

## Return to School Guidance After COVID-19 Illness or Exposure

June 5, 2020

The Georgia Department of Public Health (DPH) in conjunction with the Georgia Department of Education have released guidance to help schools plan for a safe return to in-person instruction in fall 2020: <https://www.georgiainsights.com/recovery.html>. DPH recommends schools use this guidance which takes into account local COVID-19 transmission in the community, to make decisions regarding opening for in-person education.

CDC also provides guidance on preventing the spread of COVID-19 in school settings <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>.

For schools opting to have in-person instruction, the following guidance should be used to make decisions about “return to school” for students or staff:

- with laboratory-confirmed COVID-19;
- who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, shortness of breath, fever] but did not get tested for COVID-19 and have been exposed to a person with COVID-19 or live in an area with local or widespread transmission;
- who have been exposed to COVID-19 without appropriate personal protective equipment (PPE).

### Return to School Strategy

DPH recommends a time-based return to school strategy that is determined based on a person’s health status. Decisions about “return to school” for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances (community transmission, resource needs, etc.).

- Symptomatic persons with confirmed COVID-19 or suspected COVID-19 can return to school after:
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
  - At least 10 days have passed *since symptoms first appeared*
- Asymptomatic persons with confirmed COVID-19 can return to school after:
  - At least 10 days have passed since the positive laboratory test and the person remains asymptomatic.
  - Note, asymptomatic persons who test positive and later develop symptoms should follow the guidance for symptomatic persons above
- Asymptomatic persons who have a known exposure to a person with COVID-19 without appropriate PPE can return to school after:
  - After their 14-day home quarantine period has ended (i.e. 14 days have passed since the last exposure without appropriate PPE). PPE includes: a mask, eye cover or face shield, and gloves. For PPE guidance: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

- If this person is tested for COVID-19 during the 14 day quarantine period, a negative test result would not change or decrease the time a person is quarantined, but a positive test would move the person into one of the above categories, based on whether they are still asymptomatic or have developed symptoms.

DPH **DOES NOT** recommend using a test-based strategy for returning to school for children or adults (2 negative tests at least 24 hours apart) after COVID-19 infection. \* CDC has reported prolonged PCR positive test results without evidence of infectiousness. Although persons may have PCR-positive tests for up to 6 weeks, it remains unknown whether these PCR-positive results represent the presence of infectious virus. At this time, PCR positive specimens capable of producing disease have not been isolated more than 9 days after onset of illness.

More information about the science behind the symptom-based strategy for discontinuing isolation can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

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*\* Completing a test-based strategy is contingent upon the availability of ample testing supplies, laboratory capacity, and convenient access to testing and requires two samples taken at least 24 hours apart. If a school requires the test-based strategy for return (**which is discouraged by DPH**), this should be done by a private physician through a commercial lab. The test-based strategy is not fulfilled by a single test, nor should it be used for screening of all persons returning to work.*