

Box A. Assessment of Symptomatic Persons

Consider the following when assessing symptomatic students/staff:

Are symptoms new 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 live in an area of moderate or high community transmission? (as defined in the [Adaptive Pause Metrics guidance](#)¹)

Do they have a history of travel to 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 Transmission¹

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

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.

Isolation
COVID-19 Testing Recommended

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

TESTING

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) (see Column B, pg. 1), 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> and CDC Indicators for Dynamic School Decision-Making available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html#thresholds>

Resources:

- 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>