



# ARP ESSER Health and Safety Plan Guidance & Template

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Section 2001(i)(1) of the American Rescue Plan (ARP) Act requires each local education agency (LEA) that receives funding under the ARP Elementary and Secondary School Emergency Relief (ESSER) Fund to develop and make publicly available on the LEA's website a *Safe Return to In-Person Instruction and Continuity of Services Plan*, hereinafter referred to as a *Health and Safety Plan*.

Based on ARP requirements, 90 percent of ARP ESSER funds will be distributed to school districts and charter schools based on their relative share of Title I-A funding in FY 2020-2021. **Given Federally required timelines, LEAs eligible to apply for and receive this portion of the ARP ESSER funding must submit a Health and Safety Plan that meets ARP Act requirements to the Pennsylvania Department of Education (PDE) by Friday, July 30, 2021, regardless of when the LEA submits its ARP ESSER application.**

Each LEA must create a Health and Safety Plan that addresses how it will maintain the health and safety of students, educators, and other staff, and which will serve as local guidelines for all instructional and non-instructional school activities during the period of the LEA's ARP ESSER grant. The Health and Safety Plan should be tailored to the unique needs of each LEA and its schools and must take into account public comment related to the development of, and subsequent revisions to, the Health and Safety Plan.

The ARP Act and U.S. Department of Education rules require Health and Safety plans include the following components:

1. How the LEA will, to the greatest extent practicable, implement prevention and mitigation policies in line with the most up-to-date guidance from the Centers for Disease Control and Prevention (CDC) for the reopening and operation of school facilities in order to continuously and safely open and operate schools for in-person learning;
2. How the LEA will ensure continuity of services, including but not limited to services to address the students' academic needs, and students' and staff members' social, emotional, mental health, and other needs, which may include student health and food services;

3. How the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policy on each of the following safety recommendations established by the CDC:
  - a. Universal and correct wearing of [masks](#);
  - b. Modifying facilities to allow for [physical distancing](#) (e.g., use of cohorts/podding);
  - c. [Handwashing and respiratory etiquette](#);
  - d. [Cleaning](#) and maintaining healthy facilities, including improving [ventilation](#);
  - e. [Contact tracing](#) in combination with [isolation](#) and [quarantine](#), in collaboration with State and local health departments;
  - f. [Diagnostic](#) and screening testing;
  - g. Efforts to provide COVID-19 [vaccinations to school communities](#);
  - h. Appropriate accommodations for children with disabilities with respect to health and safety policies; and
  - i. Coordination with state and local health officials.

The LEA's Health and Safety Plan must be approved by its governing body and posted on the LEA's publicly available website by July 30, 2021.\* The ARP Act requires LEAs to post their Health and Safety Plans online in a language that parents/caregivers can understand, or, if it is not practicable to provide written translations to an individual with limited English proficiency, be orally translated. The plan also must be provided in an alternative format accessible, upon request, by a parent who is an individual with a disability as defined by the Americans with Disabilities Act.

Each LEA will upload in the eGrants system its updated Health and Safety Plan and webpage URL where the plan is located on the LEA's publicly available website.

The ARP Act requires LEAs to review their Health and Safety Plans at least every six months during the period of the LEA's ARP ESSER grant. LEAs also must review and update their plans whenever there are significant changes to the CDC recommendations for K-12 schools. Like the development of the plan, all revisions must be informed by community input and reviewed and approved by the governing body prior to posting on the LEA's publicly available website.

LEAs may use the template to revise their current Health and Safety Plans to meet ARP requirements and ensure all stakeholders are fully informed of the LEA's plan to safely resume

instructional and non-instructional school activities, including in-person learning, for the current school year. An LEA may use a different plan template or format provided it includes all the elements required by the ARP Act, as listed above.

\* The July 30 deadline applies only to school districts and charter schools that received federal Title I-A funds in FY 2020-2021 and intend to apply for and receive ARP ESSER funding.

## **Additional Resources**

LEAs are advised to review the following resources when developing their Health and Safety Plans:

- [CDC K-12 School Operational Strategy](#)
- [PDE Resources for School Communities During COVID-19](#)
- [PDE Roadmap for Education Leaders](#)
- [PDE Accelerated Learning Through an Integrated System of Support](#)
- [PA Department of Health - COVID-19 in Pennsylvania](#)

# Health and Safety Plan Summary: Sylvan Heights Science Charter School

**Initial Effective Date: 7/31/2021**

**Date of Last Review: 7/26/2021**

**Date of Last Revision: 1/24/2022**

1. How will the LEA, to the greatest extent practicable, support prevention and mitigation policies in line with the most up-to-date guidance from the CDC for the reopening and operation of school facilities in order to continuously and safely open and operate schools for in-person learning?

