When Should a Child Stay Home From School and/or Child Care?

A Virginia Department of Health Guideline for Evaluating a Child with COVID-19 Symptoms or Exposure
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Introduction

As schools and child care facilities reopen, parents and guardians, school and child care personnel, and health-care providers all play a role in identifying possible cases of COVID-19 and taking quick action to limit the spread of disease in homes, schools, and child care facilities. This is very challenging because the symptoms of COVID-19 are similar to other common illnesses, like colds and influenza (flu).

The goal of this guideline is to help parents and guardians, school and child care personnel, and healthcare providers assess a child’s symptoms and exposure to COVID-19 to determine when and for how long the child needs to stay away from others in an effort to prevent the spread of disease. This booklet is intended to be used for diagnostic purposes only (in a child with symptoms or exposure) and not for screening testing.

Symptoms Of COVID-19

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever (≥100.4°F) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. Some people who are infected with COVID-19 will not develop any symptoms.

If someone is showing any of the following signs, seek emergency medical care immediately:

- trouble breathing,
- persistent pain or pressure in the chest,
- new confusion,
- inability to wake up or stay awake,
- or pale, gray or blue-colored skin, lips or nail beds, depending on skin tone.

There are general COVID-19 prevention tips that are important for everyone to know and follow consistently. This section includes steps everyone should take to prevent COVID-19, what to do if a child has a fever, and what to do if a child has been exposed to someone who is sick with COVID-19.

**General Prevention Tips**

1. **There are steps every person needs to take every day**\(^{^\wedge}\) to help slow down the number of people getting sick with COVID-19, especially if you have not been **fully vaccinated** (>2 weeks after the end of your vaccine series). These are well known and summarized in the figure below.

   - Physical distancing – maintain at least 6 feet from others
   - Wear a mask over both your nose and mouth in public settings and when around people who do not live in your household.
   - Avoid crowds when indoors and outdoors and in poorly ventilated spaces
   - Wash hands or use hand sanitizer frequently
   - Clean frequently touched surfaces regularly
   - Stay at home and away from others if symptoms develop

2. **Any child who has a fever should not go to school or child care.** If the fever goes away after taking fever-reducing medicine (for example, acetaminophen/Tylenol or ibuprofen/Motrin), the child still needs to stay home. In fact, the child should be kept home and away from others until the fever has been gone for at least 24 hours without the use of fever-reducing medicine. Other symptoms of illness (such as cough or runny nose) should also be improved before the child goes back to school or child care.

3. **Anyone who has had close contact with someone who has, or might have, COVID-19 needs to stay away from others.** \(^*\) Close contact means anyone who has been within 6 feet of the sick person for a **total of 15 minutes** or more over a 24-hour period, or anyone who has had contact with the person’s respiratory secretions from the mouth or nose. In indoor K-12 settings, a student who is within 3 to 6 feet of an infected student is not considered a close contact as long as both students are wearing masks and the school has other **prevention strategies** in place. This **exception** does not apply to teachers, staff, or other adults in indoor K-12 settings.

\(^*\) People who have had COVID-19 in the past three months or been fully vaccinated for COVID-19 are not required to quarantine as long as they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention **recommendations**.

\(^{^\wedge}\) Until you are **fully vaccinated**, you should continue to take COVID-19 precautions. If you have a condition or are taking medications that weaken your immune system, you may not be fully protected even if you are fully vaccinated. You should continue taking all precautions until your healthcare provider says you no longer need to do so; see **here** for more details.

**WHEN SHOULD A CHILD STAY HOME FROM SCHOOL AND/OR CHILD CARE?** • A VDH Guideline for Evaluating a Child with COVID-19 Symptoms or Exposure

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7-23 -2021
Parents and guardians need to evaluate each child every day before sending the child out of the house by asking two questions:

1. Has the child had close contact with someone who has COVID-19 in the last 14 days? AND
2. Is the child sick?

If the answer to both questions is ‘No’, then the child can go to school or child care or any other planned activities for the day. Remember that it is important for everyone to follow the prevention steps listed earlier while outside of the house, especially if you are not fully vaccinated.

