



# Parkland School District

## Health and Safety Plan: Symptom Screening and Reporting - Students

### Home Screening Tool-8/23/2021

**Person Responsible:** Parent/Guardian

**If someone in your household falls ill, tests positive for Covid-19 or is identified as a close contact** answer the questions below for further guidance and next steps:

**1. Today or in the past 24 hours have you had any of the following symptoms?**

Column A <u>1 or more symptoms</u>	Column B <u>2 or more symptoms</u>
<ul style="list-style-type: none"> <li>• Fever / Chills               <ul style="list-style-type: none"> <li>◦ <i>Temperature of 100.4° or greater</i></li> </ul> </li> <li>• Shortness of Breath or Trouble Breathing</li> <li>• New Loss of Taste or Smell</li> <li>• New or worsening dry cough</li> <li>• Difficulty Breathing</li> </ul> <p><b>If YES,</b> stay home and email your building school nurse at <a href="mailto:smithj4@parklandsd.org">smithj4@parklandsd.org</a> , and contact your medical provider or call the PA Department of Health (1-877-PA-HEALTH) to discuss these symptoms.</p> <p><b>If NO,</b> next question.</p>	<ul style="list-style-type: none"> <li>• Chill</li> <li>• Fatigue (Extreme)</li> <li>• Fever Shakes/Rigors</li> <li>• Muscle or body aches</li> <li>• Headache (unusual or atypical)</li> <li>• Sore throat</li> <li>• Congestion or runny nose (new or sudden onset, any change or increase in chronic condition)</li> <li>• Nausea or vomiting</li> <li>• Diarrhea</li> </ul> <p><b>If YES,</b> stay at home and email your building school nurse at <a href="mailto:smithj4@parklandsd.org">smithj4@parklandsd.org</a>, and contact your medical provider or call the PA Department of Health (1-877-PA-HEALTH) to discuss these symptoms.</p> <p><b>If NO,</b> next question.</p>

**2. Has your child(ren) been diagnosed with COVID-19 in the prior 14 days?**

IF NO	IF YES
<ul style="list-style-type: none"> <li>• Next Question</li> </ul>	<ul style="list-style-type: none"> <li>• They should have isolated for 10 days.</li> <li>• You should have contacted your building school nurse at <a href="mailto:smithj4@parklandsd.org">smithj4@parklandsd.org</a>.</li> <li>• You may return to school if you are fever free 24 hours without medication on board,</li> <li>• have improvement in your symptoms,</li> <li>• 10 days have passed since your symptoms started or</li> <li>• You were tested if asymptomatic and you are feeling better.</li> </ul>



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#### 3. Has your child received the COVID-19 vaccine in the past three days?

IF NO	IF YES
<ul style="list-style-type: none"> <li>Next Question</li> </ul>	<p>If you are fever free for 24 hours without medication on board you may come to school.</p>

#### 4. Is your child currently living with or caring for someone who has been diagnosed with COVID-19 in the past 14 days?

IF NO	IF YES				
<ul style="list-style-type: none"> <li>Have a wonderful day at school!</li> </ul>	<p>Is your child fully vaccinated? People are considered fully vaccinated for COVID-19 <math>\geq 2</math> weeks after they have received the second dose in a 2-dose series (Pfizer or Moderna) or <math>\geq 2</math> weeks after they have received a single-dose vaccine (Johnson &amp; Johnson [J&amp;J] / Janssen).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #ff0000; color: white;"> <th style="width: 50%; text-align: center;">IF NO</th> <th style="width: 50%; text-align: center;">IF YES</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p><b>Has your child had COVID-19 in the last 3 months?</b></p> <p style="text-align: center; background-color: #ff0000; color: white; padding: 2px;"><b>IF NO</b></p> <p>Keep your child home. Email your building school nurse at <a href="mailto:smithj4@parklandsd.org">smithj4@parklandsd.org</a> with your child's name, building, and best number you can be reached. You should receive a call back by 1:00 p.m. if you do not, call your building school nurse.</p> <p><b>If YES:</b> You may send your child to school.</p> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>You may come to school.</li> <li>Continue to self-monitor for 14 days.</li> <li>Please wear a mask if you are not already doing so.</li> <li>The recommendation is to test 3-5 days after last contact.</li> <li>Should you develop symptoms, stay home, and call your PCP and email your building school nurse at <a href="mailto:@parklandsd.org">@parklandsd.org</a></li> </ul> </td> </tr> </tbody> </table>	IF NO	IF YES	<p><b>Has your child had COVID-19 in the last 3 months?</b></p> <p style="text-align: center; background-color: #ff0000; color: white; padding: 2px;"><b>IF NO</b></p> <p>Keep your child home. Email your building school nurse at <a href="mailto:smithj4@parklandsd.org">smithj4@parklandsd.org</a> with your child's name, building, and best number you can be reached. You should receive a call back by 1:00 p.m. if you do not, call your building school nurse.</p> <p><b>If YES:</b> You may send your child to school.</p>	<ul style="list-style-type: none"> <li>You may come to school.</li> <li>Continue to self-monitor for 14 days.</li> <li>Please wear a mask if you are not already doing so.</li> <li>The recommendation is to test 3-5 days after last contact.</li> <li>Should you develop symptoms, stay home, and call your PCP and email your building school nurse at <a href="mailto:@parklandsd.org">@parklandsd.org</a></li> </ul>
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#### 5. Has your child been deemed a "close contact" by PSD or PA DOH and must quarantine?

IF NO	IF YES
<ul style="list-style-type: none"> <li>Have a wonderful day at school!</li> </ul>	<ul style="list-style-type: none"> <li><b><u>Your child should not</u></b> attend school or any other in-person PSD Activity.</li> <li>Email your building school nurse at <a href="mailto:smithj4@parklandsd.org">smithj4@parklandsd.org</a> to discuss next steps and return to school.</li> </ul>



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#### Definitions

**Close Contacts** are individuals who have been exposed (within 6 feet distance for at least 15 consecutive minutes) to someone who is positive for COVID-19 during the infectious period. **Exception:** In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where

- o both students were engaged in consistent and correct use of well-fitting masks; and
- o other K–12 school prevention strategies (such as universal and correct mask use, physical distancing, increased ventilation) were in place in the K–12 school setting.

This exception **does not apply** to teachers, staff, or other adults in the indoor classroom setting.

**Isolation** is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room or are and using a separate bathroom (if available).

**Quarantine** is used to keep someone who might have been exposed to COVID-19 away from others Quarantine helps to prevent the spread of the disease that can occur before a person know they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

#### COVID-19 Visual Symptoms:

- Nasal congestion, scratchy/sore throat, allergy like symptoms
- Difficulty breathing or shortness of breath
- Persistent cough - a cough is frequent and severe enough to catch the attention

#### When to Seek Immediate Emergency Medical Attention

##### When to Seek Immediate Emergency Medical Attention

If there are any of these emergency warning signs\* for COVID-19, medical attention is needed immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*\* This list is not inclusive. A medical provider should be consulted for any other symptoms that are severe or concerning.*

**Call 911 or call ahead to your local emergency facility:** Notify the operator that you are seeking care for someone who has or may have COVID-19.