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

Los Angeles County Department of Public Health
Updated: 5/24/2022
Decision Pathway for *Children* with Symptoms
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.

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.**

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**Screening identifies child with 1 or more symptoms consistent with possible COVID-19.**

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

- 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.

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

- Medical provider confirms child does not have symptoms consistent with COVID-19.
  - Child has **negative COVID-19 diagnostic viral test**\(^2\) or **positive COVID-19 diagnostic viral test**\(^2\), child follows **Home Isolation Guidance**.
  - Child tested

- Medical provider not consulted or medical provider confirms child has symptoms consistent with COVID-19.
  - Child stays home per Medical provider guidance.

- Child not tested

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\(^1\)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\textsuperscript{1} into an Educational Institution, regardless of vaccination status

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

1. Symptoms associated with possible COVID-19 in adults: fever $\geq 100.4^\circ$ 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.

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

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

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

3. Medical provider tested

   - Employee has negative COVID-19 diagnostic viral test\textsuperscript{2}
   - Employee stays home per Medical provider guidance.

   - Employee has positive COVID-19 diagnostic viral test\textsuperscript{2}
   - Employee stays home until fever free without fever reducing medication for 24 hours and improved symptoms.

   - Employee follows Home Isolation Guidance.

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

5. Employee tested

   - Employee not tested
   - Employee is sent home and instructed to consult Medical Provider for further evaluation and possible COVID-19 testing.


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\textsuperscript{1}Symptoms associated with possible COVID-19 in adults: fever $\geq 100.4^\circ$ 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.

\textsuperscript{2}PCR 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. In TK-12 and ECE settings, close contacts of a potentially infected individual are those that shared the same indoor airspace OR were within 6 feet of someone with COVID-19 for a total of 15 minutes or more over a 24-hour period while they were infectious.

Contacts to a potentially infected individual are notified that they may have had an exposure. Contacts may remain at the facility while waiting for confirmation of exposure.

Asymptomatic close contacts DO NOT need to quarantine, but are required to:

1. Monitor for symptoms for 10 days following last exposure.
2. Wear a highly protective mask around others indoors if aged 2 years and older, except when eating or drinking, for 10 days after the last date of exposure.
3. Test with an FDA-authorized viral COVID-19 test (e.g. PCR or antigen test, including at-home tests) within 3-5 days since the last date of exposure*.

*If you had COVID-19 in the past 90 days, you do not need to test unless you develop symptoms.

If applying the within 6 ft of an infected person for 15 minutes or more over a 24-hour period definition for close contacts in classrooms or similar-sized settings, all other individuals who shared the same indoor airspace with the infected person for 15 minutes or more over a 24-hour period must be notified that they had a potential exposure and are strongly recommended to follow the above guidance for symptom monitoring, masking (if aged 2 years and older), and testing.

Supplementary notes:
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. There are different approaches for identifying close contacts in ECE, TK-12, and IHE settings. Refer to the exposure management plan corresponding to the setting for more details: ECE, TK-12, IHE
3. Exposure is confirmed for a close contact to a potentially infected individual if the site receives notification that the potentially infected individual had a positive COVID-19 diagnostic viral test OR received a COVID-19 diagnosis from a medical provider.