

Sumter School District Coronavirus COVID-19 Quarantine and Isolation Protocols (Updated January 26, 2022)

Close contact: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period from 48 hours prior to symptom onset of the infected person. The close contact definition for quarantine excludes students who were within 3 to 6 feet of an infected student if the exposed students wore masks during the exposure time.

Those with COVID-19 who recovered: If a student or staff member is a lab confirmed case of COVID-19, they do not need to quarantine again after close contact to someone with COVID-19 in the first 90 days after recovering unless they develop symptoms. The person must provide either a note from a healthcare provider that they had the positive lab result in the past three months or provide a copy of the results (SARS-CoV-2 RNA – Detected or Positive).

Maximally vaccinated: Ages 18 and up who have completed their primary vaccine series of two doses of Pfizer or Moderna or a single dose of Janssen vaccine and has had a booster shot if eligible.

Fully vaccinated: Ages 17 and younger who have completed their primary vaccine series of two doses more than 14 days ago.

At-home rapid tests are now accepted. An At-Home Rapid-Test Result Attestation Form (page 2) must be completed for each test administered and submitted to the school with the test result.

Scenario	Maximally or Fully Vaccinated	Not Maximally or Fully Vaccinated
Current COVID-19 positive test result	Isolate for at least 5 days (longer if symptoms persist). Mask use required days 6-10.	Isolate for at least 5 days (longer if symptoms persist). Mask use required days 6-10.
Close contact of a COVID-19 positive individual	If no symptoms are present, no quarantine is required. Mask use is required for 10 days after exposure. Recommend testing on day 5.	If no symptoms are present, quarantine for 5 days. A viral test collected no sooner than day 5 is recommended and should be performed, if available. Mask use required days 6-10.
Household close contact of a COVID-19 positive individual	If no symptoms are present, no quarantine is required. Mask use is required for 10 days after last exposure. Recommend testing on day 5.	Quarantine for an infected individual's isolation period PLUS 5 additional days provided no symptoms exist. Mask use is required for 5 days after returning to school. A viral test collected no sooner than day 10 after initial exposure is recommended and should be performed, if available. 10 days quarantine is required in most cases.
Symptoms of COVID-19 with no known exposure (new or worsening cough, shortness of breath, difficulty breathing, loss of taste or smell)	Recommend testing immediately (if available) Isolate until at least 5 days have passed since the onset of symptoms AND 24 hours have passed since fever (without medication to control) AND symptoms have significantly improved.	May return before day 6 ONLY IF: Present proof of a negative viral test result AND be fever free for 24 hours without the use of fever reducing medication AND symptoms have improved OR a medical note from your doctor states the symptoms are unrelated to COVID-19 or an alternative (non-excludable) diagnosis.

*** Additional possible symptoms of COVID-19 include persistent or worsening sore throat, muscle or body aches, fatigue, new onset of severe headache, congestion or runny nose, nausea or vomiting, or diarrhea.



Attestation of At-Home Rapid COVID-19 Test Result

I attest that the at-home/ over-the-counter rapid COVID-19 test described below was performed on

(First and Last Name) _____.

The test was administered on the individual, and the results belong to the test performed on them. The test was performed following the instructions provided by the test kit.

Student/Staff's Date of Birth: _____

School: _____

Grade (if applicable): _____ Teacher (if applicable): _____

Date and Time Tested: _____ / _____ / _____ and _____ am/pm

Brand of Home Test: _____

Serial Number on Test Packaging: _____

Test Result as Observed by the Parent or Designated Adult Who Performed the Test (circle one):

Positive

Negative

Unable to Determine

Test Performed By: _____

Printed Name

Signature

Parent or Legal Guardian (if different than above): _____

Printed Name

Signature

Date