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

Los Angeles County Department of Public Health

Updated: 11/24/2021
Decision Pathways for *Children* with Symptoms
Symptoms consistent with possible COVID-19 infection in children include: fever ≥ 100.4°F; new cough (different from baseline); diarrhea or vomiting. 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.

Decision Pathways for Children with Symptoms Prior to Entry* into an Educational Institution, regardless of vaccination status

*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.

1Symptoms consistent with possible COVID-19 infection in children include: fever ≥ 100.4°F; new cough (different from baseline); diarrhea or vomiting. 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.

2A COVID-19 molecular test is a nucleic acid amplification test (NAAT), such as a PCR test. A COVID-19 diagnostic viral test is either a NAAT or an Antigen test for SARS-CoV-2.
A potentially infected child is a child with ≥ 1 symptoms consistent with possible COVID-19. Close contacts of a potentially infected child are persons at the facility who were within 6 feet for ≥ 15 minutes over a 24-hour period with a potentially infected child OR had direct contact with bodily fluids/secretions from a potentially infected child.

Unvaccinated contacts to a potentially infected child are notified that they may have had an exposure. Unvaccinated contacts may remain at the facility while waiting for confirmation of exposure.²

Institution confirms that the unvaccinated contact was exposed to COVID-19.

Contact instructed to quarantine and test

Contact has positive COVID-19 diagnostic viral test³

Contact is now a case and should follow Home Isolation Guidance.

Contact follows Home Quarantine Guidance.

Contact does not test or has negative COVID-19 diagnostic viral test³

Institution confirms unvaccinated contact was not exposed OR no confirmation of exposure is provided. No action required.

²Exposure 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.³A COVID-19 diagnostic viral test is either a nucleic acid amplification test or NAAT (e.g., PCR) or an Antigen test for SARS-CoV-2.
Decision Pathways for **Fully Vaccinated** Contacts to a Potentially Infected Child* at an Educational Institution

*A potentially infected child is a child with ≥ 1 symptoms consistent with possible COVID-19. Close contacts of a potentially infected child are persons at the facility who were within 6 feet for ≥ 15 minutes over a 24-hour period with a potentially infected child OR had direct contact with bodily fluids/secretions from a potentially infected child.

Vaccinated contacts to a potentially infected child are notified that that they may have had an exposure.

Vaccinated contacts may remain at the facility while waiting for confirmation of exposure.  

Institution confirms that the vaccinated contact was exposed to COVID-19.

Contact has positive COVID-19 diagnostic viral test³

Contact is now a case and should follow Home Isolation Guidance.

Contact does not test or has negative COVID-19 diagnostic viral test³

Contact does NOT need to quarantine.

Institution confirms vaccinated contact was not exposed or no confirmation of exposure is provided. No action required.

Testing recommended when community transmission is high.

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²Exposure 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. ³A COVID-19 diagnostic viral test is either a nucleic acid amplification test or NAAT (e.g., PCR) or an Antigen test for SARS-CoV-2.
Decision Pathways for *Employees* with Symptoms
Decision Pathways for Employees with Symptoms Prior to Entry* into an Educational Institution, regardless of vaccination status

*If 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.  

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 confirmed employee does not have symptoms consistent with COVID-19.

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

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

Employee follows Home Isolation Guidance.

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

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

Employee has negative COVID-19 molecular test.

Employee stays home per Medical provider guidance.

Employee has positive COVID-19 diagnostic viral test.

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

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

Employee not tested.

Employee stays home per Medical provider guidance.

Symptoms 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. A COVID-19 molecular test is a nucleic acid amplification test (NAAT), such as a PCR test. A COVID-19 diagnostic viral test is either a NAAT or an Antigen test for SARS-CoV-2.
A potentially infected employee is an employee with ≥ 1 symptoms consistent with possible COVID-19. Close contacts of a potentially infected employee are persons at the facility who were within 6 feet for ≥ 15 minutes over a 24-hour period with a potentially infected employee OR had direct contact with bodily fluids/secretions from a potentially infected employee.

Contacts to a potentially infected employee are notified that they may have had an exposure at the facility.

Contacts may remain at the facility while waiting for confirmation of exposure.²

Institution confirms that contact was exposed to COVID-19.

- Contact is instructed to quarantine and test
  - Contact has positive COVID-19 diagnostic viral test³
    - Contact is now a case and should follow Home Isolation Guidance.
  - Contact does not test or has negative COVID-19 diagnostic viral test³
    - Contact continues to follow Home Quarantine Guidance.

Institution confirms contact was not exposed OR no confirmation of exposure is provided. No action required.

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²Exposure is confirmed for a close contact to a potentially infected employee if the site receives notification that the potentially infected employee had a positive COVID-19 diagnostic viral test OR received a COVID-19 diagnosis from a medical provider. ³A COVID-19 diagnostic viral test is either a nucleic acid amplification test or NAAT (e.g., PCR) or an Antigen test for SARS-CoV-2.
Decision Pathways for **Fully Vaccinated** Contacts to a Potentially Infected Employee* at an Educational Institution

*A potentially infected employee is an employee with ≥ 1 symptoms consistent with possible COVID-19. Close contacts of a potentially infected employee are persons at the facility who were within 6 feet for ≥ 15 minutes over a 24-hour period with a potentially infected employee OR had direct contact with bodily fluids/secretions from a potentially infected employee.

