

Symptom-Based Exclusion Guidelines

Students and staff should be excluded from the school setting if they exhibit:

1. ***PRIMARY SYMPTOMS OF COVID-19:** Refer to [Resiliency Framework](#) and [Planning for COVID-19 Scenarios in Schools](#).

- **If no known close contact with a COVID-19 case, MAY RETURN AFTER**
 - COVID-19 test is negative
 - OR 10-day isolation, if COVID-19 test is positive
 - OR 10-day isolation, if not tested
 - AND after following symptom-specific guidance, below.

NON-PRIMARY SYMPTOMS OF COVID-19: Refer to [Resiliency Framework](#) and [Planning for COVID-19 Scenarios in Schools](#).

- **Exclusion may not be required in all cases.**
- **If no known close contact with a COVID-19 case, MAY RETURN AFTER** following symptom-specific guidance, below, AND district protocols.
 - District protocols may require updates in collaboration with the LPHA, particularly during times of increased disease transmission.

CLOSE CONTACT WITH A PERSON WITH COVID-19: Refer to [Resiliency Framework](#) and [Planning for COVID-19 Scenarios in Schools](#)

- **MAY RETURN AFTER** following LPHA quarantine guidance; may require
 - 14-day quarantine since last day of exposure
 - OR 24-day quarantine if exposure is continuous, such as household case
 - OR 10-day isolation, if COVID-19 test is positive
 - OR 10-day isolation, if symptoms fit definition of presumptive positive.

Fully-vaccinated individuals with symptoms of illness should follow above guidance unless otherwise advised by LPHA and OHA statewide posted notices.

Fully-vaccinated individuals after close-contact should watch for symptoms of COVID-19 for at least 14 days, and should be tested for COVID-19 per LPHA and statewide posted guidance. Quarantine recommendations for vaccinated persons will be updated when more data become available and additional COVID-19 vaccines are authorized.

2. ***FEVER:** a measured temperature equal to or greater than 100.4°F orally. Temperature checked via other routes should be considered fever if equivalent to 100.4°F orally.

- **MAY RETURN AFTER** fever-free for 24 hours without taking fever-reducing medicine AND per guidance for primary COVID-19 symptoms.

3. ***COUGH:** persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with participation in usual school activities.

- **MAY RETURN AFTER** symptom-free for 24 hours (no cough or cough is well-controlled) AND per guidance for primary COVID-19 symptoms.

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- If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the LPHA.
4. ***DIFFICULTY BREATHING OR SHORTNESS OF BREATH** not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
 - **MAY RETURN AFTER** symptom-free for 24 hours **AND** per guidance for primary COVID-19 symptoms.
 - This symptom is likely to require immediate medical attention.
 5. **HEADACHE WITH A STIFF NECK OR FEVER.**
 - **MAY RETURN AFTER** symptoms resolve **AND** per fever guidelines if applicable.
 - This combination of symptoms can indicate a serious condition. Medical attention strongly recommended.
 6. **DIARRHEA:** three or more watery or loose stools in 24 hours **OR** sudden onset of loose stools **OR** student unable to control bowel function when previously able.
 - **MAY RETURN AFTER** 48 hours after diarrhea resolves **OR** after seen and cleared by a licensed healthcare provider.
 7. **VOMITING:** at least 1 episode that is unexplained.
 - **MAY RETURN AFTER** 48 hours after last episode of vomiting **OR** after seen and cleared by a licensed healthcare provider.
 8. **SKIN RASH OR SORES:** new rash not previously diagnosed by a health care provider **OR** if rash is increasing in size **OR** if new sores or wounds are developing day-to-day **OR** if rash, sores, or wounds are draining and cannot be completely covered with a bandage.
 - **MAY RETURN AFTER** rash is resolved **OR** until sores and wounds are dry or can be completely covered with a bandage **OR** after seen and cleared by a licensed healthcare provider.
 9. **EYE REDNESS AND DRAINAGE:** unexplained redness of one or both eyes **OR** colored drainage from the eyes **OR** eye irritation accompanied by vision changes **OR** symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities.
 - **MAY RETURN AFTER** symptoms resolve **OR** after seen by a licensed healthcare provider and indicated therapy has been started.
 - Eye redness alone, with no colored drainage, may be considered for attendance per [CDC guidelines](#) and school nurse assessment.

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10. **JAUNDICE:** yellowing of the eyes or skin that is new or uncharacteristic.
- **MAY RETURN AFTER** seen and cleared by a licensed healthcare provider.
11. **BEHAVIOR CHANGE:** may include uncharacteristic lethargy, decreased alertness, increased irritability, increased confusion, or a behavior change that prevents active participation in usual school activities.
- **MAY RETURN AFTER** symptoms resolve; return to normal behavior OR after seen and cleared by a licensed healthcare provider.
 - This symptom can indicate a serious condition. Medical attention strongly recommended.
12. **MAJOR HEALTH EVENT or STUDENT REQUIRING MORE CARE THAN SCHOOL STAFF CAN SAFELY PROVIDE.** May include an illness lasting more than 2 weeks; an emergency room treatment or hospital stay; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.
- **MAY RETURN AFTER** health and safety are addressed.
 - Medical attention strongly recommended. Written instructions from a licensed healthcare provider are likely to be required.
 - Schools must comply with state and federal regulations such as the Americans with Disabilities Act ensuring free and appropriate public education (FAPE). School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable laws.

End of symptom-based exclusion guidelines.

Simplified Guidelines for School Community: *Sample Letters*

Guidelines on the following pages are presented in simplified format to assist messaging to students, staff, and school communities. Sample letters may be modified by school health professionals to align with LPHA and district policies.

These sample letters are available from ODE in multiple languages. Please see the [ODE Student Health Conditions](#) page or use the contact information at the end of this document.