### ***Instruction Model for the 2021 - 2022 School Year:***

Sylvan Heights Science Charter School returned to full-time, in-person learning for all students at the beginning of the 2021-2022 school year. The Charter School is prepared to provide virtual/remote instruction to all students should the Charter School experience temporary school-wide closures, or for smaller student groups needing to quarantine due to their exposure to COVID-19. To ensure equity, all students will receive a Sylvan Heights Science Charter School issued i-Pad, case, charger, charging cord and school supplies (pencil pouch, pencils, sharpener, erasers, paper etc.). The Charter School will provide hot spots to those families who do not have internet access. School personnel are prepared to provide door to door delivery of all technology and supplies to those families unable to pick-up necessary items at the school site due to lack of transportation. All students will be expected to return to full in-person learning once the temporary school closure or student quarantining period has ended.

2. How will the LEA ensure continuity of services, including but not limited to services to address the students' academic needs, and students' and staff members' social, emotional, mental health, and other needs, which may include student health and food services?
  - The Charter School will utilize a combination of permanent staff (i.e. school counselor) and contracted service providers (i.e. Licensed Social Worker, behavior support specialists, etc.) to provide services for students in need of social and emotional support. Needs assessments will be administered to students upon their return to school to establish a baseline of potential services which will support and promote the mental health student body.
  - The administrative team and content specialists will be developing academic remediation and enrichment strategies to support and promote higher levels of student achievement and identify any potential student learning gaps.
  - Sylvan Heights will implement Positive Behavioral Interventions and Supports (PBIS) school wide for the 2021-2022 school year. This will allow the School to model and teach effective behaviors and implement research-based proven

programs and strategies. In addition, student behavior data will be collected and analyzed by utilizing the School-Wide Information System (SWIS). Strategic interventions will be planned by the PBIS team with implementation and results closely monitored.

- Additionally, Sylvan Heights will begin training and implementation of Responsive Classroom during the 2022-2023 school year to further address student needs as they relate to trauma.
- Sylvan Heights continues to meet the requirement for Community Eligibility Provision (CEP for the National School Lunch Program (NSLP). Therefore, all students are eligible for free breakfasts and lunches.

3. Use the table below to explain how the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policy on each of the following safety recommendations. Sylvan Heights Science Charter School welcomed students and staff back to the physical school building for in-person instruction on August 25, 2021. Pennsylvania Supreme Court struck down the Acting Secretary of Health's school masking order on December 10, 2021. Per the Pennsylvania Department of Education: School entities still possess the authority and are encouraged to require masks in their facilities as recommended by CDC. Masking in school settings minimizes the spread of COVID-19, particularly in settings where individuals and students are not vaccinated, and allows for reduced quarantining to keep individual students and staff in school. Therefore, the Sylvan Heights Science Charter School Board of Trustees voted in favor of requiring masks for all students, staff and visitors while inside the school building except while eating or drinking at the December 20, 2021 monthly meeting.

ARP ESSER Requirement	Strategies, Policies, and Procedures
<p>a. <b>Universal and correct wearing of <u>masks</u>;</b></p>	<p>Sylvan Heights Science Charter School brought students and staff back to the physical school building for full-time in-person learning beginning August 25, 2021 for the duration of the 2021-2022 school year. The Pennsylvania Supreme Court struck down the Acting Secretary of Health's school masking order on December 10, 2021. Per the Pennsylvania Department of Education: School entities still possess the authority and are encouraged to require masks in their facilities as recommended by CDC. Masking in school settings minimizes the spread of COVID-19, particularly in settings where individuals and students are not vaccinated, and allows for reduced quarantining to keep individual students and staff in school. Therefore, the Sylvan Heights Science Charter School Board of Trustees voted at the December 20, 2021 monthly Board Meeting in favor of requiring masks for all students, staff and visitors while inside the school building except while eating or drinking.</p>
<p>b. <b>Modifying facilities to allow for <u>physical distancing</u> (e.g., use of <u>cohorts/podding</u>);</b></p>	<p>Classrooms will serve as pods with no more than 22 students in each pod/classroom. Students will be socially distanced per the CDC guidelines whenever feasible. Students will participate in outdoor play per grade level (maximum 44 students). The School will develop a master schedule for transitioning (i.e. to restrooms, lunch, dismissal, etc.) to maintain integrity of pods and reduce COVID-19 transmission. Breakfast will be served within classrooms; students will use plastic shields while in the act of eating and masks are not able to be used. Students will eat in the cafeteria during lunch in their assigned pod whenever feasible. Floor and wall stickers will be used throughout the school to indicate proper</p>

