

| <u>Confirmed Case</u> | <u>First Degree of Separation</u> | <u>Second Degree of Separation</u> | <u>Third Degree of Separation or More</u> |
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| Person has a case of COVID-19 | Person is a <u>close contact</u> with someone who is positive for COVID-19 or a <u>household contact</u> | Person has contact with person who has contact with a person positive for COVID-19 | Person has not had any contact with anyone who has COVID-19 or their contacts |
| <u>Example</u> Patient A Confirmed case of the virus | <u>Example</u> Person B Close contact (>10 minutes within 6 feet) with someone who has been diagnosed with COVID-19 (positive PCR test) OR Household contacts are individuals who live in the same house as a lab confirmed COVID-19 case. (Classmates or Co-workers of Person A) | <u>Example</u> Person C Contact with someone who has been a close contact to a person positive for COVID-19 (Classmates or Co-workers of Person B) | <u>Example</u> Has not had known contact with anyone positive for COVID-19 |

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| <u>Attendance Status</u> Exclude from school/work | <u>Attendance Status</u> Exclude from school/work | <u>Attendance Status</u> Continue with school/work Continue wearing face covering and practice social distancing | <u>Attendance Status</u> Continue with school/work Continue wearing face covering and practice social distancing |
| <u>Return to School/Work</u> Must isolate until fever free for 24 hours without use of fever-reducing medications and at least ten days after onset of symptoms <u>Medical clearance needed for return to school/work</u> | <u>Return to School/Work</u> Must quarantine for 14 days Self-monitor for symptoms Check temperature twice daily and follow up with medical provider/Department of Health <u>Household Contacts:</u> Self-quarantine for individuals with household contacts who are COVID-19 positive begins <u>AFTER</u> the self-isolation of the household contact ends (fever free for 24 hours and at least ten days after onset of symptoms; minimally 24 days from onset of symptoms of COVID-19 positive person.) <u>Medical Clearance needed to return to school/work</u> | <u>Return to School/Work</u> Continue with school/work Self-monitor for symptoms and discuss with a medical provider any concerns. | <u>Return to School/Work</u> Continue with school/work |