



CHS COVID Response Chart

IN ALL 4 CASES PARENTS SHOULD CALL THE ATTENDANCE OFFICE AT 305-0792 FOR GUIDANCE PRIOR TO BRINGING THEIR CHILD ON CAMPUS.

(Any of the Symptoms)

SICK

Fever (100° or higher)	Shortness of breath
Chills	Congestion or runny nose
Fatigue (tiredness, weak)	Nausea or vomiting
Muscle or body aches	Diarrhea
Headache	New loss of taste or smell
Cough	
Sore Throat	

CLOSE CONTACT

1. Within 6 feet for 15 minutes or longer over a 24 -hour period
OR
2. In direct contact with secretions (e.g. being coughed on)
OR
3. In the same classroom/space for 15 minutes or longer

RETURN TO SCHOOL
Must quarantine for 10 days after date of last exposure, even with a negative result. Consult with physician, get tested for COVID19, documentation of quarantine recommendations required.

CHILD/STAFF/HOUSEHOLD MEMBER TESTING FOR COVID

If anyone in household is being tested, remain at home until results are available. Call school for guidance.

POSITIVE TEST
Child/staff must quarantine for at least 10 days since symptoms first appeared.

RETURN TO SCHOOL (All Three Criteria Must Be Met)
1. At least 10 days have passed since symptoms first appeared OR if there are no symptoms, at least 10 days have passed since the date when the positive test was conducted
2. At least 24 hours have passed since last fever without the use of fever-reducing medication
3. Symptoms have improved

TRAVELING

1. Quarantine for 14 days
OR
2. Have a **Negative** COVID test within 72 hours before flight to Hawaii
Note: check latest info from Safe Travels Hawaii

RETURN TO SCHOOL
1. Must bring evidence of a Negative COVID test received from SAFE TRAVEL trusted testing partner prior to arrival in Hawaii.
OR
2. Must quarantine for 14 days from arrival date

RETURN TO SCHOOL

Option 1
Negative COVID-19 Test
(All three must be met)

1. Proof of a negative COVID-19 test result
2. At least 24 hours have passed since last fever without the use of fever-reducing medication
3. Symptoms have improved

Option 2
Doctor's Note
(All three must be met)

1. A signed note from a licensed healthcare provider
2. At least 24 hours have passed since last fever without the use of fever-reducing medication
3. Symptoms have improved

Option 3
At Least 10 Days
(All three must be met)

1. At least 10 days have passed since symptoms first appeared
2. At least 24 hours have passed since last fever without the use of fever-reducing medication
3. Symptoms have improved