



Responding to Students or Staff with Symptom(s) of COVID-19 in Child Care, Camps, PK-12 Schools, and Institutes of Higher Education

Updated August 26, 2020

COVID-19 Symptoms¹

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Probable Case Definition²

At least one of the following symptoms: new cough, shortness of breath or difficulty breathing, new olfactory and taste disorder(s)

-OR-

At least two of the following symptoms: fever, chills, muscle or body aches, headache, sore throat, fatigue, congestion or runny nose, nausea or vomiting, diarrhea

A COVID-19 diagnostic test is required for all probable cases

Symptoms	COVID-19 diagnostic test required?*
Cough	YES
Shortness of breath or difficulty breathing	YES
New loss of taste	YES
New loss of smell	YES
Fever (temperature greater than 100.4° or felt feverish to the touch)	YES, if <u>two or more</u> of these symptoms are present NO, if <u>only one</u> of these symptoms is present
Chills	
Muscle or body aches	
Headache	
Sore throat	
Fatigue	
Congestion or runny nose	
Nausea or vomiting	
Diarrhea	

* If the test is negative, person can return to work/school/child care when they have been fever free for 24 hours without fever medication and symptoms improved (back to usual health).

If the test is positive, the person must isolate and can return to work/school/child care when CDC/RIDOH symptom-based criteria for ending isolation have been met. The test-based strategy for ending isolation is not recommended.³

Scenario 1: Symptomatic person who **is not** a probable case

- The symptomatic person is dismissed and is advised to seek medical advice.
- Parent/guardian or patient should monitor symptoms, seek medical advice as needed, and obtain testing if advised.
- A COVID-19 test result is not required but should be considered with any presenting symptom(s) at the discretion of the treating healthcare provider. Some patients with COVID-19 have presented with only one mild symptom or atypical symptoms (i.e. only with diarrhea or other GI complaints) and patients or providers may prefer to test in situations even when probable case definition is not met.
- For symptomatic people, if a rapid diagnostic test (PCR or antigen) is negative, a confirmatory diagnostic COVID-19 PCR test should be sent to a lab.
- The symptomatic person may return to work/school/child care when:
 - They are 24 hours fever free (without use of fever medication) and
 - Symptoms are improved (back to usual health).
- If the symptomatic person is a minor, a parent/guardian may complete the [After-Illness Return Attestation](#) that resolution of symptom criteria to return have been met. A note from a healthcare provider is not required.
- A staff person may self-attest or may complete the [After-Illness Return Attestation](#) that resolution of symptom criteria to return have been met. A note from a healthcare provider is not required.

Scenario 2: Symptomatic person who is a **probable case**

- The symptomatic person is dismissed and is advised to seek medical advice.
- A COVID-19 diagnostic test is required.
- Notify Rhode Island Department of Health's (RIDOH) COVID-19 Unit of the probable case by calling **401-654-6990** or by e-mail (colleges only) RIDOH.COVIDHigherEd@health.ri.gov.
- Probable case report includes:
 - Patient name and date of birth;
 - Parent/guardian name and phone number;
 - School or program attended;
 - History of symptoms and time of onset; and
 - Results of rapid test and/or name of the lab processing the sample.
- For symptomatic people, if a rapid diagnostic test (PCR or antigen) is negative, a confirmatory diagnostic COVID-19 PCR test should be sent to a lab.
- RIDOH calls the parent/guardian/student/staff to obtain additional history, as needed.
- The symptomatic person must isolate at home (or isolation housing for college students) while awaiting COVID-19 test result.
- Household contacts (roommates are considered household contacts) must quarantine pending the symptomatic person's COVID-19 test result. If feasible, it is ideal for each close contact to quarantine in a location separate from the symptomatic person and separate from other close contacts.
- Quarantine of additional close contacts pending probable case test results may be advised by RIDOH when one or more confirmed cases have occurred in the school or program within the past 14 days.
- Close contacts who have tested positive in the past 90 days do not have to quarantine. They are considered to have short term immunity for 90 days after infection.³

- When test results are obtained:
 - Follow Scenario 3 if probable case test result is positive.
 - Follow Scenario 4 if probable case test result is negative.