If the answer to either question is ‘Yes’, then the child should be kept at home. Next steps in assessing the child will depend on symptoms and/or possible exposure to the virus. These steps are described in the graphics labeled Scenario 1 and Scenario 2 in the section on ‘Steps for School and Child Care Personnel.’
Steps For Parents and Guardians, continued

If the child had close contact with someone with COVID-19, they should quarantine* (stay home). Parents should monitor them for symptoms for 14 days after their last exposure, and they should continue to take COVID-19 precautions.^ (See the ‘Definition of Terms’ section for a reminder about what quarantine and close contact means.)

If the symptoms are new or different for that child, or concerning for parents and guardians, then the child should be kept at home and the school and/or child care facility notified that the child will be absent. Consultation with the child’s healthcare provider is strongly encouraged. The healthcare provider will likely do the following:

1. assess the child’s symptoms,
2. assess any exposures the child might have had to others with COVID-19,
3. make a decision about whether to test for COVID-19, and
4. give the parent or guardian recommendations about when the child may return to school and/or child care.

More information on how the healthcare provider will decide when the child can return to school and/or child care is in the section on ‘Steps for Healthcare Providers to Take.’ A child who is tested for COVID-19 because of symptoms or close contact with someone with COVID-19 should be kept at home while waiting for the test results.

If the child develops any COVID-19 symptoms within the 14 days after their exposure, parents should immediately isolate them at home and contact the local health department or the child’s healthcare provider. More information about this is provided in Scenario 1.

The trickier part is what to do if a child is sick, especially because the symptoms of COVID-19 are the same as the symptoms of other illnesses, including the common cold, influenza (flu), and gastroenteritis (vomiting and diarrhea, or a ‘stomach bug’).

Parents and guardians know their child and are best equipped to recognize whether the child’s symptoms are routine, or ‘normal’, on that day. For example, a child with allergies or asthma might have a cough or runny nose every day, even though they are not contagious. If the symptoms seem normal for the child and are not of any unusual concern, then the parents or guardians are encouraged to manage the symptoms the way they usually do. This does not apply if the child has a fever. A child with a fever should not go to school or child care.

However, if fever is not present, parents and guardians might choose to keep the child home for a day, take care of the child’s symptoms, monitor for any change, and send the child back to school and/or child care when symptoms have improved. Consultation with the child’s healthcare provider is encouraged. School and child care personnel need to be notified if the child will not be attending that day.

If the symptoms are new or different for that child, or concerning for parents and guardians, then the child should be kept at home and the school and/or child care facility notified that the child will be absent. Consultation with the child’s healthcare provider is strongly encouraged. The healthcare provider will likely do the following:

1. assess the child’s symptoms,
2. assess any exposures the child might have had to others with COVID-19,
3. make a decision about whether to test for COVID-19, and
4. give the parent or guardian recommendations about when the child may return to school and/or child care.

More information on how the healthcare provider will decide when the child can return to school and/or child care is in the section on ‘Steps for Healthcare Providers to Take.’ A child who is tested for COVID-19 because of symptoms or close contact with someone with COVID-19 should be kept at home while waiting for the test results.

^ Until you are fully vaccinated, you should continue to take COVID-19 precautions. If you have a condition or take medications that weaken your immune system, continue taking all precautions even if you are fully vaccinated. There are exceptions for who needs to get tested or quarantine after close contact with someone with COVID-19 (or after a known exposure to someone with COVID-19); see here for more details. For indoor K-12 school close contact definition, see here.

* People who have had COVID-19 in the past three months or been fully vaccinated for COVID-19 are not required to quarantine as long as they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention recommendations.
Parents and guardians who choose not to consult with a healthcare provider about new or unusual symptoms in their child will need to consider the risk of exposure to COVID-19 their child has had when making return to school/child care decisions. The two main scenarios are as follows:

- **Anyone with symptoms of COVID-19 (whether or not they have had close contact with someone with COVID-19) should stay home and away from others for a 10 day isolation period.** At the completion of 10 days, they may return when symptoms have improved and the child is fever-free for at least 24 hours without the use of fever-reducing medicine.

- **Anyone who does not have symptoms, but has had close contact with someone with COVID-19, needs to stay in quarantine for 14 days after the date of last contact.** Even if the child is tested for COVID-19 and has a negative test, the child must still stay home for the full 14 days. This is because it can take up to 14 days after exposure to the virus that causes COVID-19 to become infected.