	<p>physical distancing requirements as per CDC and PA DOH guidance.</p>
<p>c. <b><u>Handwashing and respiratory etiquette;</u></b></p>	<p>Students and staff will be strongly encouraged to wash hands with soap and water at regular intervals throughout the day, especially before and after eating lunch and using the restroom. Handwashing signs are posted in all sink areas (i.e. lavatories, prep kitchen, staff kitchen, etc.) to show the proper way to effectively wash hands.</p> <p>When hand washing is not available, students will have supervised access to school-issued hand sanitizer within all classroom spaces, especially following touching of shared items.</p> <p>Students will receive instruction on how to properly wash their hands, and cover coughs/ sneezes with their elbows.</p>
<p>d. <b><u>Cleaning and maintaining healthy facilities, including improving ventilation;</u></b></p>	<p>Sylvan Heights continues to contract with a licensed, certified cleaning company to provide systematic daily cleaning during the evening hours.</p> <p>Any area of the building in which there was a confirmed COVID-19 case, is completely wiped down with disinfectant before students/staff are allowed to return to the identified area.</p> <p>All staff are required to routinely clean and sanitize their assigned workspaces, classrooms, or other designated areas. Additionally, Sylvan Heights has assigned an additional daytime staff member to disinfect/wipe down high touch areas such as light switches, door knobs, bathroom faucets, etc. Sylvan Heights will also be providing water bottles and gallons of water to reduce hallway traffic, thus eliminating the need for water fountains.</p>

	<p>Sylvan Heights will maximize proper ventilation by allowing classroom doors to remain open throughout the instructional day, with door locks engaged in the event of an emergency requiring lockdown.</p>
<p><b>e. <u>Contact tracing</u> in combination with <u>isolation</u> and <u>quarantine</u>, in collaboration with the State and local health departments;</b></p>	<p>Continued pre-screening measures will be implemented to prevent staff, visitors, volunteers, contractors and students who appear to be symptomatic from entering the school building.</p> <p>Parents and guardians will be asked to monitor their students for any potential symptoms prior to sending them to school. Consultation with the Principal/ CAO and/ or the school nurse with regard to whether or not to send a potentially symptomatic child to school will continue to be the recommendation.</p> <p>A student who presents with a fever of 100.4 or higher upon arrival will be taken to an isolation room. Parents will be notified immediately to pick up the child.</p> <p>Sylvan Heights will follow contact tracing guidance and recommendations as established by the CDC and PA Department of Health. In addition, the School will maintain a running total of case counts along with the quarantine and isolation information. Frequent notification will take place if and when needed through the School's website, emails, ClassDojo, and School Messenger system.</p>
<p><b>f. <u>Diagnostic</u> and screening testing;</b></p>	<p>Sylvan Heights will continue to monitor students and staff closely for any signs of COVID-19.</p> <p>Prior to daily arrival, all parents will be required to screen their children at home for any potential signs of COVID-19. Students who present with any symptoms and/ or fever should remain at home.</p>



