



Community Colleges of Spokane

COVID-19 Return to School/Work Checklist

Please use this checklist to help decide when someone who has tested positive for COVID-19 or has been exposed or potentially exposed to COVID-19 can return to on site school or work. Please review all five scenarios below to determine which one applies in each case. **The student or employee may return on site only if they meet the return criteria for their scenario.**

Also, for scenarios #1, #3, and #5 below, students and employees must also submit a medical clearance letter from a healthcare provider or the health department before returning:

- **Employees** must send their letter to Human Resources.
- **SCC students** should send their letter to their instructors.
- **SFCC students** should send their letter to the Vice President of Student Affairs.
- **Corporate & Continuing Education (CCE) students** should give their letter to the appropriate Program Manager/Instructor.

The Spokane Regional Health District has created [this list](#) of low and no cost COVID-19 testing resources in Spokane. For CCS sites located outside of Spokane County, please [click here](#) for testing resources. Employees and students can call the Spokane Regional Health District at (509) 324-1409 to request a medical clearance letter.

Important Note: A negative test result is not by itself enough to authorize return to on-site school or work since the Spokane Regional Health District [recommends](#) a time-based return strategy. A time-based return strategy means the science supports that a person is no longer able to spread illness to others after certain time intervals have passed.

Scenarios:

1. Did they test positive for COVID-19?

- If yes, did they have [symptoms](#)?
 - If yes, has it been at least 10 days since their symptoms began?
 - If yes, have they been fever free for at least 24 hours without using fever-reducing medications?
 - If yes, have all their other symptoms gone away?
 - If yes, they may return.
 - If no, has it been at least 14 days since they received their positive test?

- If yes, they may return.

2. Did they have any symptoms of COVID-19?

- If yes, has it been at least 10 days since their symptoms began?
 - If yes, have they been fever free for at least 24 hours without using fever-reducing medications?
 - If yes, have all their other symptoms gone away?
 - If yes, they may return.

3. Were they instructed to quarantine because they had close contact with someone who has COVID-19?

- If yes, did they ever have symptoms after the exposure?
 - If yes, has it been at least 10 days since their symptoms began?
 - If yes, have they been fever free for at least 24 hours without using fever-reducing medications?
 - If yes, have all their other symptoms gone away?
 - If yes, they may return.
- If no, has it been at least 14 days since they had close contact with the person who has COVID-19?
 - If yes, they may return.

4. Did they have close contact with someone who has COVID-19?

- If yes, did they ever have symptoms after the exposure?
 - If yes, has it been at least 10 days since their symptoms began?
 - If yes, have they been fever free for at least 24 hours without using fever-reducing medications?
 - If yes, have all their other symptoms gone away?
 - If yes, they may return.
 - If no, has it been at least 14 days since they had close contact with the person who has COVID-19?
 - If yes, they may return.

5. Do they live with someone who tested positive for COVID-19?

- If yes, were they able to isolate from them (stay in different rooms the whole time) while the household member had COVID-19?
 - If yes, did they ever have symptoms?
 - If yes, has it been at least 10 days since their symptoms began?
 - If yes, have they been fever free for at least 24 hours without using fever-reducing medications?
 - If yes, have all their other symptoms gone away?
 - If yes, they may return.
 - If no, has it been at least 14 days since they were last in the same room as the person who tested positive?
 - If yes, did they ever have symptoms?

- If yes, has it been at least 10 days since their symptoms began?
 - If yes, have they been fever free for at least 24 hours without using fever-reducing medications?
 - If yes, have all their other symptoms gone away?
 - If yes, they may return.
- If no, have they quarantined for at least 24 days?
 - If yes, did they ever have symptoms?
 - If yes, has it been at least 10 days since their symptoms began?
 - If yes, have they been fever free for at least 24 hours without using fever-reducing medications?
 - If yes, they may return.
 - If no, they may return.