

Narrative for COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

UPDATED 11/5/2020

Updates since Aug. 30, 2020, to this document and to the related decision tree on the first page offer more detailed information in each of the paths and in the sections below; however, those updates do not change what a person needs to consider when deciding if children and/or their siblings can attend school, or a youth or child care program.

Introduction

The COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs and information below apply to children, students, and staff members who have symptoms consistent with COVID-19 or are a close contact with someone who has COVID-19. The symptoms fall into two groups:

- **More common** symptoms are one or more of these: fever of 100.4 degrees Fahrenheit or higher; new cough or a cough that gets worse; difficulty/hard time breathing; and new loss of taste or smell.
- **Less common** symptoms are two or more of these: sore throat; nausea; vomiting; diarrhea; chills; muscle pain; extreme fatigue/feeling very tired; new severe/very bad headache; and new nasal congestion/stuffy or runny nose.

Supporting people with COVID-19 symptoms

After identifying the COVID-19 symptoms, choose one of two possible paths.

First path

1. Use this first path when the person has only one symptom from the list of **less common** symptoms.
2. Next, evaluate the symptom to decide if the person is well enough to stay in the school or program. Siblings and all others who live in the house DO NOT need to go home or stay home.
3. If they are well enough, the person may attend or stay in the school or program.
4. If they are not well enough, the person must stay home or be sent home.

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5. If the person goes home and does not get additional symptoms, they can return to school or the program 24 hours after the symptom improved. If the person goes home, they should consider an evaluation from a doctor/health care provider and/or getting a COVID-19 test.
6. If the person gets an evaluation and/or a COVID-19 test, they should follow the second path detailed below.

Second path

1. Use the second path when the person has one **more common** symptom or at least two **less common** symptoms or when a person who started in the first path decides to get an evaluation from a doctor or other health care provider and/or get a COVID-19 test.
2. The person must stay home or is sent home, and their siblings and others who live with them must stay home or are also sent home.
3. If the person does not get an evaluation from a doctor or another health care provider or get a COVID-19 test, they must stay at home away from others (isolation), including those who live in the house if possible, for at least 10 days starting from the time their symptoms started and until their symptoms have improved and they have no fever for 24 hours without using fever-reducing medications. Siblings and all others who live with them must stay home and stay away from all activities for at least 14 days (quarantine), starting with the day they last had contact with the person who has COVID-19 symptoms.
4. If the person is told by their doctor or other health care provider that their symptoms are from something else (alternate diagnosis), and not from COVID-19, they can then go back to school or the program 24 hours after their symptoms have improved or as directed by their doctor or other health care provider. Siblings and other people they live with now no longer need to stay home or to stay away from other activities and can return to school or program.
5. If the person tests negative for COVID-19, they can go back to school or the program 24 hours after their symptoms have improved. Siblings and other people they live with now do not need to stay home or to stay away from other activities and can return to school or program.
6. If the person tests positive for COVID-19, they must stay at home away from others (isolation), including those who live in the house if possible, for at least 10 days, starting from the time their symptoms started and until their symptoms have improved and they have no fever for 24 hours without using fever-reducing medications. Siblings and all others who live with them must stay home and stay away from all activities for at least 14 days (quarantine), starting with the day they last had contact with the person who has COVID-19 symptoms.

Close contact path

1. People who have close contact with someone who tests positive for COVID-19 must follow THIS path. A close contact is ANY person who lives in the same household as a person who tested positive for COVID-19 OR someone who has been within about 6 feet of a person who has COVID-19 for a total of 15 minutes or more throughout the course of a day (24 hours).

