

ASSESSMENT AND MANAGEMENT

of the Ill Student and Related Exposures During COVID-19 Pandemic

Children's National supports the AAP Guidance for School Re-entry.
For more information see link below:

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

- These guidelines were developed by a multidisciplinary team at Children's National Hospital and reflect our expert opinion and experience with this emerging disease process. The goal of this document is to assist schools to operationalize the CDC and AAP recommendations on school re-entry. Every school has its own unique circumstances and student population; therefore, schools may need to adapt these guidelines to fit their unique community.
- These guidelines were developed for the child without a chronic condition. Children with a chronic condition should discuss return to school guidance and response to exposures with their primary care provider and/or specialist.

COMMONLY USED TERMS:



QUARANTINE – to remain home and away from people and pets. This term is used when someone has been exposed to someone with COVID-19 and is at risk for becoming infected.



ISOLATION – to remain at home and away from people and pets. This term is used when someone tests positive for COVID-19 (even if they do not have symptoms) or has an illness believed to be caused by COVID-19.



STANDARD MASK – a mask is essential for protection from COVID-19 and to prevent the spread of illness. All masks or face coverings are not equally effective.

- Recommended: homemade or store bought face coverings with multiple layers of fabric. The mask needs to be the appropriate size for the child's face and fits snugly to the sides of the face and the child can breathe easily
- Not Recommended: bandanas, neck gaiter or masks with exhalation valves or vents



N-95 MASK – These masks require testing to ensure the right size and fit for each user. If N95 masks will be needed, then staff should be checked for appropriate fit prior to when the mask will be needed.



EYE PROTECTION – This can be goggles, safety eyewear or a face shield. Personal glasses are not considered eye protection.



GLOVES – any type of nitrile gloves are effective. Gloves should be worn for short periods and for specific activities. We do not recommend wearing gloves all day for routine activities. Avoid latex due to allergies.



GOWNS – Nonsterile, disposable patient isolation gowns



PERSONAL PROTECTIVE EQUIPMENT (PPE) – The school nurse or staff member should use the appropriate personal protective equipment (PPE) when physically evaluating a sick student or staff member.

- Student or staff member is not appearing to be ill and not coughing: Mask, Eye Protection and Gloves
- Student or staff member appears to be ill, is actively coughing or requires nebulizer treatment*: N-95 Mask, Eye Protection, Gown and Gloves

