**COVID-19 in Pediatric Patients**

**Triage, Evaluation, Testing and Return to School**

This is a changing environment, and as we gain new knowledge about this virus, expect adaptations. The algorithm does NOT apply to children diagnosed with COVID-19 by PCR within the past three months. Please consult CDC protocols in those situations.

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**Close contact with known COVID-19 patient?**

- **Yes**
  - Exposure in home?
    - **Yes**
      - Test at 3-5 days following last exposure.
        - Per CDC guidance, wear a mask until test results are back (including in school).
    - **No**
      - Return to school when: ≥10 days have passed since symptoms first appeared and ≥24 hours afebrile without the use of antipyretics and symptoms improved.

- **No**: see page 2

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**Any of following symptoms?** Fever, cough, shortness of breath, sore throat, runny nose, loss of smell/taste, nausea, vomiting, diarrhea, fatigue, muscle aches, headache

- **Yes**
  - Obtain COVID PCR test and may consult medical home as indicated regardless of vaccine status.
  - Vaccinated?²
    - **Yes**
      - Return to School when: symptoms resolve.
    - **No**
      - Exposure in home?
        - **Yes**
          - Return to school when: Finished 14-day quarantine and meet symptom resolution criteria (>24 hours afebrile without the use of antipyretics and symptoms improved) 14 day quarantine begins after person with latest onset of symptoms clears infection (10 days from onset, fever resolved >24 hr, symptom resolution).
        - Return to school when: ≥24 hours afebrile without the use of antipyretics and symptoms improved and 14 days passed since last exposure or negative test at day 7.
    - **No**
      - Return to School when: ≥24 hours afebrile without the use of antipyretics and symptoms improved.

- **No**
  - Return to School when: 14-day quarantine.

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**Vaccinated?²**

- **Yes**
  - Exposure in home?
    - **Yes**
      - Vaccinated?²
        - **Yes**
          - Return to School when: Finished 14-day quarantine, which begins after person with latest onset of symptoms clears infection (10 days from onset, fever resolved ≥24 hr, symptom resolution) or negative PCR test at day 7 of quarantine.
        - **No**
          - Option A: Quarantine. PCR test on day 7 if asymptomatic.
    - **No**
      - Option B: Quarantine. PCR test on day 7 if asymptomatic.
  - **No**
    - Option 2: Remain in household.

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* Please consult return to play documents located here.

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¹As determined by contact tracing

²Vaccinated means two weeks after final dose of vaccine series

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**Note:** Pediatric patients who have returned from international travel should follow the After International Travel guidance from the CDC.
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Close contact with known COVID-19 patient?\(^1\)

- Yes: see page 1
- No

Any of following symptoms? Fever, cough, shortness of breath, sore throat, runny nose, loss of smell/taste, nausea, vomiting, diarrhea, fatigue, muscle aches, headache

- Yes
- No

Consider testing before 24 hours with the following consideration:
- Early initiation of contact tracing is desired.
- Symptoms are consistent with VT experience with pediatric COVID to date (currently fever, cough, runny nose, headache and/or loss of taste/smell)
- Ongoing concerns about the transmissibility of the circulating variant

 Symptoms >24 hours

- Obtain COVID PCR test and may consult medical home as indicated regardless of vaccine status

 Return to school when:
- ≥ 24 hours after symptom resolution\(^3\)

 Negative Test

 Return to school when:
- ≥ 24 hours afebrile without the use of antipyretics and symptoms improved\(^1\)

 Positive Test

 Return to school when:
- ≥10 days have passed since symptoms first appeared and ≥24 hours afebrile without the use of antipyretics and symptoms have improved\(^2\)

 No test but alternative diagnosis made by medical home

 Return to school when:
- ≥24 hours afebrile without the use of antipyretics and symptoms improved\(^2\)

 No test and no alternative diagnosis

 Return to school when:
- ≥10 days have passed since symptoms first appeared and ≥24 hours afebrile without the use of antipyretics and symptoms improved\(^2\)

\(^1\) As determined by contact tracing
\(^2\) Consult usual infectious disease protocols (e.g. Red Book or Caring for Our Children)
\(^3\) Parent/caregivers may consult medical home for persistent symptoms

Return to school, follow current school policies for any other symptoms (i.e. rash, ear pain, joint pain)\(^2\)

Obtain COVID PCR test and may consult medical home as indicated regardless of vaccine status

Return to school when:
- ≥24 hours afebrile without the use of antipyretics and symptoms improved\(^1\)

Return to school when:
- ≥10 days have passed since symptoms first appeared and ≥24 hours afebrile without the use of antipyretics and symptoms have improved\(^2\)

Return to school when:
- ≥24 hours afebrile without the use of antipyretics and symptoms improved\(^2\)

Note: Pediatric patients who have returned from international travel should follow the After International Travel guidance from the CDC.