

COVID-19 EXCLUSION GUIDANCE¹

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



Send home or deny entry (and provide remote instruction) if ANY of the following symptoms are present: Fever (100.4°F or higher), headache, shortness of breath, cough, sore throat, vomiting, diarrhea, abdominal pain.

In addition, some individuals (especially adults) may present with the following symptoms:
congestion or runny nose, new loss of sense of taste or smell, nausea, fatigue, muscle or body aches.

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

Status	COVID-19 diagnostic test Positive (confirmed case) OR COVID-19 diagnosis without diagnostic testing (probable case)	Symptomatic individual with a negative COVID-19 diagnostic test ² <i>(Negative COVID-19 diagnostic test must be from a specimen collected 48 hours prior to or after symptom onset.)</i>	Symptomatic individual with an alternative diagnosis without negative COVID-19 diagnostic test ²	Symptomatic individual without diagnostic testing or clinical evaluation	Asymptomatic individual who is a close contact to a confirmed OR probable COVID-19 case
Evaluated by Healthcare Provider?	YES	YES / NO	YES	NO	NA
Return to School Guidance	<u>Stay home</u> at least ten ² calendar days from onset of symptoms AND for 24 hours with no fever (without fever-reducing medication) AND improvement of symptoms.	<u>Stay home</u> until symptoms have improved/resolved per return-to-school criteria for diagnosed condition. Follow provider directions, recommended treatment & return to school guidance as per school policies and IDPH Communicable Diseases in Schools .	<u>Stay home</u> until symptoms have improved/resolved per return-to-school criteria for diagnosed condition. Follow provider directions, recommended treatment & return to school guidance as per school policies and IDPH Communicable Diseases in Schools .	<u>Stay home</u> at least 10 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 ¹ 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) ⁴	NA
Documentation Required to Return to School	'Release from Isolation' letter issued by Local Health Department and provided to parent/guardian or individual	Negative COVID-19 test result OR healthcare Provider's note indicating the negative test result	Healthcare Provider's note with alternative diagnosis	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 issued by Local Health Department and provided to parent/guardian or individual

¹ Based on available data and science, schools must make local decisions informed by local context in consultation with their local public health department.

² Severely immunocompromised or severely ill: may need to isolate for 20 days as per guidance from individual's infectious disease physician.

³ If 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.

⁴ Consider quarantine for other close contacts if there was poor adherence to social distancing or use of face coverings.