their health care provider.
5. Parents need to notify the school of a COVID-19 related absence.
6. Students are required to self -isolate when they are sick.
7. The school must notify the health department.
8. The school must provide relevant data to the contact tracing team.
9. A student sent home with COVID-19 symptoms who has a negative test or the symptoms have subsided may return to school once they are fever free (without medication) for 72 hours and have no other COVID-19 related symptoms.
10. See the guidance below from the CDC.

For Persons with COVID-19 Under Isolation:

The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

1). Symptom-based strategy

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*.

2). Test-based strategy Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever **without** the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

For Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:

Options now include both a 1) time-based strategy, and 2) test-based strategy.

1). Time-based strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2). Test-based strategy A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Other Considerations

The symptom-based, time-based, and test-based strategies may result in different time frames for discontinuation of isolation post-recovery. For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.

Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been **exposed** to COVID-19. CDC recommends 14 days of quarantine **after exposure** based on the time it takes to develop illness if infected. Thus, it is possible that a person *known* to be infected could leave isolation earlier than a person who is quarantined because of the *possibility* they are infected.

This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all. Employers and local public health authorities can choose to apply more stringent criteria for certain persons where a higher threshold to prevent transmission is warranted.

For certain populations, a longer timeframe after recovery may be desired to minimize the chance of prolonged shedding of replication-competent virus. Such persons include:

- [healthcare personnel](#) in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19 and
- [persons who have conditions that might weaken their immune system](#) which could prolong viral shedding after recovery.

Experience from other respiratory viral infections, in particular influenza, suggests that people with COVID-19 may shed detectable viral materials of unknown infectious potential for an extended period of time after recovery. The best available evidence suggests that most persons recovered from illness with detectable viral RNA (either persistent or recurrent) are likely no longer infectious, but conclusive evidence is not currently available. Prolonged viral shedding has been demonstrated without direct correlation with replication competent virus. Although persons may produce PCR-positive specimens for up to 6 weeks, it remains unknown whether these PCR-positive samples represent the presence of infectious virus. Such persons should consult with their healthcare provider; strategies to address this might include additional PCR testing. When a test-based strategy is not feasible or desired, consider consultation with local infectious disease experts about discontinuing home isolation for patients who might have prolonged viral shedding, including those who are immunocompromised.