

# COVID-19 INTERIM GUIDANCE FOR SCHOOLS<sup>1</sup>

## Decision Tree for Evaluating Symptomatic Individuals from Pre-K, K-12 Schools and Day Care Programs

Rev. June 27, 2022 Interim Guidance, Subject to updates



Isolate<sup>4</sup> if **ANY** of the following symptoms<sup>2</sup> are present: Fever (100.4°F or higher), new onset of moderate to severe headache, shortness of breath, new cough, sore throat, vomiting, diarrhea, new loss of sense of taste or smell, fatigue from unknown cause, muscle or body aches from unknown cause.

When suspicion of COVID-19 is high due to other symptoms, school health officials should isolate students/staff.

**Testing is Strongly Recommended for ALL Persons with COVID-19-Like Symptoms, Regardless of Vaccination Status.**

Status	Return to School Guidance (For recently vaccinated persons, <a href="#">see Post Vaccination Guidance</a> )	Quarantine Close Contacts?	Additional Guidance
<b>A. COVID-19 diagnostic test positive (confirmed with PCR test or probable with antigen test<sup>3</sup>) OR COVID-like symptoms without COVID-19 testing and exposed to confirmed case (probable case).</b>	For those that can mask upon return, <u>isolate</u> <sup>4, 5</sup> for at least five calendar days from onset of symptoms; return after the five calendar days <b>AND</b> if 24 hours with no fever (without fever-reducing medication), diarrhea and vomiting ceased for 24 hours <b>AND</b> improvement of symptoms <b>AND</b> consistent masking upon return through day 10. If unable to mask, isolate for 10 days.	YES (see Row D)	The local health department may supply dates as to when a student or staff member can return to school, otherwise schools should permit return consistent with this guidance. Letter from local health department releasing the student or staff member from isolation or quarantine is not required.
<b>B. Symptomatic individual with a negative COVID-19 diagnostic test</b> <i>Negative COVID-19 diagnostic tests are valid only for the date on which they are collected; specimens collected within 48 hours of onset are acceptable for determining school admission status. If testing is not accessible or delayed, testing within 72 hours would be acceptable, but testing within 48 hours of onset should be promoted (Home Tests are Allowed).</i>	<u>Isolate</u> until symptoms have improved/resolved per return-to-school criteria for diagnosed condition, including fever free for 24 hours, symptoms improving and until 24 hours after diarrhea and vomiting have ceased. Follow provider directions, recommended treatment and return to school guidance as per school policies and <a href="#">IDPH Communicable Diseases in Schools</a> .	NO	NAAT (PCR) testing/confirmation or serial antigen (2 test 24 hours apart) is recommended if the staff/student is a close <a href="#">contact</a> to a confirmed case, the school is experiencing an outbreak, or the local health department is recommending due to high Community Levels (see <a href="#">CDC Testing Algorithm</a> ). In other situations, a negative RT-PCR, rapid molecular (rapid PCR), or negative antigen (including home tests) test is acceptable.
<b>C. Symptomatic individual without diagnostic testing who is not a known close contact to a confirmed case.</b>	For those who can mask upon return, isolate for at least five <sup>5</sup> calendar days from onset of symptoms; return if 24 hours with no fever (without fever-reducing medication), vomiting and diarrhea have ceased for 24 hours, <b>AND</b> improvement of symptoms <b>AND</b> consistent masking upon return through day 10. If unable to mask, quarantine for 10 days.	Unvaccinated Household Members in the School System	If the ill individual is not tested within 24 hours of first notification of symptoms, household members should be sent home.
<b>D. Asymptomatic individual who is a close contact<sup>6,7,8,9</sup> to a confirmed or probable COVID-19 case</b>	For those that can mask upon return, quarantine for five days after last exposure to the COVID-19 case and upon return, mask consistently through day 10, or according to test-to-stay protocols <sup>10</sup> . If unable to mask, quarantine for 10 days.	NO	If COVID-19 illness develops, isolate per Row A. Testing is recommended.

1 Based on available data and science, schools must make local decisions informed by local context in consultation with their local public health department. This chart should be used in conjunction with the [Centers for Disease Control and Prevention Guidance for COVID-19 Prevention in K-12 Schools](#).

2 New onset of a symptom not attributed to allergies or a pre-existing condition.

3 In most situations, a positive antigen in symptomatic person does not require a confirmatory test, should be considered a probable case (follow Row A and D) and will not be discounted or deemed a false positive with a negative PCR.

4 Pursuant to [Communicable Disease Code, 77 Ill. Admin. Code 690.631](#).

5 Severely immunocompromised or severely ill may need to be isolated for 20 days as per guidance from the individual's infectious disease physician.

6 If the individual has been identified by local health department or school as a close contact, or knows they are a close contact to a case, the individual should be quarantined.

7 CDC exempts from the [close contacts](#) definition if they are up to date with COVID-19 vaccination and were within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. They should be tested three and five days after the exposure to a suspect, probable or confirmed case of COVID-19, monitor for symptoms, isolate immediately and get tested if symptoms develop, and wear a mask for 10 days..

8 Contacts to close contacts of a case do not need to stay home unless the close contact becomes a confirmed or probable case.

9 Close contacts with confirmed COVID-19 (lab or home test) in the past 90 days are exempt from isolation and quarantine.

10 Test-to-stay requires viral testing at least two times within seven days of close contact notification/Test to Stay enrollment with the last test occurring 5-7 days after last close contact. to avoid quarantine

## 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 10 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., health care worker, 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 substantial or high community transmission?

Do they have a history of travel to an area of high transmission in previous 10 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 10 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 and resides in Community with Low Transmission<sup>1</sup>

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 for COVID-19 may be considered based on level of clinical suspicion and testing availability.

Isolation  
COVID-19 Testing Recommended

### TESTING

PCR or antigen testing is acceptable.

-If an antigen detection test is negative and there is a high clinical suspicion of COVID-19, confirm with lab-based NAAT (see [CDC Testing Algorithm](#)), ideally within two days of the initial Ag test.  
-If lab-based confirmatory NAAT testing is not available, clinical discretion can be used to recommend isolation.  
Test result is only valid for the day of specimen collection.

#### 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>