Contacts to a potentially infected employee are notified that they may have had an exposure at the facility.

Contacts may remain at the facility while waiting for **confirmation of exposure**.2

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**Institution confirms that contact was exposed to COVID-19.**

Testing recommended during times of high community transmission

**Contact has positive COVID-19 diagnostic viral test**3

Contact is now a case and should follow [Home Isolation Guidance](#).

**Contact does not test or has negative COVID-19 diagnostic viral test**3

Contact does NOT need to quarantine.

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**Institution confirms contact was not exposed OR no confirmation of exposure is provided.**

**No action required.**

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2Exposure is confirmed for a close contact to a potentially infected employee if the site receives notification that the potentially infected employee had a positive COVID-19 diagnostic viral test OR received a COVID-19 diagnosis from a medical provider. 3A COVID-19 diagnostic viral test is either a nucleic acid amplification test or NAAT (e.g., PCR) or an Antigen test for SARS-CoV-2.
Quarantine Pathways for Children and Staff with *Exposures* at Early Care and Education Centers and TK-12 Schools
Identifying Exposures On Campus - Close Contacts to a Confirmed Case

A close contact is a person who has been exposed to someone diagnosed with COVID-19 during the infectious period* if at least one of the following has occurred:

- The person was within 6 feet of someone with COVID-19 for a total of 15 minutes or more over a 24-hour period; OR
- The person had unprotected contact with body fluids and/or secretions from someone with COVID-19. For example, they were coughed or sneezed on, they shared a drinking cup or eating utensils, they kissed, or they provided care to the infected person without wearing the right protective equipment.

- A person is considered to be infectious and able to spread the virus to others from 2 days before symptoms first started until the isolation period ends (i.e. 10 days have passed since symptoms first started AND no fever for at least 24 hours AND symptoms improve); OR, if symptoms never develop, from 2 days before their positive test was taken until 10 days after that test was taken.

NOTE: a person should not be considered a close contact unless the program is reasonably sure that they meet the definition above. Individuals should not be considered a close contact solely because they were present in the same classroom or school group as an infected person. If a program cannot determine who is a close contact, they should contact Public health for technical assistance.
For Exposed Children:\(^1\): How long for quarantine?

**Child does not have symptoms**

- **Child has symptoms**
  - Regardless of vaccination status
  - Consult with medical provider for further evaluation
  - Follow exclusion guidance per DPH’s Decision Pathways for Children with Symptoms (see page 3)

**Fully vaccinated**
- Does NOT need to test
- Does NOT need to quarantine

**Modified quarantine option for TK-12 students\(^2\)**
- Twice weekly testing
  - Recommend 1\(^{st}\) test immediately after exposure,
  - 2\(^{nd}\) test on or after Day 5\(^{3}\)
- Student can attend school for in-person instruction but MUST otherwise quarantine at home. If negative test\(^3\) is collected on Day 5 or later, then quarantine ends after Day 7

**Routine quarantine**
- Testing strongly recommended
- If NO test, quarantine ends after Day 10
- If negative test\(^3\) is collected on Day 5 or later, then quarantine ends after Day 7

**Not fully vaccinated**
- COVID-19 recovery in past 90 days
- Does NOT need to test
- Does NOT need to quarantine

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\(^1\)Follows Los Angeles County Department of Public Health Home Quarantine Guidance.\(^2\)Modified quarantine applies only to TK-12 school students who had a school exposure. Criteria for modified quarantine can be found in the TK-12 Exposure Management Plan (page 4).\(^3\)Testing should use a COVID-19 diagnostic viral test, including a Nucleic Acid Amplification Test (NAAT, such as PCR) or an Antigen test, that is collected and performed in a healthcare setting or certified testing site.
For Exposed Employees\(^1\): How long for quarantine?

**Symptomatic**

- Regardless of vaccination status
  - Consult with medical provider for further evaluation
  - Follow exclusion guidance per DPH’s Decision Pathways for Staff with Symptoms (see page 7)

**Asymptomatic**

- Not fully vaccinated
  - Testing strongly recommended
  - If NO test, quarantine ends after Day 10
  - If negative test\(^2\) is collected on Day 5 or later, then quarantine ends after Day 7

- Fully vaccinated
  - Testing recommended
  - Does NOT need to quarantine

- COVID-19 recovery in past 90 days
  - Does NOT need to test
  - Does NOT need to quarantine

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\(^1\)Follows Los Angeles County Department of Public Health Home Quarantine Guidance which allows employees to return to work as soon as they have cleared quarantine, which may before they meet Cal/OSHA’s criteria for return-to-work.

\(^2\)Testing should use a COVID-19 diagnostic viral test, including a Nucleic Acid Amplification Test (NAAT, such as PCR) or an Antigen test, that is collected and performed in a healthcare setting or certified testing site.