  - If no symptoms develop during the whole quarantine period, the child may return to school or child care after they complete quarantine.
  - If symptoms develop, then the child needs to enter a 10-day period of isolation that starts on the day after symptoms start. After the 10-day isolation, the child may return to school or child care once symptoms have improved and the child has been fever-free for at least 24 hours without the use of fever-reducing medicine.
  - Household and other close contacts of children who develop symptoms while in quarantine need to stay in quarantine for 14 days and be monitored in this same way to see if symptoms develop.

*14-day quarantine recommended. (See the ‘Definition of Terms’ section for a reminder about what quarantine means.) Those who have had COVID-19 in the past three months or been fully vaccinated for COVID-19 are not required to quarantine as long as they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention recommendations.*

Parents and guardians may find the information, scenarios, and graphics provided below in the section for School and Child Care Personnel helpful for better understanding these recommendations.

See the ‘Definition of Terms’ section for the definition of close contact.
Steps For School and Child Care Personnel

The steps described below for school and child care personnel to take follow one of two scenarios. The first scenario is for a child who has had close contact with someone with COVID-19, whether the child has symptoms of COVID-19 or not. The second scenario is for a child who has symptoms compatible with COVID-19 but no known close contact exposure. These scenarios could be helpful for parents to follow as well and are described and illustrated below.

**Scenario 1:** If school and/or child care personnel learn that a child in the facility has had close contact with someone who may have, or is known to have, COVID-19, it is safest for the child to stay home for 14 days after last exposure (or contact).* (See the ‘Definition of Terms’ section for a reminder about what quarantine and close contact means.)

- If the child has or develops symptoms of COVID-19 during that quarantine period, then consultation with a healthcare provider is needed. The provider will decide if testing for COVID-19 is needed and make recommendations for when the child may return to school/child care.
  - If COVID-19 is suspected by the healthcare provider, or confirmed with a lab test, the child must stay home (isolate) for 10 days from the day after the symptoms started and until at least 24 hours have passed since the last fever without fever-reducing medicines and other symptoms have improved.
  - See the footnote (*) on the Scenario 1 graphic to learn more about when quarantine can end early or is not required. Even if they do not stay home for the recommended 14 days, it is very important to continue monitoring for symptoms for the full 14 days after the last exposure and to continue to take COVID-19 precautions.

- If the child does not have any symptoms during the entire quarantine, he or she may return to school/child care the day after their quarantine ends.

- A child who has a negative COVID-19 test during quarantine must still remain at home until the end of their quarantine period.

### Child Has Been Exposed to COVID-19

**A negative test for COVID-19 does not change these recommendations.**

'Close to someone with COVID-19’ means being within 6 feet of someone with COVID-19 for at total of 15 minutes or more over a 24-hour period, or having direct contact with secretions. For indoor K-12 school close contact definition, see [here](#).

- If child has symptoms: Contact healthcare provider. Isolate at home for 10 days after the day symptoms start. Quarantine close contacts.*

- If no symptoms at first but some develop: When symptoms start, consult healthcare provider, seek testing for COVID-19, begin 10-day home isolation for sick child, and begin 14-day quarantine* for close contacts.

*14-day quarantine recommended. (See the ‘Definition of Terms’ section for a reminder about what quarantine means.)

Those who have had COVID-19 in the past 3 months or been fully vaccinated for COVID-19 are not required to quarantine as long as they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention recommendations.

- Must have no fever for at least 24 hours without fever-reducing medicine and feel better before returning to class after 10-day isolation.
Scenario 2:
School and child care personnel need to be watchful for any child or staff member who develops symptoms of COVID-19 while at the facility. Anyone identified with symptoms needs to quickly be moved to an area where contact with others can be limited. This is important so that anyone who might have COVID-19 has less of a chance to expose others.

Because the symptoms of COVID-19 are the same as those of a number of other infectious and chronic conditions, it is challenging to assess symptoms that develop during the school day. Sometimes a teacher will be very familiar with a child’s history of illness and will feel comfortable that the symptoms the child is having are consistent with that history and very normal for the child. If that is the case and the child does not have a fever or feel feverish, then the teacher can respond in a manner consistent with normal school policy. It might be that the child can continue with his or her normal activities.

