Response to a Laboratory Confirmed Case of COVID-19 and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps

Updated July 21, 2020

This guidance accompanies the “Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps.”

This guidance applies to persons with a laboratory confirmed case of COVID-19, regardless of whether they have symptoms, and persons with COVID-19-like illness. Exclusion, quarantine and return to school for a person with laboratory confirmed COVID-19 or persons with symptoms of COVID-19-like illness is based on CDC and Maryland Department of Health/Maryland State Department of Education guidance and is to be implemented by local school systems in collaboration with the local health department.

For the purposes of this guidance, symptoms of COVID-19-like illness include those that meet:

1. New onset cough or shortness of breath; OR
2. At least 2 of the following: fever of 100.4°F or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, or gastrointestinal symptoms (nausea, vomiting or diarrhea).

NOTE: This definition was adapted from the clinical criteria in the CDC case definition of a probable case of COVID-19.

The guidance below is meant to supplement, where necessary, current communicable disease outbreak investigation processes, current school health services illness management processes, and current local health department COVID-19 response processes. The guidance below is designed to expedite notification, isolation, and quarantine of school staff and/or students, as indicated, when a person notifies the school they/their child has a laboratory confirmed case of COVID-19, regardless of whether the person has symptoms, or exhibits symptoms of COVID-19-like illness. The specific processes to implement this guidance within each school system are to be developed and carried out as a collaboration between the local school system and the local health department.
1. Communication
   a. School systems should develop processes to inform staff and parents that they are expected to notify the school as soon as they are made aware that they/their child has tested positive for the virus that causes COVID-19 or that they/their child has been exposed to a person who is confirmed to have COVID-19;
   b. School systems should communicate to parents the expectation that ill students MUST be picked up within a specified period of time;
   c. The school should have a plan for how parents are to notify the school of a positive test result or exposure to ensure confidentiality;
   d. Schools should have a plan to collaborate and coordinate with the local health department regarding school contact tracing procedures including determining the role of the school nurse, the school administrator, and the local health department; and
   e. The school system should develop communication templates for notification of contacts of persons who are confirmed to have COVID-19.

2. Notification of contacts who must quarantine
   a. The local health department should lead the process of contact tracing;
   b. The school should work with the local health department to identify persons who may have had close contact with the person testing positive for COVID-19;
   c. Schools should provide written notification to all identified contacts. The notification should include the following:
      i. When to seek medical care
      ii. How to monitor for symptoms
      iii. Who to contact and how to contact them if they develop symptoms of COVID-19 while under quarantine
      iv. The projected length of quarantine if remain asymptomatic
      v. Plan for maintaining remote learning for those who remain well enough to engage in learning while under quarantine
      vi. Information about local COVID-19 testing sites

3. Isolation, Exclusion, Quarantine, and Return to School
   a. If a student or school staff member develops symptoms of COVID-19-like illness during the school day, the school should:
      i. Safely isolate the person in the designated isolation area and place a surgical mask on the person if they are not wearing a cloth face covering as appropriate;
      ii. The SHS staff member should don the appropriate PPE and conduct the appropriate determination of the student’s condition based on presenting symptoms;
      iii. Begin the process for the person to vacate the school as soon as possible;
b. When a school is informed of a laboratory confirmed case of COVID-19 in a student or school staff member, regardless of whether the person had symptoms, the school should begin the process for identifying close contacts and begin the notification process in collaboration with the local health department;

c. The school should follow the “Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps” (see attachment) for persons with a positive test for COVID-19 or have COVID-19 like illness, regardless if they have been tested, and those who had close contact with the person with COVID-19-like illness;

d. The school should follow the instructions from the local health department for all matters regarding quarantine, exclusion and return to school for persons with a positive test for COVID-19 and those who had close contact with the with COVID-like illness; and

e. If the number of laboratory confirmed cases of COVID-19 or persons with Covid-19-like illness meets the definition of an outbreak, the response decisions, including possible school closure, will be made by the local health department.
Decision Aid: Exclusion and Return for Laboratory Confirmed COVID-19 Cases and Persons with COVID-19-like Illness in Schools, Child Care Programs, and Youth Camps

For the purposes of this decision aid, COVID-19-like illness is defined as: New onset cough or shortness of breath OR At least 2 of the following: fever of 100.4° or higher, chills, shivering, muscle pain, sore throat, headache, loss of sense of taste or smell, and gastrointestinal symptoms (nausea, vomiting or diarrhea). NOTE: This definition was adapted from the clinical criteria in the CDC case definition of a probable case of COVID-19.

Person (child, care provider, educator, other staff) with ONE NEW symptom not meeting the definition of COVID-19-like illness.

Exclude person and allow return when symptoms have improved and criteria in the Communicable Diseases Summary have been met as applicable. If person develops symptoms of COVID-19-like illness, follow processes below for person with COVID-like illness.

An asymptomatic person (child, care provider, educator, other staff) tests positive for COVID-19.

The ill person should stay home at least 10 days since symptoms first appeared AND until no fever for at least 24 hours without medication AND improvement of other symptoms.

The asymptomatic person must stay home for 10 days from positive test.

Close contacts should stay home for 14 days from the date of last exposure even if they have no symptoms or they have a negative COVID-19 test done during quarantine.

Close contacts DO NOT need to remain at home as long as they remain asymptomatic.

Person (child, care provider, educator, other staff) with COVID-19-like illness.

• Exclude person and recommend that they talk to their health care provider about testing for COVID-19 or whether there is another specific diagnosis.
• The person must isolate pending test results or evaluation by their health care provider.
• Close contacts of the ill person should quarantine per CDC guidelines.

Person has positive test for COVID-19.

The person should stay home until symptoms have improved and criteria in the Communicable Diseases Summary have been met as applicable.

Person does not receive a laboratory test or another specific alternative diagnosis by their health care provider.

The asymptomatic person must stay home for 10 days from positive test.

Health care provider documents that the person has a specific alternative diagnosis (e.g. influenza, strep throat, otitis) or health care provider documents that symptoms are related to a pre-existing condition.

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Person should consider being tested/retested for COVID-19 if symptoms do not improve.

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