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2. If a person is a close contact, the person must stay home and stay away from all activities for at least 14 days (quarantine) from the last day they had contact with the person who tested positive for COVID-19. Close contacts should get a COVID-19 test at least five days after their last contact with the person who tested positive. Even if the close contact gets a negative test result, they must stay home and away from all activities for at least 14 days (quarantine) before returning to school, a program, or any other activities. Siblings and all others who live with the person who is the close contact do not need to stay home or stay away from activities.
3. If a person who is a close contact gets symptoms or tests positive for COVID-19, this person must NOW stay home for at least 10 days (isolation), starting from the day they were tested (if no symptoms) or starting from the time their symptoms started and until their symptoms get better and they have no fever for 24 hours without using fever-reducing medications. Siblings and all others who live with the person who was the close contact NOW must stay home and stay away from all activities for at least 14 days (quarantine). The 14-day period starts from their last contact with the person who was a close contact and now has symptoms or has tested positive for COVID-19.

Additional details about the decision tree

This decision tree supports these guidance documents:

- [2020-2021 Planning Guide for Schools \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)
(www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf).
- [COVID-19 Prevention Guidance for Youth and Student Programs \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf)
(www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf).
- [COVID-19 Prevention Guidance for Overnight Camps \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf)
(www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf).

Symptoms

- The symptoms listed are those most often identified among people who test positive for COVID-19.
 - **More common** symptoms are seen more often among people who are confirmed to have COVID-19. They may be the only symptoms a person gets.
 - **Less common** symptoms are identified and associated with people who are confirmed to have COVID-19, but are less specific to COVID-19. Less common symptoms may appear alone or with other less common symptoms.
- A fever of 100.4 degrees Fahrenheit or higher marks the point at which a person must stay home or be sent home for COVID-19. A fever lower than 100.4 degrees Fahrenheit, or a low-grade fever, may still require the child, student, or staff member to stay home or be sent home. Programs may follow pre-COVID-19 protocols for return for low-grade fevers. Schools and child care programs should follow their established policy or procedure, or reference the [Infectious Diseases in Childcare Settings and Schools Manual \(www.hennepin.us/daycaremanual\)](http://www.hennepin.us/daycaremanual). The measure of 100.4 degrees Fahrenheit is based on a temperature taken by mouth.

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- A “new” symptom is a symptom that is not something the person has on a regular basis or that is associated with a pre-existing condition. Pre-existing conditions are a sickness or physical disorder for which someone was treated, received medical advice, or took medication within 12 months before the start of illness.
- Use the decision tree to evaluate symptoms (for each episode) for all children, including those known to have a chronic condition. Depending upon the specific symptom or symptoms, the school nurse or child care provider, along with input from the parent or guardian, should determine if a condition is new or worsening and consider a medical evaluation.
- Because COVID-19 symptoms and symptoms of many chronic conditions can overlap, people involved with the care of children should consider the possibility that symptoms could be COVID-19 infection rather than assuming it is just the chronic condition. Give consideration to the level of virus transmission in the community, with a low threshold for recommending testing if the community levels are rising or high. This will require review and decisions on a case-by-case, episode-by-episode basis.
- In general, “improved symptoms” means that a person no longer feels ill, they are able to keep up and do their daily routine just as they did before they were ill, and any remaining symptoms, such as a cough or runny nose, are very mild, intermittent, or infrequent and do not interfere with daily living.
- MDH will continue to evaluate data related to COVID-19 symptoms and will update this document as needed.

Evaluation by a health care provider

- Evaluation by a health care provider is a recommendation, not a requirement. Medical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed, depending on suspicion of illness from a health care provider and availability of testing. When there are high levels of community transmission or multiple unlinked cases in the school or child care center, testing is strongly encouraged. Evaluation may include in-person, phone triage or telehealth, emergency department, clinic, and/or urgent care. An evaluation can help to identify the need for COVID-19 testing or if there is another reason/diagnosis to explain new symptoms.
- **For schools only:** When there are high levels of community transmission or multiple unlinked cases in the school, exclusion with evaluation and testing is strongly encouraged even if a person is experiencing only one less common symptom. For these purposes, high levels of community transmission may be defined as greater than 10 cases per 10,000. Schools can use the [Data for K-12 Schools: 14-day COVID-19 Case Rate by County \(PDF\)](#) (www.health.state.mn.us/diseases/coronavirus/stats/wschoool.pdf) and can consult with their Regional Team or local public health office to help guide this recommendation.
- When a health care provider finds that symptoms are from something other than COVID-19 (alternative diagnosis), it means an established medical diagnosis was obtained through evaluation by a health care provider and/or diagnostic test (e.g., strep, influenza, respiratory syncytial virus (RSV)). School districts, schools, child care programs, youth programs, etc., may require written

