COVID-19 INTERIM EXCLUSION GUIDANCE[1]

Decision Tree for Symptomatic Individuals in Pre-K, K-12 Schools and Day Care Programs

IDPH
Illinois Department of Public Health

Send home or deny entry (and provide remote instruction) if **ANY** of the following symptoms[2] are present: Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, abdominal pain from unknown cause, new congestion/runny nose, new loss of sense of taste or smell, nausea, fatigue from unknown cause, muscle or body aches.

Medical Evaluation and Testing are Strongly Recommended for ALL Persons with COVID-Like Symptoms.

Status	A. COVID-19 diagnostic test Positive (confirmed case) OR COVID-like symptoms without COVID-19 testing and exposed to confirmed case (probable case)	B. Symptomatic individual with a negative COVID-19 diagnostic test *(Negative COVID-19 diagnostic tests must be from a specimen collected up to 48 hours prior to symptom onset or after and is valid for only the date the specimen was collected.)*	C. Symptomatic individual with an alternative diagnosis without negative COVID-19 diagnostic test	D. Symptomatic individual without diagnostic testing or clinical evaluation *Individuals may move to Columns A, B, or C based on results of diagnostic testing and/or clinical evaluation.*	E. Asymptomatic individual who is a close contact[6] to a confirmed or probable COVID-19 case
Evaluated by Healthcare Provider	YES / NO	YES / NO	YES	NO	NA
Return to School Guidance	Stay home at least ten[3] calendar days from onset of symptoms **AND** for 24 hours with no fever (without fever-reducing medication) **AND** improvement of symptoms.	Stay home until symptoms have improved/resolved per return-to-school criteria for diagnosed condition[4]. Follow provider directions, recommended treatment & return to school guidance as per school policies and IDPH Communicable Diseases in Schools.	Stay home until symptoms have improved/resolved per return-to-school criteria for diagnosed condition[4]. Follow provider directions, recommended treatment & return to school guidance as per school policies and IDPH Communicable Diseases in Schools.	Stay home at least ten[3] calendar days from onset of symptoms **AND** for 24 hours with no fever (without fever-reducing medication) **AND** improvement of symptoms.	Stay home for 14 calendar days after last exposure to the COVID-19 case. *If COVID-19 illness develops, use the ten-day isolation period[3] guidance for a COVID-19 case from the onset date. Testing is recommended.*
Quarantine for Close Contacts?	YES	NO	NO	Household Member (e.g., Siblings, Parent)[5]	NA
Documentation Required to Return to School	Release from Isolation letter (if received from their LHD) provided by the parent/guardian or staff person, notification via phone, secure email or fax from the LHD to the school, OR other process implemented by your LHD	Negative COVID-19 test result OR healthcare provider's note indicating the negative test result	Healthcare provider's note with alternative diagnosis	After the ten-day exclusion, a note from parent/guardian documenting that the ill student and/or household contacts are afebrile without fever-reducing medication and symptoms have improved	Release from Quarantine letter (if received from their LHD) provided by the parent/guardian or staff member, LHD notification via phone, secure email or fax to the school OR other process implemented by your LHD

1 Based on available data and science, schools must make local decisions informed by local context in consultation with their local public health department. This chart should be used in conjunction with the Public Health Interim Guidance for Pre-K-12 Schools and Day Care Programs1 for Addressing COVID-19.

2 New onset of a symptom not attributed to allergies or a pre-existing condition.

3 Severely immunocompromised or severely ill: may need to isolate for 20 days as per guidance from the individual's infectious disease physician.

4 If the individual has been identified by public health for quarantine or knows they are a close contact to a case, the 14-calendar-day quarantine must be completed.

5 Consider quarantine for other close contacts if there was poor adherence to social distancing or use of face coverings.

6 Contacts to close contacts of a case do not need to be excluded unless the close contact becomes a confirmed or probable case.

Rev. 9/10/2020 Interim Guidance, Subject to updates

V.4

IDPH Supplemental Guidance: Considerations for School Nurses and Healthcare Providers

IDPH Illinois Department of Public Health

9/10/2020 Interim Guidance, Subject to updates

Box A. Assessment of Symptomatic Persons

Consider the following when assessing symptomatic students/staff:

Are symptoms <u>new</u> to the student/staff person or are they a change in baseline for that individual?

Does the symptomatic individual have any of the following potential exposure risks?

Did the student/staff have an exposure to a suspected or confirmed COVID-19 case in the past 14 days?

Is there a household or other close contact with similar symptoms who has not been yet classified as a confirmed or probable case?

Is there a household member or other close contact with high-exposure risk occupation or activities (e.g. HCW, correctional worker, other congregate living setting worker or visitor)?

Did the student/staff member have potential exposure due to out-of-school activities (private parties, playing with friend groups, etc.) or have poor compliance with mask wearing and social distancing?

Do they <u>live</u> in an area of moderate or high community transmission? (as defined in the Adaptive Pause Metrics guidance[1])

Do they have a history of <u>travel to</u> an area of high transmission in previous 14 days?

Is there an outbreak in the school or has there been another known case of COVID-19 in the school building in the last 14 days or are there other students or staff in the classroom or cohort currently out with COVID-19 symptoms?

Box B. Clinical Evaluation for Children with Symptoms of COVID-19

(https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html)

Consider the individual's risk of exposure. See Box A.

No Exposure Risk Identified & resides in County with Minimal County Transmission[1]

If no known close contact to COVID-19 case and no other exposure risks, testing and exclusion for COVID-19 may be considered based on level of clinical suspicion and testing availability.

Alternate diagnoses should be considered, and exclusions based on usual practice. (Isolate until at least 24 hours fever-free without fever-reducing medicine)

Has Exposure Risk and/or Clinical Suspicion for COVID-19

Isolation
COVID-19 Testing Recommended

<u>TESTING</u>

PCR or antigen (Ag) testing is acceptable.

- If an Ag detection test is negative and there is a high clinical suspicion of COVID-19, confirm with PCR, ideally within 2 days of the initial Ag test.
- If RT-PCR testing is not available, clinical discretion can be used to recommend isolation.

Test result is only valid for the day of specimen collection.

1. Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments. Available at https://www.isbe.net/Documents/IDPH-Adaptive-Pause-Metrics.pdf

<u>Resources:</u>

- COVID-19 Testing Overview https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html
- Isolation and Quarantine: CDC https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html