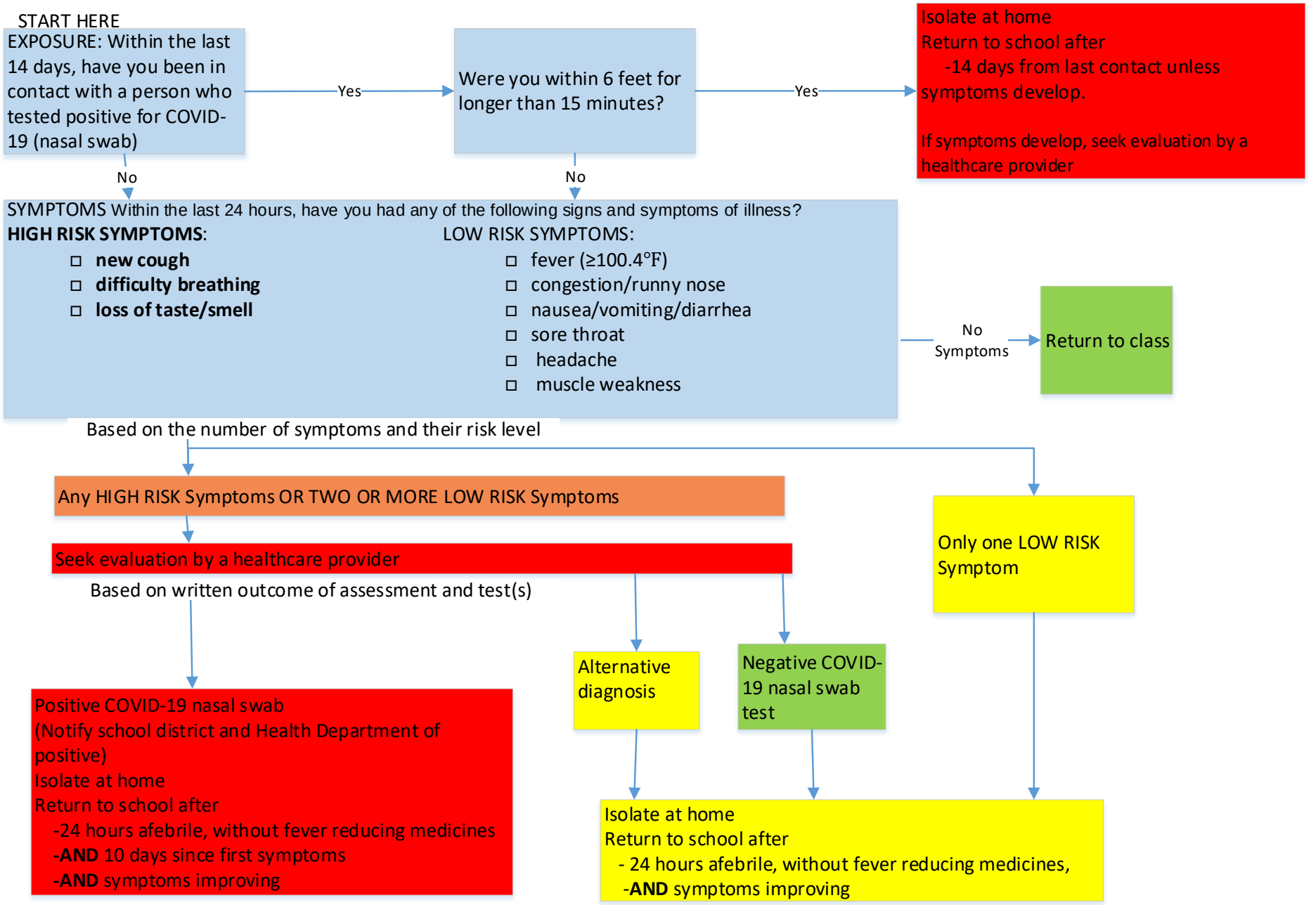
START HERE
EXPOSURE: Within the last 14 days, have you been in contact with a person who tested positive for COVID-19 (nasal swab)
Yes
Were you within 6 feet for longer than 15 minutes?
Yes
Isolate at home
Return to school after
-14 days from last contact unless symptoms develop.
If symptoms develop, seek evaluation by a healthcare provider
No
No
SYMPTOMS Within the last 24 hours, have you had any of the following signs and symptoms of illness?
HIGH RISK SYMPTOMS:
new cough
difficulty breathing
loss of taste/smell
LOW RISK SYMPTOMS:
fever (≥100.4°F)
congestion/runny nose
nausea/vomiting/diarrhea
sore throat
headache
muscle weakness
No Symptoms
Return to class
Based on the number of symptoms and their risk level
Any HIGH RISK Symptoms OR TWO OR MORE LOW RISK Symptoms
Only one LOW RISK Symptom
Seek evaluation by a healthcare provider
Based on written outcome of assessment and test(s)
Positive COVID-19 nasal swab
(Notify school district and Health Department of positive)
Isolate at home
Return to school after
-24 hours afebrile, without fever reducing medicines
-AND 10 days since first symptoms
-AND symptoms improving
Alternative diagnosis
Negative COVID-19 nasal swab test
Isolate at home
Return to school after
- 24 hours afebrile, without fever reducing medicines,
-AND symptoms improving