Scenario 3: Person tests positive (confirmed case)

- Notify RIDOH's COVID-19 Unit of the positive test result by calling **401-654-6990** or by e-mail (colleges only) RIDOH.COVIDHigherEd@health.ri.gov
- The confirmed case must continue to isolate and will receive a case investigation phone call from RIDOH.
- RIDOH calls the confirmed case and conducts the case interview and contact tracing.
- RIDOH calls the school or program to obtain the list of close contacts from the school or program, advise on further actions or closures, and provide communications materials.
- RIDOH provides isolation instructions to the confirmed case.
- RIDOH calls close contacts and provides quarantine instructions.
- RIDOH counsels that for persons diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 90 days after the date of symptom onset of the initial COVID-19 infection.³

Close contact quarantine

- Close contacts must quarantine for 14 days from the last day of exposure to the case.
- All close contacts should self-monitor for COVID-19 symptoms and promptly report any new symptoms to their healthcare provider, RIDOH, or school/program staff.
- If feasible, it is ideal for each close contact to quarantine in a location separate from the symptomatic person and separate from other close contacts.
- If a close contact remains in the same household, the contact must quarantine throughout the case's isolation period (10 days) and for an additional 14 days from the date of the case's end of isolation. A household contact who has ongoing exposure to the confirmed case is usually quarantined for at least 24 days.
- RIDOH may recommend testing of close contacts in certain situations. This is for asymptomatic case finding. Testing negative is not an alternative to completing quarantine. Close contacts must quarantine for 14 days from the last day of exposure to the case.
- Close contacts who have tested positive in the past 90 days are assumed to have immunity from COVID-19 for 90 days after infection. They do not have to quarantine but are instructed to self-monitor for symptoms and seek medical attention for any symptoms of COVID-19.³

Case isolation

- Confirmed case must isolate until CDC/RIDOH symptom-based criteria for ending isolation are met:
 - For a **symptomatic** person testing positive:
 - Use the symptom-based strategy for discontinuing isolation:
 - **Fever free for 24 hours (without use of fever medication); AND**
 - **Symptoms have improved; AND**
 - **10 days since symptoms first appeared (20 days if severely immunocompromised⁴).**
 - For an **asymptomatic** person testing positive:
 - Use the time-based strategy for discontinuing isolation:
 - **10 days since date of specimen collection (20 days if severely immunocompromised⁴).**
If symptoms develop, use the symptom-based strategy above.

Note: The test-based criteria for ending isolation is not recommended.³ After a person is diagnosed with COVID-19 by a positive test and completed the recommended isolation, additional tests are not necessary or recommended and are strongly discouraged.

Documentation

- A parent/guardian, if the symptomatic person is a minor, or adult may complete an [After-Illness Return Attestation](#) that criteria for ending isolation have been met. A note from a healthcare provider is not required.
- A staff person may self-attest or may complete an [After-Illness Return Attestation](#) that criteria for ending isolation have been met. A note from a healthcare provider is not required.
- RIDOH can provide a note to the confirmed case documenting release from isolation.
- RIDOH can provide a note to close contacts documenting release from quarantine.

Scenario 4: Person tests negative on lab-processed PCR test

Note: For symptomatic patients who are tested using a diagnostic COVID-19 point-of-care or rapid PCR or antigen test, if the rapid test is negative, it is recommended to send a specimen to a lab for a diagnostic PCR COVID-19 test.

- Symptomatic person who tests negative on lab-processed PCR test may return to work/school/child care when:
 - They are fever free for 24 hours (without use of fever medication) **AND**
 - Symptoms improved (back to usual health).
- Any household contact or other close contacts in quarantine may end quarantine.
- In certain cases, if there is a higher risk for, or clinical suspicion of, COVID-19 due to symptom and exposure history, RIDOH may recommend continuing isolation for the symptomatic person and quarantine of close contacts or repeat testing of the probable case.
- A parent/guardian, if the symptomatic person is a minor, or adult may complete an [After-Illness Return Attestation](#) that criteria for ending isolation have been met. A note from a healthcare provider is not required.
- A staff person may self-attest or may complete an [After-Illness Return Attestation](#) that criteria for ending isolation have been met. A note from a healthcare provider is not required.

¹ For the [most current list of COVID-19 symptoms](#), visit CDC's website.

² [CDC's probable case definition](#): Note: Epidemiology linkage criteria is met for all who live in Rhode Island due to the presence of sustained, ongoing community transmission in the state.

³ RIDOH Provider Advisory 7-24-2020 <https://mailchi.mp/d2f0bfc6120/provider-briefing07-08-2020-1703370>

⁴ [CDC's definition of severely immunocompromised](#) is posted online.

For the purposes of this guidance, CDC used the following definition:

Conditions with a higher degree of immunocompromise informing decisions about ending isolation:

- Receiving chemotherapy for cancer.
- Untreated HIV infection with CD4 T lymphocyte count lower than 200.
- Combined primary immunodeficiency disorder. Primary immunodeficiency disorders. (PIDDs) are a group of inherited conditions affecting the immune system. (see lists here: <https://www.niaid.nih.gov/diseases-conditions/types-pidds> and <https://primaryimmune.org/about-primary-immunodeficiencies/specific-disease-types>)
- Taking more than 20 mg of prednisone a day, for more than 14 days.

Conditions which may pose a much lower degree of immunocompromise and do not clearly affect decisions about ending isolation:

- Advanced age;
- Diabetes mellitus; and/or
- End-stage renal disease.

Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.