

This guidance can be used by school, childcare and workplace staff and by health care providers when the COVID-19 rate in the community is MODERATE-HIGH (>25 cases/100,000 population over 14 days) and applies to persons with:

- 1 or more new, unexplained symptom consistent with COVID-19, AND
- No known COVID-19 exposure in prior 14 days

**Symptoms consistent with COVID-19**

**Class A Symptoms**

- Fever (defined as subjective or 100.4°F or higher)
- Cough
- Loss of sense of taste and/or smell
- Shortness of breath

**Class B Symptoms**

- Fatigue
- Headache
- Muscle or body aches
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea (defined as 2 or more loose stool in 24 hours)

Does the person have:

- Any class A symptom of any duration, or
- 2 or more class B symptoms of any duration, or
- 1 or more class B symptom lasting more than 24 hours

YES

NO

**HCP evaluation and COVID test are recommended.**

Does a health care provider make an alternative diagnosis<sup>2</sup> that explains all symptoms without performing a COVID-19 test?

YES

NO

COVID-19 test is...

Negative<sup>3</sup>

Positive or not done

**Isolate until at least:**

- 10 days since symptom onset AND
- 24 hours after fever resolves without use of fever-reducing medications AND
- Symptoms have improved

**Isolate until at least:**

- 24 hours after fever resolves without use of fever-reducing medication AND
  - Symptoms have improved
- OR
- Per condition diagnosed by HCP
- Whichever is LONGER

**HCP evaluation and COVID test should be considered.**

Does a health care provider make an alternative diagnosis<sup>2</sup> that explains all symptoms without performing a COVID-19 test?

NO

YES

COVID-19 test is...


Positive

Negative<sup>3</sup> or not done

<sup>1</sup>For community COVID-19 rate, see [State of Washington COVID-19 Risk Assessment Dashboard](#)

<sup>2</sup>Examples of alternative diagnosis made by health care provider include childhood rash illness, acute otitis media, or a lab confirmed diagnosis such as strep throat or non-COVID-19 viral pathogen. If testing for other viral pathogens, strongly recommend testing for COVID-19 as well.

<sup>3</sup>In symptomatic persons and when community transmission is moderate-high, a negative rapid test should be confirmed with a PCR test performed in a clinical laboratory. See [Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#) and [Considerations for Interpreting Antigen Test Results in Nursing Homes](#).



Washington State Department of Health  
DOH 420-287 October 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov)

# RETURN TO SCHOOL/CHILDCARE/WORK GUIDANCE FOR PERSONS WITH SYMPTOMS OF COVID-19 AND NO EXPOSURE

This guidance can be used by school, childcare and workplace staff and by health care providers when the COVID-19 rate in the community is LOW (<25 cases/100,000 population over 14 days) and applies to persons with:

- 1 or more new, unexplained symptom consistent with COVID-19, AND
- No known COVID-19 exposure in prior 14 days