If the child has a fever or feels feverish, or if the child develops symptoms that are unusual or not routine for that child, then the child should be moved to the area in the school that has been designated for isolation and evaluation of children that could potentially have COVID-19. Parents and/or guardians should be called and the child taken home.

Next steps in assessing the child will depend on symptoms and/or possible exposure to the virus. These steps are illustrated to the right as Scenario 2 and described more fully in the section on ‘Steps for Healthcare Providers’.

While the child is at home for either isolation or quarantine, the parents and/or guardians should continue to update the school and/or child care facility about the status of the child’s health and plans for returning to class.

Please note that if an outbreak occurs in a school or child care facility, more stringent recommendations for isolation or quarantine maybe recommended by the local health department.

Outbreaks may result in more stringent recommendations

See the ‘Definition of Terms’ section for the definition of close contact.
The U.S. Centers for Disease Control and Prevention (CDC) provides Information for Pediatric Healthcare Providers that can be found here: www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html.

The Virginia Department of Health (VDH) Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure is based on those guidelines and can be found here: www.vdh.virginia.gov/content/uploads/sites/182/2020/08/Evaluating-Symptoms-in-a-Child.pdf

The VDH algorithm is also included in the Appendix to this document. It is intended to serve as a tool to guide decision-making on when children may return to school and/or child care. As a guide, its goal is not to cover all potential scenarios but rather provide a framework that allows healthcare providers to apply their clinical judgment based on each child’s symptoms and potential exposures.

The algorithm assumes that 1) a parent has called the healthcare provider about a child who either has symptoms suggestive of COVID-19 or potential exposure to COVID-19, or 2) a child has presented to a provider’s clinic with symptoms suggestive of COVID-19. The first step in either scenario is to assess the child’s potential exposures to COVID-19. The algorithm has two exposure categories:

1. Within the past 14 days, no known close contact with someone suspected or confirmed to have COVID-19.
2. Close contact within the past 14 days with someone suspected or confirmed to have COVID-19.

See the ‘Definition of Terms’ section for the definition of close contact.

1. No known close contact with someone suspected or confirmed to have COVID-19. In symptomatic children with no known close contact in the past 14 days, testing for COVID-19 and home isolation pending test results is recommended. Clinicians who elect not to test or who are unable to procure a test for COVID-19 should make return-to-school/child care recommendations based on clinical judgment.

Testing refers to PCR or antigen (Ag) testing for SARS-CoV-2. If an Ag test is negative and clinical suspicion of COVID-19 is high, confirmation with PCR is recommended, ideally within 2 days of the initial Ag test. If PCR testing is not available, clinical discretion can be used in determining whether to recommend isolation for the patient. Those who have tested positive for COVID-19 within the past three months and recovered do not need to be tested again as long as they do not develop new symptoms. Most people who are fully vaccinated for COVID-19 and do not have symptoms do not need to get tested, even after having close contact with someone with COVID-19. More information is available here.

Return-to-school/child care recommendations depend on test results, as described below.

- Children in this exposure category who test negative, or are clinically determined to be negative, for COVID-19 may return to school and/or child care once symptoms have improved and the child has been fever-free for at least 24 hours without the use of fever-reducing medications. Alternative diagnoses should be considered.
- Children in this exposure category who test positive, or are clinically diagnosed, for COVID-19 need to home isolate for 10 days after the date symptoms started.

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**Steps For Healthcare Providers, continued**

- The child’s close contacts should quarantine* (stay home) and parents should monitor them for symptoms of COVID-19 for 14 days after their last exposure. (See the ‘Definition of Terms’ section for a reminder about what quarantine means.)
- After the 10-day isolation, once the child has been fever-free for at least 24 hours without fever-reducing medicines and symptoms have improved, he or she may return to school and/or child care.

2. **Close contact within the past 14 days with someone suspected or confirmed to have COVID-19:**

   - The second exposure category is children who have had close contact within the past 14 days with someone suspected or confirmed to have COVID-19. These children need to be separated from others and be monitored for symptoms suggestive of COVID-19. The specific recommendations for testing and separation depend on whether or not symptoms are present or develop.
   - Asymptomatic children who have had close contact with a person suspected or confirmed to have COVID-19 should quarantine* (stay home) and parents should monitor them for symptoms of COVID-19 for 14 days after their last exposure to the person with COVID-19. (See the ‘Definition of Terms’ section for a reminder about what quarantine means.)
   - In the absence of symptoms, the recommendations are to:
     - Test for COVID-19 immediately once the close contact has been identified, and if negative, retest at 5 days or more after exposure.
   - If the test(s) are negative, VDH recommends completing a full 14-day quarantine* before going back to school or child care and being around others. It is very important to continue monitoring for symptoms for the full 14 days after the last exposure and to follow all COVID-19 precautions.