	<p>Upon arrival, all students will have their temperatures checked by trained staff at the exit point closest to their vehicle. If a student has a fever of 100.4 or above, the student is to remain in the car and go home with their parents and remain at home for the CDC guideline time. If a student arrives on the bus and has a fever, they will be directed to the trailer entrance/isolation area where they will remain until someone comes for them. Teachers, administrators, and support staff will visually monitor students throughout the day and report any suspected illness to the Nurse for further screening.</p>
<p><b>g. Efforts to provide <u>vaccinations to school communities</u>;</b></p>	<p>Sylvan Heights will continue to support the efforts of the PA Department of Health by publicizing sites at which COVID-19 vaccinations are available to our school community via multiple means (i.e. Class Dojo, links on school website, flyers, etc.).</p> <p>The School will continue to present the most up-to-date COVID-19 information to staff and parents on vaccinations.</p>
<p><b>h. Appropriate accommodations for students with disabilities with respect to health and safety policies; and</b></p>	<p>Sylvan Heights will make appropriate accommodations for students with disabilities with respect to health and safety policies as per the students' IEPs.</p>
<p><b>i. Coordination with state and local health officials.</b></p>	<p>Sylvan Heights will continue to coordinate with state and local health officials with respect to contact tracing, isolation, quarantine, and re-entry following an identified case of COVID-19.</p> <p>Evidence from the 2020-2021 school year has demonstrated that COVID-19 is an ever-evolving virus and circumstances can change quickly. Therefore, the Charter School has adopted the Pennsylvania Department of Health 2022 COVID-19 Isolation and Quarantine Period recommendation released on January 7, 2022. <a href="https://www.pa.gov/newsroom/2022/01/07/covid-19-isolation-and-quarantine-recommendation">COVID-19 Isolation and Quarantine (pa.gov)</a></p>

	<p>In the event that new guidance for schools would be provided by any regulatory agencies, Sylvan Heights will review its current plans accordingly.</p>
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## Health and Safety Plan Governing Body Affirmation Statement

The Board of Directors/Trustees for **Sylvan Heights Science Charter School** reviewed and approved the Health and Safety Plan on **January 24, 2022**.

The plan was approved by a vote of:

Yes  
 No

Affirmed on: **January 24, 2022**

By:

  
\_\_\_\_\_  
(Signature of Board President)

  
\_\_\_\_\_  
(Print Name of Board President)

\*Electronic signatures on this document are acceptable using one of the two methods detailed below.

**Option A:** The use of actual signatures is encouraged whenever possible. This method requires that the document be printed, signed, scanned, and then submitted.

**Option B:** If printing and scanning are not possible, add an electronic signature using the resident Microsoft Office product signature option, which is free to everyone, no installation or purchase needed.

**UPDATE: COVID-19 Isolation and Quarantine Period Clarification for the General Population**

<b>DATE:</b>	1/7/2022
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Keara Klinepeter, Acting Secretary of Health
<b>SUBJECT:</b>	<b>COVID-19 Isolation and Quarantine Periods Clarification for the General Population</b>
<b>DISTRIBUTION:</b>	Statewide
<b>LOCATION:</b>	n/a
<b>STREET ADDRESS:</b>	n/a
<b>COUNTY:</b>	n/a
<b>MUNICIPALITY:</b>	n/a
<b>ZIP CODE:</b>	n/a

This transmission is a “Health Update,” provides updated information regarding an incident or situation; unlikely to require immediate action.

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- Additional clarification to the updated isolation and quarantine timelines for COVID-19 is provided below.
- This is intended to replace [PA-HAN-615](#).
- If you have questions about this guidance, please call your local health department or **1-877-PA-HEALTH (1-877-724-3258)**.

Pennsylvania Department of Health (DOH) provides this guidance based on available information about COVID-19 and is subject to change.

On January 4, the Centers for Disease Control and Prevention (CDC) clarified their [guidelines](#) for [isolation and quarantine periods](#) for the general public. Based on these updated recommendations, the Pennsylvania Department of Health (DOH) is updating guidance for individuals infected with and exposed to COVID-19. This guidance provides clarification on isolation and quarantine guidance based on vaccination status. This guidance applies to COVID-19 vaccines currently authorized for emergency use by the [U.S. Food and Drug Administration \(FDA\)](#), and to COVID-19 vaccines that have been authorized for emergency use by the [World Health Organization \(WHO\)](#).

Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19. Data from clinical trials showed that a booster shot increased the immune response in trial participants who finished a [Pfizer-BioNTech primary series 5 months earlier](#), a Moderna primary series 6 months earlier, or a J&J/Janssen single-dose vaccine 2 months earlier. With an increased immune response, people should have improved protection against getting infected with COVID-19. For Pfizer-BioNTech and J&J/Janssen, clinical trials also showed that a booster shot helped

prevent severe disease. They are at substantially reduced risk of severe illness and death from COVID-19 compared with unvaccinated people.

At the time of this PA-HAN, CDC and DOH have recommended boosters for all persons aged 12 and older. Additionally, CDC and DOH recommend that moderately or severely immunocompromised 5–11-year-olds receive an additional primary dose of vaccine 28 days after their second shot. At this time, only the Pfizer-BioNTech COVID-19 vaccine is authorized and recommended for children aged 5–11.

