



Responding to Students or Staff in Child Care or Camp with Symptom(s) of COVID-19

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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

When a Negative Test is Required to Return to Child Care or Camp

Symptom	Negative test required if returning before 10 days?
Cough	A negative test is required to return.
Shortness of breath or difficulty breathing	A negative test is required to return.
New loss of taste or smell	A negative test is required to return.
Fever (temperature higher than 100.4° or feels feverish to the touch)	If patient has two or more of these symptoms, a negative test is required to return. If patient has only one of these symptoms, a test is <u>not</u> required.
Chills	
Muscle or body aches	
Headache	
Sore throat	
Fatigue	
Congestion or runny nose	
Nausea or vomiting	
Diarrhea	

Scenario 1: Symptomatic person who is not a probable case

- The symptomatic person is dismissed from child care or camp and recommended 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 to return to child care or camp but may be ordered 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 a test in such situations.

- The symptomatic person may return to child care or camp when:
 - They are 24 hours fever free (without use of fever medication) and
 - Symptoms improved (back to usual health.)
- A parent/guardian may attest that criteria to return to child care/camp have been met. A note from a healthcare provider is not required.
- A staff person may self-attest that criteria to return to child care/camp 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 from child care or camp and recommended to seek medical advice.
- A COVID-19 test result is required to return to child care or camp.
- Notify Rhode Island Department of Health's (RIDOH) COVID-19 Unit of the probable case by calling 401-654-6990.
- Be ready to provide the following information to RIDOH:
 - Patient name and date of birth;
 - Parent/guardian name and phone number;
 - Child care or camp attended;
 - History of symptoms and time of onset; and
 - Results of rapid test and/or name of the lab processing the sample.
- If a rapid test (PCR or antigen) is negative, a confirmatory COVID-19 PCR test should be sent to a lab.
- RIDOH may call the parent/guardian/staff person to obtain additional history, as needed.
- The symptomatic person must isolate while awaiting COVID-19 test result.
- Household contacts must quarantine pending symptomatic person's COVID-19 test result.
- 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.
- Confirmed case should isolate at home and will receive a case investigation phone call from RIDOH.
- RIDOH conducts case interview and contact tracing.
- RIDOH instructs person on isolation duration and instructs close contacts on quarantine duration.

Close contact quarantine

- Close contacts must quarantine for 14 days from the last exposure to the probable case.
- Close contacts who have tested positive in the past 90 days do not have to quarantine.
- All close contacts should self-monitor for COVID-19 symptoms and promptly report any new symptoms to their healthcare provider, RIDOH, or child care/camp staff.

Case isolation

- Confirmed case must meet CDC/RIDOH guidelines for ending isolation
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 immunocompromised³.)

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 immunocompromised³.)
- If symptoms develop, use the symptom-based strategy above.

Documentation

- A parent/guardian may attest that criteria for return to child care/camp have been met. A note from a healthcare provider is not required.
- A staff person may self-attest that criteria for return to child care/camp have been met. A note from a healthcare provider is not required.
- RIDOH can provide a note to the confirmed case documenting isolation recommendations.
- RIDOH can provide a note to close contacts documenting quarantine recommendations.

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

Note: For patients who are tested using a 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 PCR COVID-19 test.

- Symptomatic person may return to child care or camp when:
 - They are fever free for 24 hours (without use of fever medication) **AND**
 - Symptoms improved (back to usual health.)
- Any close contacts in quarantine may end quarantine.
- A parent/guardian may attest that criteria for return to child care/camp have been met. A note from a healthcare provider is not required.
- A staff person may self-attest that criteria for return to child care/camp 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 [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.