This guidance can be used by school, childcare and workplace staff and by health care providers when Symptoms consistent with COVID-19 the COVID-19 rate in the community is MODERATE-HIGH (>25 cases/100,000 population over 14 days) and Class A Symptoms applies to persons with: • 1 or more new, unexplained symptom consistent with COVID-19, AND • No known COVID-19 exposure in prior 14 days or 100.4°F or higher) Cough Loss of sense of taste and/or smell Does the person have: • Shortness of breath • 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 NO HCP evaluation and COVID test are recommended. HCP evaluation and COVID test should be considered. Does a health care provider make an alternative Does a health care provider make an alternative diagnosis<sup>2</sup> that explains all symptoms without diagnosis<sup>2</sup> that explains all symptoms without performing a COVID-19 test? performing a COVID-19 test? YES NO NO COVID-19 test is... COVID-19 test is... Negative<sup>3</sup> Negative<sup>3</sup> or not done Positive or not done **Positive** 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 Per condition diagnosed by HCP Whichever is LONGER

Class B Symptoms

- Fever (defined as subjective
- Fatiaue
- 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

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

• Shortness of breath Does the person have: • Any class A symptom of any duration, or • 2 or more class B symptoms of any duration NO HCP evaluation and COVID test are recommended. HCP evaluation and COVID test should be considered. Does a health care provider make an alternative Does a health care provider make an alternative diagnosis<sup>2</sup> that explains all symptoms without diagnosis<sup>2</sup> that explains all symptoms without performing a COVID-19 test? performing a COVID-19 test? YES NO NO COVID-19 test is... COVID-19 test is... Negative<sup>3</sup> Negative<sup>3</sup> or not done Positive or not done **Positive** 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

## Symptoms consistent with COVID-19

## Class A Symptoms

## Class B Symptoms

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

- Fatiaue
- 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

Per condition diagnosed by HCP

Whichever is LONGER

OR