Heterologous (mix-and-match) [dosing](#) may occur for the booster dose for persons aged 18 and older. For the purposes of this guidance, a person is considered to be boosted the same day as they receive the booster shot.

This guidance applies to the general population in the community setting. In certain congregate settings that have high-risk of secondary transmission (e.g., correctional facilities and homeless shelters), CDC currently recommends a 10-day quarantine (if exposed) and isolation (if infected) period for residents. During periods of critical staffing shortages, facilities may consider shortening isolation and quarantine periods for staff to ensure continuity of operations. This guidance does NOT apply to healthcare workers or healthcare settings. PA-HAN [614](#) and [616](#) provides additional guidance for healthcare workers.

Additional setting specific guidance is forthcoming which may alter or further clarify recommendations in these settings. School specific guidance can be found [here](#).

## **Quarantine Guidance for Individuals Exposed to COVID-19**

### **People Who Do NOT Need to Quarantine**

For persons who come into [close contact](#) with someone with COVID-19 and are in one of the following groups, they do NOT need to quarantine:

- Persons who are 18 or older and have received ALL [recommended vaccine doses](#), including boosters and [additional primary shots](#) for some immunocompromised individuals.
- Persons who are 5-17 and have completed the primary series of COVID-19 vaccines.
- Persons who had confirmed COVID-19 within the last 90 days as diagnosed by a [viral test](#).

People who do not need to quarantine should still wear a [well-fitting mask](#) around others for 10 days from the date of the last close contact with someone with COVID-19 (the date of last close contact is considered day 0). Additionally, it is recommended that anyone exposed to COVID-19 should [get tested](#) at least 5 days after the last close contact with someone with COVID-19. If that test is positive or the person develops COVID-19 symptoms, they should follow recommendations in the isolation section below.

Regardless of whether an individual has quarantined for 5 days or has not had to quarantine, people who have been in close contact to someone with COVID-19 should not go to places (e.g., gym, restaurants) where they are unable to wear a mask until 10 days after the last close contact to someone with COVID-19.

People who tested positive for COVID-19 with a [viral test](#) within the previous 90 days and subsequently recovered and remain without COVID-19 symptoms do not need to quarantine or be tested after close contact, however they should wear a [well-fitting mask for 10 days after the exposure](#). If someone develops symptoms consistent with COVID-19, testing is recommended regardless of vaccination status.

## People Who Do Need to Quarantine

For persons who come into [close contact](#) with someone with COVID-19 and are in one of the following groups, they should quarantine:

- Persons aged 18 or older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- Persons who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- Persons who are not vaccinated or have not completed a [primary vaccine series](#).

People who are quarantining should stay home and away from other people for at least 5 days (day 0 through day 5) after the last contact with a person who has COVID-19 and wear a [well-fitting mask](#) around others at home where possible. Additionally, these people should monitor for symptoms, including fever (100.4°F or greater); if symptoms develop, they should be tested immediately and isolate until the results are received. If the test is positive, the person should isolate.

For people who share a household with someone who has COVID-19, the close contact's quarantine period (if applicable) starts from the last time they were exposed to the person with COVID-19. If the person with COVID-19 cannot fully isolate, the household contacts who are either unvaccinated or have not received all the recommended doses should quarantine for an additional 5 days AFTER the person with COVID-19 is released from isolation. Any exposures that occur during day 6-10 of the "masking period" are not consider close contacts.

People who cannot wear a mask, including children < 2 years of age and people of any age with certain disabilities, should quarantine (if exposed) for 10 days.

If the quarantining person does NOT develop symptoms, they should be tested at least 5 days after the last close contact with someone with COVID-19. If the test is negative, the person can end their quarantine and leave their house; however, they should continue to wear a [well-fitting mask](#) when around others at home and in public until 10 days after the last close contact with someone with COVID-19. If the test is positive, the person should isolate. If the person is unable to be tested AND they have been asymptomatic through the 5 day period, then they may end their quarantine, provided they wear a [well-fitting mask](#) around others at home and in public.

Regardless of whether an individual has quarantined for 5 days or has not had to quarantine, people who have been in close contact to someone with COVID-19 should not go to places (e.g., gym, restaurants) where they are unable to wear a mask until 10 days after the last close contact to someone with COVID-19.

