## **SYMPTOMS**

- Fever (≥100.0°F), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache when in combination with other symptoms
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (<u>not due to other known causes</u>, such as allergies) <u>when in combination</u> with other symptoms

Even mild symptoms could be indicative of a COVID infection. Co-infection with other pathogens is probable and possible.

#### Isolation:

- Stay in a separate room from other household members, if possible
- · Use a separate bathroom, if possible
- Avoid contact with other members of the household and pets
- Don't share personal household items like cups, towels, and utensils
- · Wear a mask when around other people, if able

### **DEFINITIONS**

## Quarantine:Stay home

 Stay away from high risk individuals

Source: CDC

# COVID (





Child has COVID-like symptoms Testina? Quarantine while awaiting Self-isolate for a minimum of 10 days from symptom onset. Return to school results. Close contacts do when symptoms improving and afebrile not have to quarantine. for 24 hours without antipyretics, regardless if another diagnosis is made. Result Result positive negative Is another diagnosis Self-isolate for 10 days from symptom onset being made? AND at least 24 hours afebrile AND improvement in symptoms. Repeat testing prior to return is not recommended. Return to school Return to school when symptoms based on guidelines improve and afebrile 24 hours off for that diagnosis antipyretics

This handout is for use by Massachusetts pediatric health care providers (e.g. school nurses, pediatricians, nurses) to decide when Massachusetts students in grades preK-12 can return to school after having been exposed to a positive COVID case, having COVID-like symptoms, or both. This is for guidance only and does not replace individual clinical judgment. Note that each school district may have their own guidelines.

This handout was created by the Massachusetts Chapter of the American Academy of Pediatrics Task Force on School Reopening based on the guidelines published by the Massachusetts Department of Elementary and Secondary Education (DESE) updated September 2020 (<a href="http://www.doe.mass.edu/covid19/on-desktop/protocols/protocols.docx">http://www.doe.mass.edu/covid19/on-desktop/protocols/protocols.docx</a>) and is available as an interactive tool that will continue to be updated at <a href="https://forms.gle/QzBEUGV8FG42TiLW6">https://forms.gle/QzBEUGV8FG42TiLW6</a>.

Interactive Tool



**DESE Guidelines** 



ABOUT

**SCENARIOS** 

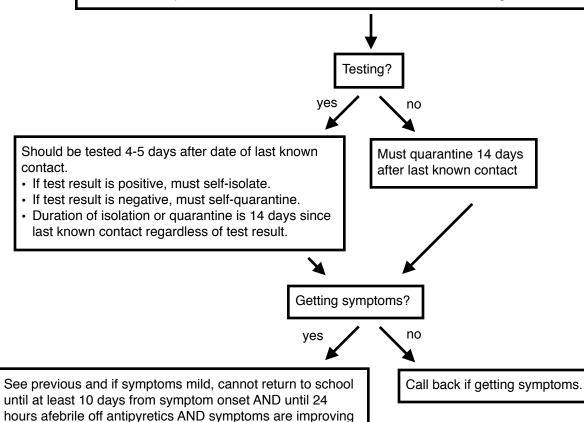
## **SCENARIOS**

Child was a close contact of a COVID-positive individual (within 6' for more than 15 minutes or direct contact with respiratory droplets)

Quarantine.

Secondary contacts (contacts of contacts, e.g. household members) do not have to quarantine unless test is positive for the primary contact.

If contact is ongoing (e.g. household member), then should stay home in self-quarantine until the infected individual is no longer considered infectious per Department of Public Health guidance. Day 0 is the date on which the infected individual is no longer infectious.



AND cleared by local public health authorities.

**TESTING SITES** 

• Map: https://bit.ly/32q76Yo



• List: https://www.mass.gov/doc/macovid-19-testing-sites/download



Stop the Spread: https:// www.mass.gov/stopthespread



## COVID



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