   If the test is positive, follow the recommendations below for symptomatic close contacts.

   - Children who have had close contact with a person suspected or confirmed to have COVID-19 and have or develop symptoms of COVID-19 and/or test positive for COVID-19 need to home isolate for 10 days after the date symptoms started, or the date of the positive test if no symptoms were present.
     - Test for COVID-19 as soon as possible after symptoms start if testing not already performed.
     - The child’s close contacts need to be quarantined* and monitored for development of symptoms.
     - After the 10-day isolation, once the child has been fever-free for at least 24 hours without the use of fever-reducing medicines and symptoms have improved, he or she may return to school and/or child care.

*14-day quarantine recommended. (See the ‘Definition of Terms’ section for a reminder about what quarantine means.) Those who have had COVID-19 in the past 3 months or been fully vaccinated for COVID-19 are not required to quarantine if they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention recommendations.
For Healthcare Providers

Clinical Evaluation for Children with COVID-19 Symptoms or Exposure

In the past 14 days, has there been known close contact** with person with known or suspected COVID-19?

NO
Test* (and/or evaluate clinically) for COVID-19. Isolate at home.

YES
Test* for COVID-19 right away. If negative test and no symptoms, retest at 5 days or more after exposure. Isolate/quarantine# at home.

Negative for COVID-19

Once symptoms have improved and child has no fever for at least 24 hours without fever-reducing medicine, allow return to school/child care.

Positive test or diagnosis for COVID-19

Home isolate for 10 days after symptom onset (or date of positive test). Quarantine close contacts.*

If symptoms develop, retest as soon as possible. Home isolate for 10 days after symptom onset. Quarantine close contacts.#

If no symptoms develop, child may return to school and/or child care after Day 14.#

After 10-day isolation, if no fever for at least 24 hours and symptoms have improved, child may return to school and/or child care.

For Healthcare Providers

- Testing – PCR or antigen (Ag) testing is acceptable. If an Ag test is negative and clinical suspicion for COVID-19 is high, confirm with PCR, ideally within 2 days of the initial Ag test. If PCR testing is not available, clinical discretion can be used in whether to recommend the patient isolate. Those who have tested positive for COVID-19 within the past three months and recovered and most people who are fully vaccinated do not need to be tested as long as they do not develop new symptoms.

- **Close contact** means being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period, or having direct exposure to respiratory secretions.

- # 14-day quarantine recommended. If unable to stay home for 14 days and if no symptoms have developed, quarantine can end after Day 10 with no test or after Day 7 with a negative PCR or antigen test performed on or after Day 5. Those who have had COVID-19 in the past three months or been fully vaccinated for COVID-19 are not required to quarantine if they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention recommendations.
The purpose of this guidance is to help identify potential COVID-19 illnesses and exposures as quickly as possible and separate children who could be a source of the disease from others to limit the spread of COVID-19 in Virginia’s communities. Unfortunately, with COVID-19, there are no guarantees. Some people will not know they have been exposed to COVID-19 and will never develop symptoms, but they can still spread COVID-19. Some people with symptoms will be kept at home when they actually have a disease other than COVID-19. Some people will be diagnosed with a disease other than COVID-19 and be allowed to come to school and/or child care, even though they actually have COVID-19. There is no clear way to get it right 100% of the time. However, VDH hopes this tool may help parents and guardians, school and child care personnel, and healthcare providers understand their roles and work together to minimize the impact of COVID-19 on Virginia’s children as much as possible.
Definition of Terms

- What does ‘sick’ or ‘symptoms’ include?
  - Symptoms of COVID-19 include fever (≥100.4°F) or chills, fatigue (more tired than usual), headache, muscle aches, cough, nasal congestion or runny nose, new loss of taste or smell, sore throat, shortness of breath or difficulty breathing, abdominal pain, diarrhea, nausea or vomiting, new onset of poor appetite or poor feeding.