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documentation (e.g., after-visit summary, note) for a child, student, or staff member to return to a school or a program.

Close contacts

- A close contact is ANY person who lives in the same household as a person who tested positive for COVID-19 OR someone who has been within about 6 feet of a person who has COVID-19 for a total of 15 minutes or more throughout the course of a day (24 hours). However, even shorter periods of time or longer distances can result in spread of the virus.

COVID-19 testing

If someone is **asymptomatic (does not have symptoms of COVID-19)** and is being tested for COVID-19, any children or staff members who live with them and who are not also being tested do not need to stay home or be excluded from school or child care. If someone is **symptomatic (has symptoms of COVID-19)** and is being tested, all children or staff members who live with them must stay home (do not attend school, child care, or youth program) until test results are known.

- If the person who has symptoms receives a negative test result, they can return 24 hours after their symptom/s have improved. All children or staff members who live with them can return to school or child care when the negative test is known.
- If the person who has symptoms receives a positive test result, they must stay at home and away from others (isolation) as much as possible until all three of these things are true:
 - They feel better (symptoms have improved), and;
 - It has been 10 days since they first felt sick (or since they were tested if no symptoms), and;
 - They have had no fever for at least 24 hours, without using medicine that lowers fevers.
- Everyone who lives with the person who has tested positive for COVID-19 must stay home for 14 days (quarantine), starting on the last day they were in close contact with the person who has COVID-19. If the other people in the house cannot be separated from the person with COVID-19, their 14 days at home starts the day after the person with COVID-19 is well and can leave the house. This means the other people in the house may must stay home for at up to 24 days.
- If the child, student, or staff member is a close contact, they must not attend school or child care until their 14-day (quarantine) period at home ends. They must not return during those 14 days , even if they get tested for COVID-19 and the test is negative.

Types of COVID-19 testing

- If a child or staff member has COVID-19 symptoms and receives more than one type of test (Antigen or PCR) to diagnose COVID-19, they must not attend school or child care until the results of all tests are known, even if the first test comes back negative and the person is feeling better.

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PCR

- Polymerase chain reaction (PCR) is a test that detects genetic material of the SARS-CoV-2 virus that causes COVID-19. It is also called a molecular test. A swab is used to collect fluid from someone's nose or throat, or to collect saliva. The test tells if someone is infected right now. Results can take several days. This test is used to diagnose COVID-19 infection and it is considered quite accurate.

Antigen

- Antigen tests detect certain proteins in the virus. They are also called rapid tests. A swab is used to collect a fluid sample from the nose or throat. Results can be returned in 15 minutes. This test is used to diagnose whether someone has COVID-19 right now.

NOTE: Antibody tests look at blood samples for proteins that your body makes when fighting COVID-19. These tests tell you if you may have had COVID-19 in the past; they do not tell you if you have it now. They are not used to diagnose COVID-19 and cannot be used to shorten a quarantine period or be used to return to school, child care, or a youth program. The presence of antibodies does not indicate a person is protected from getting COVID-19 in the future.

Resources

- To find out more about testing options, visit [Symptoms and Testing: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/symptoms.html\)](http://www.health.state.mn.us/diseases/coronavirus/symptoms.html).
- To learn more about testing locations, visit [Find Testing Locations \(mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp\)](http://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp).



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