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
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.

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.

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 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.

Symptoms associated with possible COVID-19 in adults: fever ≥ 100.4°F 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.

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.

Screening identifies employee with 1 or more symptoms consistent with possible COVID-19.1

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.

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

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

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

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

Employee has negative COVID-19 diagnostic viral test²

Employee stays home per Medical provider guidance.

Employee has positive COVID-19 diagnostic viral test²

Employee follows Home Isolation Guidance.

Employee tested

Employee not tested

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

⁴Symptoms associated with possible COVID-19 in adults: fever ≥ 100.4°F 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.

⁵COVID-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
A potentially infected individual is an individual with \( \geq 1 \) symptoms consistent with possible COVID-19\(^1\). 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.\(^2\)

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.

\(^1\)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.