Decision Pathways for Symptoms in Early Care and Education Centers and TK-12 Schools

Los Angeles County Department of Public Health

Updated: 3/29/2022
Decision Pathway for *Children* with Symptoms
Symptoms consistent with possible COVID-19 infection in children include: fever ≥ 100.4°F; new cough (different from baseline); vomiting or any new onset diarrhea. If the child’s symptoms are not consistent with possible COVID-19 but there is still concern, evaluation of the child by a medical provider is recommended.

PCR test is preferred diagnostic test due to lower sensitivity of rapid antigen testing, however, either may be used.

Decision Pathways for Children with Symptoms Prior to Entry\(^1\) into an Educational Institution, regardless of vaccination status

\(^1\)If child becomes unwell at the facility, place child in an isolation area (physically distant from attendant, ideally outdoors) and follow decision pathways described below.

**Screening identifies child with 1 or more symptoms consistent with possible COVID-19.\(^1\)**

- Child is sent home. Parent/guardian instructed to consult Medical Provider for further evaluation and possible COVID-19 testing.

**Screening identifies child with symptoms not consistent with possible COVID-19.**

- Institution determines if the child should be excused per illness management policy. If the child’s symptoms make it difficult to comply with the facility’s COVID-19 safety protocols, the child should be sent home.

**Medical provider confirms child does not have symptoms consistent with COVID-19.**

- Child tested
  - Child has negative COVID-19 diagnostic viral test\(^2\)
    - Child stays home until fever free without fever reducing medication for 24 hours and improved symptoms.
    - Child follows Home Isolation Guidance.
  - Child has positive COVID-19 diagnostic viral test\(^2\)
    - Child stays home per Medical provider guidance.
  - Child tested

**Medical provider not consulted or medical provider confirms child has symptoms consistent with COVID-19.**

- Child tested
  - Child has negative COVID-19 diagnostic viral test\(^2\)
    - Child stays home per Medical provider guidance.
  - Child has positive COVID-19 diagnostic viral test\(^2\)
    - Child follows Home Isolation Guidance.

**Child not tested**

\(^1\)Symptoms consistent with possible COVID-19 infection in children include: fever ≥ 100.4°F; new cough (different from baseline); vomiting or any new onset diarrhea. If the child’s symptoms are not consistent with possible COVID-19 but there is still concern, evaluation of the child by a medical provider is recommended.

\(^2\)PCR test is preferred diagnostic test due to lower sensitivity of rapid antigen testing, however, either may be used.
Decision Pathway for *Employees* with Symptoms
Decision Pathways for Employees with Symptoms Prior to Entry into an Educational Institution, regardless of vaccination status

1If employee becomes unwell at the facility, place employee in an isolation area (ideally outdoors, physically distant from attendant) and follow decision pathways below.

Screening identifies employee with 1 or more symptoms consistent with possible COVID-19.¹

Employee is sent home and instructed to consult Medical Provider for further evaluation and possible COVID-19 testing.

Institution determines if the employee should be excused per illness management policy. If the employee’s symptoms make it difficult for the to comply with the facility’s COVID-19 safety protocols, the employee should be sent home.

Screening identifies employee with symptoms not consistent with possible COVID-19.

Medical provider confirms employee does not have symptoms consistent with COVID-19.

Employee stays home per Medical provider guidance.

Medical provider confirms employee has symptoms consistent with COVID-19.

Employee stays home until fever free without fever reducing medication for 24 hours and improved symptoms.

Employee follows Home Isolation Guidance.

Employee not tested

¹Symptoms associated with possible COVID-19 in adults: fever ≥ 100.4°F or feeling feverish (chills, sweating); cough; shortness of breath; new loss of taste or smell; fatigue; runny or stuffy nose; muscle or body aches; headache; sore throat; nausea or vomiting; diarrhea. If the symptoms are not listed but there is still concern, additional evaluation by a medical provider is recommended.

²PCR test is preferred diagnostic test due to lower sensitivity of rapid antigen testing, however, either may be used.
Decision Pathway for Contacts (child/student or employee/staff) of a Potentially Infected Individual
A **potentially infected individual** is an individual with ≥ 1 symptoms consistent with possible COVID-19. Close **contacts of a potentially infected individual** are persons at the facility who were within 6 feet for ≥ 15 minutes over a 24-hour period with a potentially infected individual OR had direct contact with bodily fluids/secretions from a potentially infected individual.

If in a K-12 Setting:

**Using Individual Tracing**
- Follow page 2 of *School Exposure Flowchart*

**Using Group Tracing**
- Does NOT need to quarantine regardless of vaccination status and can remain in school
- Strong recommendation to wear highly protective mask around others (indoors & outdoors) through day 10 after last exposure
- Strong recommendation to test once within 3-5 days after last exposure.

If in an ECE Setting:
- Follow *ECE Exposure Mgmt Plan*

If in a K-12 Setting:
- Follow *ECE Exposure Mgmt Plan*

1. Symptoms consistent with COVID-19 criteria differ for children and adults, see slide 3 for child criteria and slide 5 for adult criteria.
2. Exposure is confirmed for a close contact to a potentially infected child if the site receives notification that the potentially infected child had a positive COVID-19 diagnostic viral test OR received a COVID-19 diagnosis from a medical provider.
3. More details on individual contact tracing and group tracing are available in the *K-12 Exposure Mgmt Plan.*