

COVID-19 SCHOOL ATTENDANCE QUICK REFERENCE

| Close Contact | Symptoms | Test status* | GUIDANCE |
|---------------|----------|------------------|--|
| YES | YES | POSITIVE** | 10 days isolation + 24 hours fever free without without fever-reducing medication and symptoms improved. Quarantine siblings, household members and close contacts |
| YES | YES | NEGATIVE* | Quarantine for 14 days from last date of exposure to + person AND 24 hours fever free with symptoms improved. If new symptoms, need reevaluation. Consider quarantine for siblings and household members if there is suspicion for COVID-19. |
| YES | YES | PENDING | Isolate at home until results back AND Quarantine for 14 days from last date of exposure to + person.^ Consider quarantine for siblings and household members if there is suspicion for COVID-19. |
| YES | YES | NOT TESTING† | Quarantine for 14 days from last date of exposure to + person or isolate for 10 days until fever free with symptoms improved, whichever is longer. |
| YES | YES | ALT DX w/note*** | Quarantine for 14 days from last date of exposure to + person^ AND 24 hours fever free with symptoms improved AND any additional criteria by healthcare provider. |
| YES | NO | POSITIVE** | 10 days isolation from date test was collected + 24 hours fever free without fever-reducing medication and symptoms improved. Quarantine siblings, household members and close contacts. |
| YES | NO | NEGATIVE* | Quarantine for 14 days from last date of exposure to + person^ |
| YES | NO | PENDING | Quarantine for 14 days from last date of exposure to + person^ |
| YES | NO | NOT TESTING† | Quarantine for 14 days from last date of exposure to + person^ |
| NO | NO | PENDING | No exclusion unless test becomes positive |
| NO | NO | NEGATIVE | No exclusion |
| NO | NO | POSITIVE** | 10 days isolation from date test was collected + 24 hours fever free without fever-reducing medication and symptoms improved. Quarantine siblings, household members and close contacts. |
| NO | YES | ALT DX w/note*** | May return after 24 hours fever free and symptoms improved AND any additional criteria by health care provider in note. |
| NO | YES | NOT TESTING† | 10 days isolation + 24 hours fever free without meds and symptoms improved. |
| NO | YES | PENDING | Isolate at home until results back Once have results, refer to appropriate guidance. |
| NO | YES | NEGATIVE* | May return after 24 hours fever free and symptoms improved AND any additional criteria by healthcare provider. <u>Provide test results before entry to school</u> |
| NO | YES | POSITIVE | 10 days isolation + 24 hours fever free without meds and symptoms improved. Quarantine siblings, household members and close contacts. |

*Test status: documentation of negative test results must be provided before entry to school.

**People with positive test results will be contacted by the state Department of Health and contact tracing will be done.

*** If an alternate diagnosis has been determined by a health care provider, a note that includes the date and contact information for the provider must be provided before entry to school.

^Start date of quarantine is determined by last date of exposure to a positive or untested person. For families who are not able to isolate from everyone else at home, this may be after the ill person completes their 10 days of isolation.

†For persons opting to not get tested, they will be treated the same as the scenario for a person who has tested positive. Do not need to quarantine if tested positive in the last 90 days unless new symptoms appear.