- What does ‘close contact’ or ‘close to someone with COVID-19’ mean?
  - Close contact or close to someone with COVID-19 means being within 6 feet of someone with COVID-19 for a total of 15 minutes or more over a 24-hour period, or having exposure to the person’s respiratory secretions (for example, being coughed or sneezed on; sharing a drinking glass or utensils; kissing) while they were contagious. In indoor K-12 settings, a student who is within 3 to 6 feet of an infected student is not considered a close contact as long as both students are wearing masks and the school has other prevention strategies in place. This exception does not apply to teachers, staff, or other adults in indoor K-12 settings. A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or 2 days before test specimen collection if they never had symptoms) until they meet the criteria to discontinue isolation.

- What are COVID-19 precautions?
  - There are steps every person needs to take every day to help slow down the number of people getting sick with COVID-19, especially if you have not been fully vaccinated (>2 weeks after the end of your vaccine series). These include:
    - physical distancing — maintain at least 6 feet from others;
    - wear a mask over both your nose and mouth in public settings and when around people who do not live in your household;
    - avoid crowds when indoors and outdoors and in poorly ventilated spaces;
    - wash hands or use hand sanitizer frequently;
    - clean frequently touched surfaces regularly;
    - and Stay at home and away from others if symptoms develop.

^ Until you are fully vaccinated, you should continue to take COVID-19 precautions; see here for more details.
What is the difference between COVID-19 and SARS-CoV-2?
• COVID-19 is the name of the disease that is causing the pandemic. It stands for ‘Coronavirus Disease 2019.’ SARS-CoV-2 is the name of the virus that causes the disease. It stands for ‘Severe Acute Respiratory Syndrome Coronavirus-2.’

What is the difference between quarantine and isolation?
• Quarantine is the separation of a person who has been exposed to an infectious disease from others even though the person does not have any signs or symptoms of the disease.
• Isolation is the separation of a person who is sick with an infectious disease from others.
• Both are ways to prevent the spread of disease.

Why do you have to quarantine for 14 days and isolate for 10 days? Why are the time periods different?
• The time from when a person is exposed to the virus that causes COVID-19 to the time when symptoms first appear can be up to 14 days. So even if the person has a negative test for COVID-19, they should quarantine* and monitor their health for symptoms for 14 days after their last exposure. This is the safest option. If they are not able to stay home for 14 days and do not have symptoms, they may leave home earlier:
  o Counting their date of last exposure as Day 0, they may leave home after Day 10; OR
  o After Day 7 with a negative PCR or antigen test performed on or after Day 5.
• Even if they do not stay home for the recommended 14 days, it is very important to continue monitoring for symptoms for the full 14 days after the last exposure and follow all recommendations (e.g., wear a mask, practice physical distancing, avoid crowds and poorly ventilated areas, and wash your hands often)^. If they develop any COVID-19 symptoms within the 14 days after their exposure, they should immediately isolate at home and contact the local health department or their healthcare provider.

• A person who has COVID-19 can potentially spread it to others for 10 days after symptoms begin. So a person with the disease needs to stay away from others (that is, be in isolation) for 10 days to be sure not to spread it to anyone else. Even after 10 days, a person cannot stop being in isolation until at least 24 hours have passed since the last fever, without using fever-reducing medicine, and other symptoms have improved.

What does ‘suspected or confirmed to have COVID-19’ mean?
• A person who has symptoms of COVID-19 or has been diagnosed by a healthcare provider but has not had a positive test for the disease is ‘suspected’ to have COVID-19. A person who has tested positive for the disease by a valid laboratory test that is used to diagnose COVID-19 is ‘confirmed’ to have it.
• A person who tests positive for COVID-19, even if he or she does not have any symptoms, needs to take precautions to prevent the spread of the virus to others, including completing a 10-day isolation.

What does ‘fully vaccinated’ mean?
• Fully vaccinated means 2 weeks or more have passed since receipt of the second dose of a two-dose vaccine (e.g., Pfizer-BioNTech or Moderna vaccine), or 2 weeks or more have passed since receipt of one dose of a single-dose vaccine (Johnson & Johnson/Janssen). This also applies to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (e.g., AstraZeneca/Oxford).