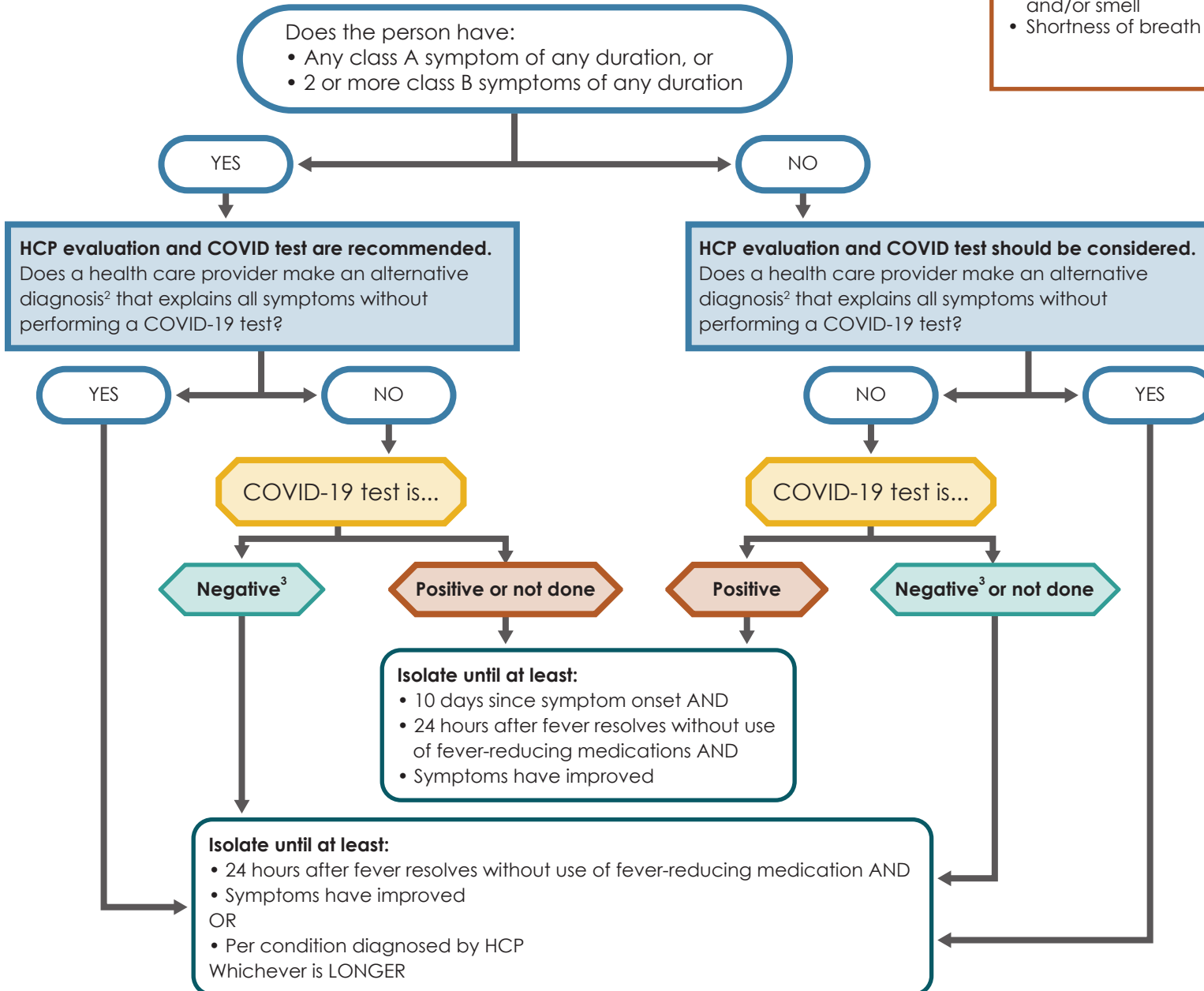
## Symptoms consistent with COVID-19

### Class A Symptoms

- Fever (defined as subjective or 100.4°F or higher)
- Cough
- Loss of sense of taste and/or smell
- Shortness of breath

### Class B Symptoms

- Fatigue
- Headache
- Muscle or body aches
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea (defined as 2 or more loose stool in 24 hours)



<sup>1</sup>For community COVID-19 rate, see [State of Washington COVID-19 Risk Assessment Dashboard](#)

<sup>2</sup>Examples of alternative diagnosis made by health care provider include childhood rash illness, acute otitis media, or a lab confirmed diagnosis such as strep throat or non-COVID-19 viral pathogen. If testing for other viral pathogens, strongly recommend testing for COVID-19 as well.

<sup>3</sup>In symptomatic persons and when community transmission is moderate-high, a negative rapid test should be confirmed with a PCR test performed in a clinical laboratory. See [Interim Guidance for Rapid Antigen Testing for SARS-CoV-2](#) and [Considerations for Interpreting Antigen Test Results in Nursing Homes](#).



DOH 420-287 October 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov)