This document is in the process of being updated to align with Public Health’s new Isolation and Quarantine Guidelines from March 13th.

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

Los Angeles County Department of Public Health
Updated: 8/15/2022
Decision Pathway for *Children* with Symptoms
Screening identifies child with symptoms consistent with possible COVID-19.¹

Screening identifies child with symptoms not 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.

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

Child has negative COVID-19 diagnostic viral test²

Child stays home per Medical provider guidance.

Child has positive COVID-19 diagnostic viral test²

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

Child tested

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

Child follows Home Isolation Guidance.

Child not tested

¹Symptoms 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.

²COVID-19 diagnostic viral test includes Nucleic Acid Amplification Test, such as a PCR, or a rapid antigen test (including over-the-counter, or at-home, tests). PCR tests are considered the most accurate test for COVID-19, but either PCR or rapid antigen tests may be used.
Decision Pathway for *Employees* with Symptoms
Decision Pathways for Employees with Symptoms Prior to Entry\(^1\) into an Educational Institution, regardless of vaccination status

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

**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.**

- Employee stays home per Medical provider guidance.
- Employee stays home until fever free without fever reducing medication for 24 hours and improved symptoms.
- Employee follows Home Isolation Guidance.

\(^1\)Symptoms associated with possible COVID-19 in adults: fever ≥ 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.

\(^2\)COVID-19 diagnostic viral test includes Nucleic Acid Amplification Test, such as a PCR, or a rapid antigen test (including over-the-counter, or at-home, tests). PCR tests are considered the most accurate test for COVID-19, but either PCR or rapid antigen tests may be used.
Decision Pathway for Contacts (child/student or employee/staff) of a Potentially Infected Individual
Contacts to a potentially infected individual are notified that they may have had an exposure.

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.

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

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

No action required.

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.**

*Students/children aged 2 years or older with a mask exemption may wear a face shield with drape at the bottom or must test once between days 3-5 and once between days 6-9 to remain on site. Children under 2 years of age should not wear a mask. Refer to the TK-12 Exposure Management Plan or the ECE Exposure Management Plan for additional details.

**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 of a potential exposure and are advised to follow the above guidance for symptom monitoring, masking (if aged 2 years and older), and testing.

---

1 Symptons 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.