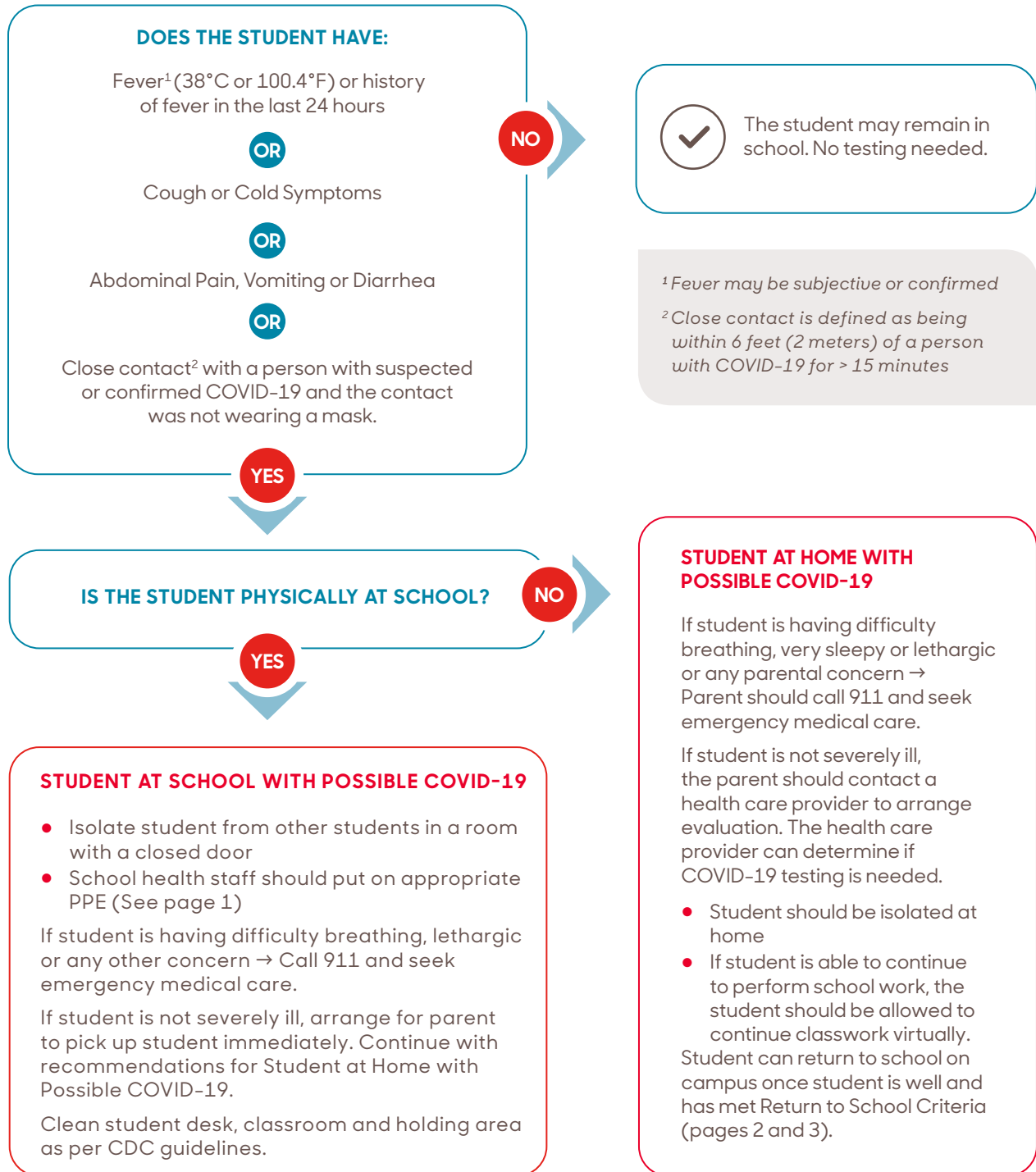
*Nebulized medications such as albuterol may increase exposure to COVID-19. Therefore, it is recommend to use an MDI with spacer and mask for albuterol (and similar medication) administration. If a nebulized medication must be used, then the student needs to be in a private room with the doors closed and staff member caring for the patient in the room needs to wear appropriate PPE including an N-95 mask.

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of the Ill Student and Related Exposures

During COVID-19 Pandemic

If there is a concern that a child at school may have COVID-19, immediately isolate the child away from other children and staff and put on appropriate PPE. Next, follow the guidance below:



RETURN TO SCHOOL CRITERIA AFTER ILLNESS

STUDENT OR STAFF MEMBER WAS SICK
(Go to page 3 for exposure only)

STUDENT OR STAFF MEMBER FEELS WELL AND EVALUATED BY A HEALTH CARE PROVIDER
(COVID testing to be done at the discretion of the health care provider)

COVID Test NEGATIVE

AND

Alternative diagnosis identified
such as ear infection, influenza,
pneumonia, etc.

No Testing Performed

OR

**COVID Test NEGATIVE and
NO alternative diagnosis**

COVID Test POSITIVE

(Local DOH should be notified
for contact tracing if COVID-19
positive)

**Discontinue isolation when
the following are met:**

24 hours after fever has resolved
without the use of fever-reducing
medications

AND

Improvement in symptoms

Discontinue isolation when the following are met:

10 days after
the first day of
symptoms

AND

24 hours after
fever has
resolved without
the use of
fever-reducing
medications

AND

Improvement
in symptoms

RETURN TO SCHOOL CRITERIA

AFTER EXPOSURE ONLY

STUDENT OR STAFF MEMBER WAS EXPOSED TO AN INDIVIDUAL WITH KNOWN COVID-19 (WITHIN IN 6 FEET AND GREATER THAN 15 MINUTES) AND PLACED ON QUARANTINE

Exposed student or staff member
Was NOT Tested

OR

COVID Test was **NEGATIVE**

AND

No symptoms after known exposure to individual with COVID-19

(If symptoms develop, the individual should see a health care provider and follow page 2 - Return to School after Illness)

Discontinue quarantine when the following are met:

- 14 days after exposure to individual with known COVID-19

OR

If person with COVID-19 lives with the student or staff member and cannot isolate from them:

- 24 days after the test result for the individual at home with COVID-19

Exposed student or staff member
COVID Test was POSITIVE

Discontinue isolation when the following are met:

- 10 days from the date of the test

AND

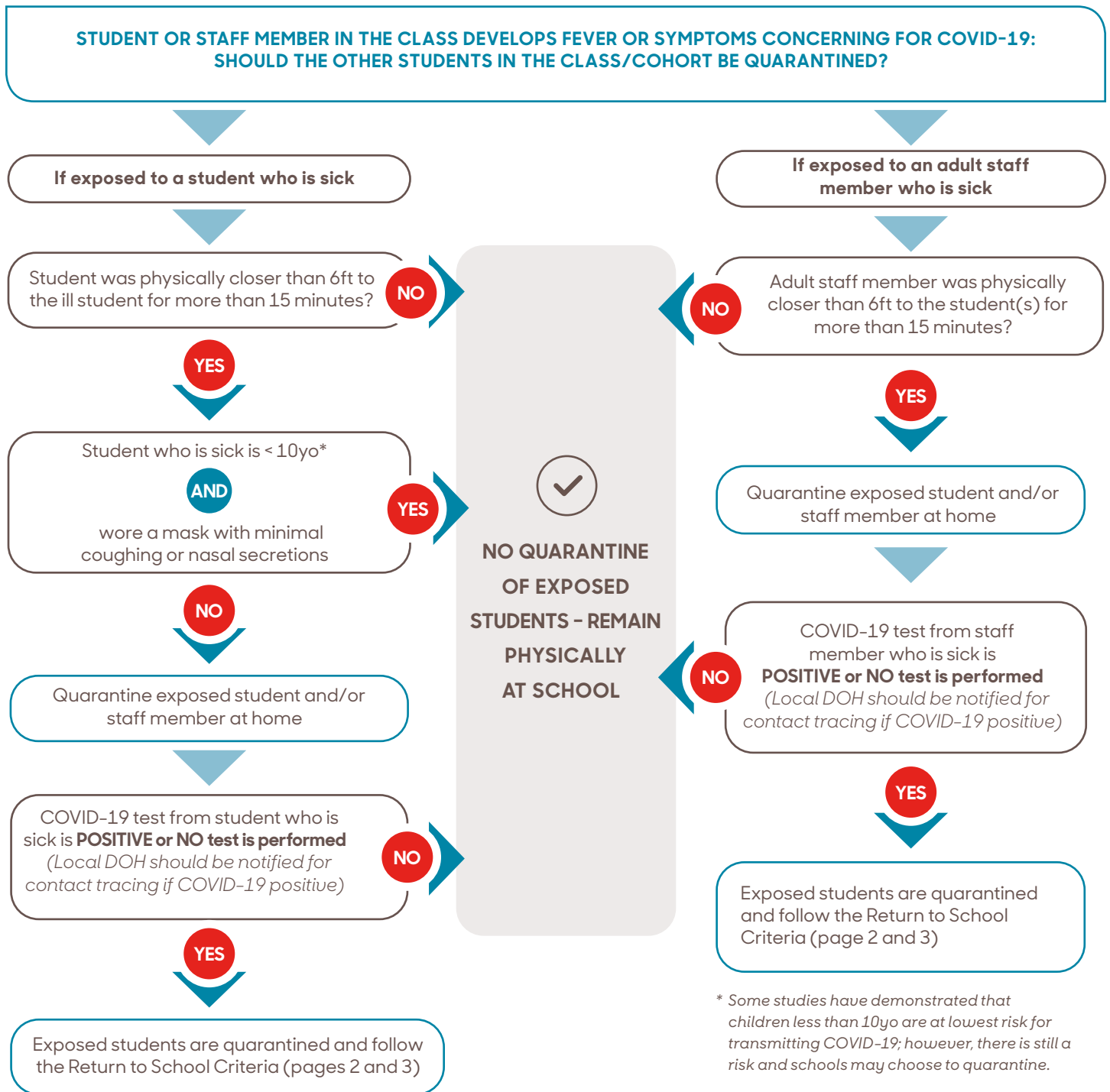
- 24 hours after fever has resolved without the use of fever-reducing medications

AND

- Improvement in symptoms

**Exposure within a household results in ongoing exposure to the virus, so the amount of time for quarantine includes 10 days after the COVID+ person's 1st day of symptoms AND 14 days of quarantine in case the student or staff member become infected later in the illness.*

CLASS/COHORT MANAGEMENT RECOMMENDATIONS:



DISCLAIMER: This material contains general information about COVID guidelines for school and school related activities. Children's National verifies that the data included is accurate and consistent with CDC guidelines in effect at the time of publication, [September 2020], and will be updated when there are changes in recommended practice.

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