

# COVID-19 Decision Tree for School

Information updated 11/2020

Follow the appropriate path if a child, student, or staff person is experiencing the following symptoms consistent with COVID-19

For people experiencing **ONE** of the following:

- Fever  $\geq 100.4$
- Loss of taste or smell
- Shortness of Breath
- Difficulty Breathing
- New or worsening cough

**OR**

For people experiencing **TWO** or more of the following:

- Headache
- Muscle/Body Aches
- Chills
- Sore Throat
- Nausea or Vomiting
- Diarrhea
- Congestion/Runny nose

Do NOT attend school. If already at school individual will be sent home and visit to primary care provider and/or COVID-19 test recommended

## When Can I Return To School

### \*\*\*WITH EXPOSURE\*\*\*

- CLOSE CONTACT WITH COVID-19 POSITIVE + INDIVIDUAL (15 MINS OR LONGER WITHIN 6 FEET)
- TRAVELED TO AN AREA WITH HIGH COMMUNITY SPREAD

#### COVID-19 POSITIVE TEST RESULT

MAY RETURN AFTER 10 DAYS HOME ISOLATION FROM FIRST SYMPTOM  
**AND**  
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION  
**AND**  
SYMPTOMS HAVE IMPROVED

#### HAS SYMPTOMS WITH NO COVID-19 TESTING DONE

MAY RETURN AFTER 14 DAYS HOME QUARANTINE  
**AND**  
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION  
**AND**  
SYMPTOMS HAVE IMPROVED  
**OR**  
DOCTOR'S NOTE INDICATING ALTERNATIVE DIAGNOSIS  
**AND**  
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION

#### EXPOSURE WITH NO SYMPTOMS

MAY RETURN AFTER 14 DAYS HOME QUARANTINE FROM LAST KNOWN EXPOSURE DATE  
**AND**  
HAVE NO SYMPTOMS  
**OR**  
MAY RETURN ON DAY 10 WITH PROOF OF A NEGATIVE PCR COVID TEST (TAKEN BETWEEN DAY 5-8)  
**AND**  
HAVE NO SYMPTOMS  
**AND**  
HAVE NO FURTHER EXPOSURE  
**\*\*CONSULT DOCTOR IF SYMPTOMS DEVELOP FOR COVID-19 TESTING\*\***  
**IF POSITIVE TEST RESULT SEE ABOVE GUIDELINES**

### \*\*\*NO EXPOSURE\*\*\*

**NO CLOSE CONTACT OR POTENTIAL EXPOSURE**

#### HAS SYMPTOMS DESCRIBED ABOVE WITH COVID-19 NEGATIVE RESULT

SYMPTOMS HAVE IMPROVED  
**AND/OR**  
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION

#### HAS CHRONIC/REOCCURRING SYMPTOMS THAT ARE SYMPTOMS DESCRIBED ABOVE WITH NO COVID-19 TESTING DONE

SYMPTOMS HAVE IMPROVED  
**AND/OR**  
MAY RETURN AFTER 24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION  
**OR**  
DOCTOR'S NOTE INDICATING ALTERNATIVE DIAGNOSIS (EX: SEVERE ALLERGIES, EAR INFECTION... ECT)  
**AND/OR**  
24 HOURS FEVER FREE WITHOUT FEVER REDUCING MEDICATION