

If a child becomes ill at school, we will use the following screening tool and take the steps described below. These procedures have been reviewed by the Tuscarawas County Department of Health.

Please do not send a child to school who is not feeling well. A child sent home with COVID symptoms could be required to see a medical provider before returning to school and could be required to complete ten days of isolation before returning to school.

COVID-19 Screening Plans

Name: _____

Date: _____

Dear Parent,

Your child _____ presented to the clinic with the following symptoms:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Chills/Body Shakes | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Congestion/Runny Nose | <input type="checkbox"/> Muscle or body aches | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> New loss of Taste/Smell | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Abdomen pain | | |

Based on these symptoms, the current guidelines require the child to return home. Return to school guidelines for the symptoms above include:

Symptom free for 24 hours without medication and has a note from the PARENT

Symptoms need evaluated by a medical provider. May return to school with a doctor's note.

Based on these symptoms, any sibling at the school:

May return to school as normal

Will need to quarantine for 14 days or until the illness is confirmed
Tentative return date- _____

Please note: If your child experiences allergies or any other on-going medical condition, please provide documentation from a medical provider so that we can take those symptoms into consideration in determining whether to send the child home.

School Representative: _____ Date: _____

Students with Symptoms of COVID-19

Students may return to school with a note from a **PARENT** if they are experiencing **ONE** of the following low risk symptoms **AND** the symptom has completely resolved for 24 hours and without medication.

Headache

Nausea/Vomiting

Sore throat

Diarrhea

Congestion/runny nose

Fatigue

Muscle Weakness/Body Aches

Loss of Taste or Smell

Abdomen pain

Students may return to school with a note from a **MEDICAL PROVIDER** if they are experiencing two or more of the above low risk symptoms and/or any one of the following high risk symptoms **AND** the symptoms have completely resolved:

New cough

Fever

Difficulty Breathing

Should a student receive a negative COVID-19 test or no diagnosis for the symptoms, the student must complete 10 days isolation.

Student Exposed to COVID-19

- Living in a household with someone who has tested positive
- Within 6 feet for at least 15 minutes of someone who has tested positive

If a student is exposed to COVID-19, the following actions will take place:

Student and Siblings

- Quarantine at home for 14 days
- Monitor for signs and symptoms
- Return: AFTER 14 days AND no COVID symptoms
- Even if a student receives a Negative COVID-19 test during the quarantine period, they will STILL need to complete the quarantine.

Student tests POSITIVE for COVID-19

State of Ohio orders will be followed if any student, teacher or staff member test positive for COVID-19 and all in the school community will be informed.

If a student tests positive for COVID-19, the following actions will take place:

Student

- Remains home in quarantine for at least 10 days
- Fever and symptoms free for 24 hours without medications
- Receives clearance from the local health department

Siblings

- Remain home at least 14 days
- Symptom monitoring

Teacher and Staff

- Remains home in quarantine for at least 10 days
- Fever and symptoms free for 24 hours without medications
- Receives clearance from the local health department

COVID-19 Clinic Decision Tree

Symptom Categories:

High Risk: New Cough, Difficulty Breathing, Loss of Taste or Smell

Low Risk: Fever, Sore throat, Headache, Congestion, Nausea/Vomiting, Diarrhea, Fatigue, Tiredness, Muscle Aches

Student presents with ONE low risk system:

1. **Notify Parents to pick the child up**
2. **Student may return to school if symptoms free for 24 hours WITHOUT medication**

Student presents with TWO or more low risk symptoms:

1. **Isolate the Child Safely**
2. **Notify the Parents to pick the child up**
3. **Must have Medical Clearance to Return to School**

Student with ONE high risk symptom:

1. **Isolate the child safely**
2. **Notify the parents to pick up the child**
3. **Must have Medical Clearance to Return to School**

When to call 911?

Color change

Altered Mental Status

Respiratory Distress

Persistent Chest Pain

- **Isolate while waiting for EMS**

Isolate: Child experiencing 2 or more Low Risk symptoms or 1 High risk symptoms should isolate in the clinic.

- All other children should be moved to a separate area
- Child to remain in the clinic
- Adult supervision from the hallway