^ Until you are fully vaccinated, you should continue to take COVID-19 precautions. If you have a condition or are taking medications that weaken your immune system, you may not be fully protected even if you are fully vaccinated. You should continue taking all precautions until your healthcare provider says you no longer need to do so; see here for more details.
* People who have had COVID-19 in the past three months or been fully vaccinated for COVID-19 are not required to quarantine as long as they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention recommendations.
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VDH Algorithm for Evaluating a Child with COVID-19 Symptoms or Exposure (July 23, 2021)

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FOR PARENTS AND GUARDIANS

*Symptoms of COVID-19 include fever (>100.4°F) or chills, fatigue (more tired than usual), headache, muscle aches, cough, nasal congestion or runny nose, new loss of taste or smell, sore throat, shortness of breath or difficulty breathing, abdominal pain, diarrhea, nausea or vomiting, new onset of poor appetite or poor feeding.

FOR SCHOOLS AND CHILD CARE FACILITIES

**Close contact means being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period, or having direct exposure to respiratory secretions. In indoor K-12 settings, a student who is within 3 to 6 feet of an infected student is not considered a close contact as long as both students are wearing masks and the school has other prevention strategies in place. This exception does not apply to teachers, staff, or other adults in indoor K-12 settings.

VDH.virginia.gov

FOR HEALTHCARE PROVIDERS

Testing - PCR or antigen (Ag) testing is acceptable. If an Ag test is negative and clinical suspicion for COVID-19 is high, confirm with PCR, ideally within 2 days of the initial Ag test. If PCR testing is not available, clinical discretion can be used in whether to recommend the patient isolate. Those who have tested positive for COVID-19 within the past three months and recovered and most people who are fully vaccinated for COVID-19 do not need to be tested again as long as they do not develop new symptoms.

RETURN TO SCHOOL AND CHILD CARE

If no clinical evaluation performed

- Symptoms present (whether or not they had close contact**)
  - 10-day home isolation. Then return when no fever for 24 hours without fever-reducing medicine. Quarantine close contacts.

- No symptoms and had close contact**
  - 14-day home quarantine.* If no symptoms, return after Day 14. If symptoms develop, need 10-day isolation and quarantine close contacts.

- No symptoms and did not have close contact
  - After 10-day isolation, if no fever for at least 24 hours and symptoms have improved, child may return to school and/or child care.

- If symptoms develop, retest as soon as possible. Home isolate for 10 days after symptom onset. Quarantine close contacts.

- If no symptoms develop, child may return to school and after Day 14.

Consider alternate diagnoses. Once symptoms have improved and child has no fever for at least 24 hours without fever-reducing medicine, allow return to school/child care.


- In past 14 days, has there been known close contact** with person with known or suspected COVID-19?
  - NO
    - Test* (and/or evaluate clinically) for COVID-19. Isolate at home.
  - YES
    - Test* for COVID-19 right away. If negative test and no symptoms, retest at 5 days or more after exposure. Isolate/quarantine* at home.

- Negative for COVID-19
- Positive test or diagnosis for COVID-19
- Negative for COVID-19 or not tested

WHEN SHOULD A CHILD STAY HOME FROM SCHOOL AND/OR CHILD CARE? • A VDH Guideline for Evaluating a Child with COVID-19 Symptoms or Exposure


07/16/2021
For Parents and Guardians

When Can I Send My Child to School and/or Child Care?

Answer These Two Questions Every Day Before Sending
Your Child to School and/or Child Care:

1) Has your child been close to someone with COVID-19 in the last 14 days?

2) Is your child sick?

Did you answer “YES” to EITHER question?

Talk with your healthcare provider and/or your school about when the child may return to school/child care.

Keep your child home.

Send your child to school/child care.

Did you answer “NO” to BOTH questions?

If “YES” to Question 1, see Scenario 1.

If “NO” to Question 1 but “YES” to Question 2, see Scenario 2.

^ Until you are fully vaccinated, you should continue to take COVID-19 precautions if you have a condition or are taking medications that weaken your immune system, you may not be fully protected even if you are fully vaccinated. You should continue taking all precautions until your healthcare provider says you no longer need to do so. There are exceptions for who needs to get tested or quarantine after close contact with someone with COVID-19 (or after a known exposure to someone with COVID-19); see here for more details.