People under quarantine should not travel during the 5-day quarantine period. If a person under quarantine cannot be tested, any travel should be delayed until 10 days after the last exposure. If travel before that 10 days is completed is absolutely necessary, the person should wear a [well-fitting mask](#) around people during the entire duration of the travel during the 10 days. If the person cannot wear a mask, they should not travel.

These guidelines do not apply to congregate settings with a high risk of secondary transmission (e.g., correctional facilities, homeless shelters, cruise ships). CDC and DOH recommend a 10-day quarantine for residents, regardless of vaccination and booster status. CDC and DOH also recommend a 10-day isolation period for residents or staff who test positive for COVID-19. During periods of critical staffing shortages, facilities may consider shortening the quarantine period for staff to ensure continuity of operations.

## Isolation Guidance for Individuals Who Has Presumed or Confirmed COVID-19 Infection

Anyone who has presumed or confirmed COVID-19 infection should stay home and isolate from others for at least 5 full days. They should wear a mask when around others at home or in public for an additional 5 days after that. People who have COVID-19 should isolate, regardless of vaccination status. This includes people who have a positive viral test, regardless of whether they have symptoms.

### People with Symptomatic COVID-19

Individuals with symptomatic COVID-19 must isolate for at least 5 days. Isolation can be ended after 5 full days if the person is fever-free for 24 hours (without the use of antipyretics) and other symptoms have improved. If fever persists or other symptoms have not improved after 5 days, the person should wait to end isolation until symptoms have improved and fever has resolved.

People who have [moderate](#) COVID-19 illness should isolate for 10 days.

### People with Asymptomatic COVID-19

People who test positive for COVID-19 but do not develop symptoms must isolate for 5 days. If they continue to be asymptomatic for the 5 days, they can leave isolation. If the person develops symptoms after testing positive, the 5-day isolation period starts over; Day 0 is the first day of symptoms.

### All People with COVID-19

After leaving isolation, anyone who has COVID-19, regardless of the presence of symptoms, is strongly encouraged to wear a [well-fitting mask](#) while around other people until 10 days after the onset of symptoms (if symptomatic) or the test date (if asymptomatic). Anyone who has COVID-19 is strongly encouraged to avoid people who are [immunocompromised or at high risk for severe disease](#), nursing homes, and other high risk settings until after 10 days.

Additionally, people with COVID-19 are instructed to not travel during their isolation period and are encouraged to avoid travel until the full 10 days have passed. If travel during days 6-10 is unavoidable, these people need to wear a [well-fitting mask](#) for the duration of travel. If the person cannot wear a mask, they should not travel. Finally, anyone with COVID-19, regardless of the presence of symptoms, is instructed to not go places where they are unable to wear a mask (e.g., gyms, restaurants) until the full 10 days have passed.

If an individual has access to a test and wishes to be tested, the best approach is to use an [antigen test](#) towards the end of the 5-day isolation period; however, either a PCR or an antigen test is acceptable. Testing should only occur if the person is fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If the test result is positive, the person should continue to isolate until day 10. If the test result is negative, isolation can be ended, but they should continue to wear a [well-fitting mask](#) around others at home and in public until day 10. Any exposures that occurring during day 6-10 of the "masking period" are not consider close contacts.

People who cannot wear a mask, including children < 2 years of age and people of any age with certain disabilities, should isolate (if infected) for 10 days.

Note that these recommendations on ending isolation **do not** apply to immunocompromised people or people with severe COVID-19. People who are severely ill with COVID-19 (including those who were hospitalized or required intensive care or ventilation support) and people with [compromised immune systems](#) might need to isolate at home longer. They may also require testing with a [viral test](#) to determine

when they can be around others. CDC and DOH recommend an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for [people with weakened immune systems](#).

People who are immunocompromised should talk to their healthcare provider about the potential for reduced immune responses to COVID-19 vaccines and the need to continue to follow [current prevention measures](#) (including wearing a [well-fitting mask](#), [staying 6 feet apart from others](#) they don't live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves against COVID-19 until advised otherwise by their healthcare provider. Close contacts of immunocompromised people – including household members – should also be encouraged to receive all [recommended COVID-19 vaccine doses](#) to help protect these people. Close contacts of immunocompromised people, including household members, should also be encouraged to receive all recommended COVID-19 vaccine doses to help protect these people.

If you have questions about this guidance, please call your local health department or **1-877-PA-HEALTH (1-877-724-3258)**. Individuals interested in receiving further PA-HANs are encouraged to register at <https://han.pa.gov/>.

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of January 7, 2022 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.