Scenarios for Evaluating a Child Based on COVID-19 Exposure

**Child Has Been Exposed to COVID-19**

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>If no symptoms throughout the entire 14-day</em> quarantine:</em>* On Day 15 child may return to school/child care.</td>
<td><strong>If no symptoms at first but some develop:</strong> When symptoms start, consult healthcare provider, begin 10-day home isolation for sick child, and begin 14-day* quarantine for close contacts.</td>
</tr>
<tr>
<td><strong>If child has symptoms:</strong> Contact healthcare provider. Isolate at home for 10 days after the day symptoms start. Quarantine close contacts.*</td>
<td>Must have no fever for at least 24 hours without fever-reducing medicine and feel better before returning to class after 10-day isolation.</td>
</tr>
<tr>
<td><strong>The child has been close to someone with COVID-19 in the last 14 days</strong></td>
<td><strong>The child has NOT been close to someone with COVID-19 in the last 14 days, but the child is sick</strong></td>
</tr>
<tr>
<td>The child must stay home.</td>
<td></td>
</tr>
</tbody>
</table>

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**Child Has Not Been Exposed to COVID-19**

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stay home until fever is gone for 24 hours, without the use of fever-reducing medications.</strong></td>
<td><strong>Isolate at home for 10 days after symptom onset (or date of positive test) and 24 hours fever-free. Quarantine close contacts.</strong></td>
</tr>
<tr>
<td><strong>You already know why the child is sick, and it is not COVID-19</strong></td>
<td><strong>You do not know why the child is sick, and the child has not been tested for COVID-19</strong></td>
</tr>
<tr>
<td><strong>No Fever</strong></td>
<td><strong>Positive test or diagnosis</strong></td>
</tr>
<tr>
<td><strong>Negative</strong></td>
<td>Isolate at home for 10 days after symptom onset (or date of positive test) and 24 hours fever-free. Quarantine close contacts.</td>
</tr>
<tr>
<td><strong>Fever</strong></td>
<td>Encourage evaluation by a healthcare provider and/or testing for COVID-19.</td>
</tr>
</tbody>
</table>

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*A 14-day quarantine recommended. (See the ‘Definition of Terms’ section for a reminder about what quarantine means.) Those who have had COVID-19 in the past three months or been fully vaccinated for COVID-19 are not required to quarantine as long as they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention recommendations.

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Outbreaks may result in more stringent recommendations

See the ‘Definition of Terms’ section for the definition of close contact.
Clinical Evaluation for Children with COVID-19 Symptoms or Exposure


**For Healthcare Providers**

In the past 14 days, has there been known close contact**
With person with known or suspected COVID-19?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test* (and/or evaluate clinically) for COVID-19. Isolate at home.</td>
<td>Test* for COVID-19 right away. If negative test and no symptoms, retest at 5 days or more after exposure. Isolate/quarantine# at home.</td>
</tr>
</tbody>
</table>

Once symptoms have improved and child has no fever for at least 24 hours without fever-reducing medicine, allow return to school/child care.

**Testing** – PCR or antigen (Ag) testing is acceptable. If an Ag test is negative and clinical suspicion for COVID-19 is high, confirm with PCR, ideally within 2 days of the initial Ag test. If PCR testing is not available, clinical discretion can be used in whether to recommend the patient isolate. Those who have tested positive for COVID-19 within the past three months and recovered and most people who are fully vaccinated do not need to be tested as long as they do not develop new symptoms.

**Close contact** means being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period, or having direct exposure to respiratory secretions.

# 14-day quarantine recommended. If unable to stay home for 14 days and if no symptoms have developed, quarantine can end after Day 10 with no test or after Day 7 with a negative PCR or antigen test performed on or after Day 5. Those who have had COVID-19 in the past three months or been fully vaccinated for COVID-19 are not required to quarantine if they do not have symptoms. Monitor for symptoms for 14 days and always follow COVID-19 prevention recommendations.

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IF NO SYMPTOMS DEVELOP, CHILD MAY RETURN TO SCHOOL AND/OR CHILD CARE AFTER DAY 14.##

IF SYMPTOMS DEVELOP, RETEST AS SOON AS POSSIBLE. HOME ISOLATE FOR 10 DAYS AFTER SYMPTOM ONSET. QUARANTINE CLOSE CONTACTS.#