



Ocean View
School District

October 6, 2020



**SCHOOL REOPENING
UPDATE**

Students lining up



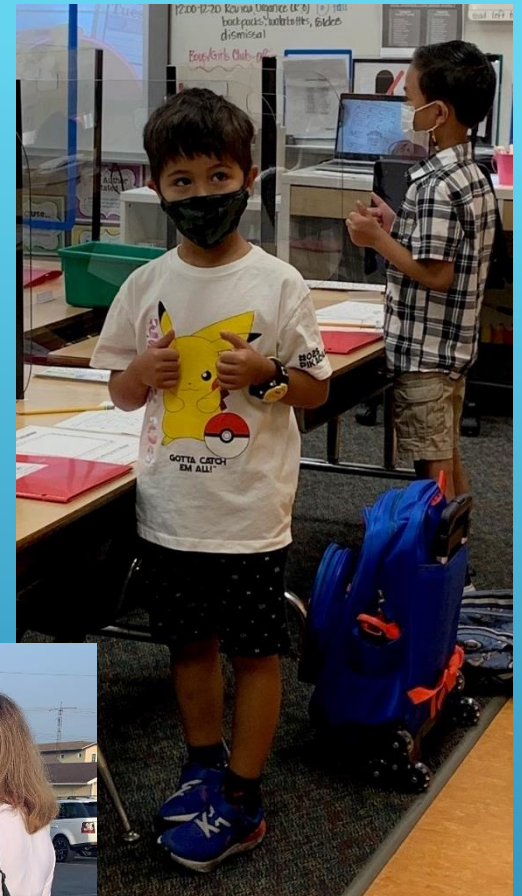
Media Coverage at Hope View & Golden View



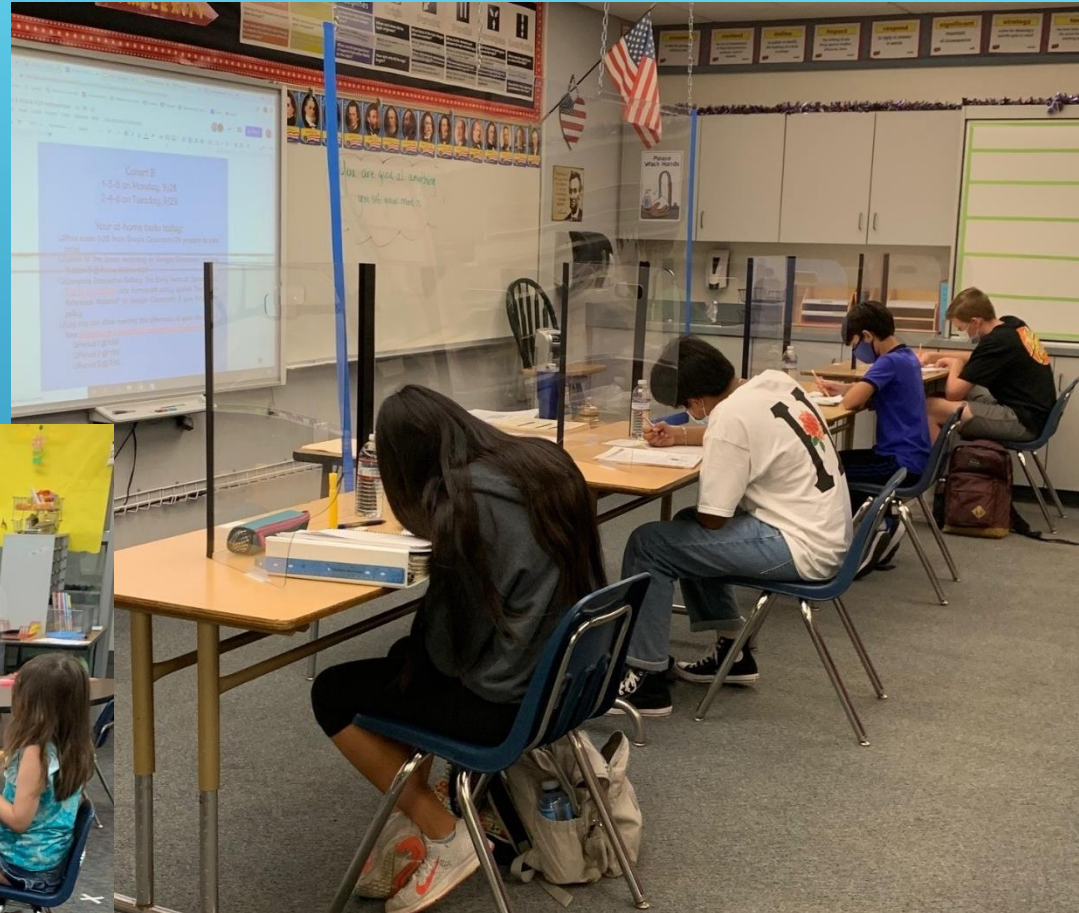
Touchless Temperature Checks & Health Screening



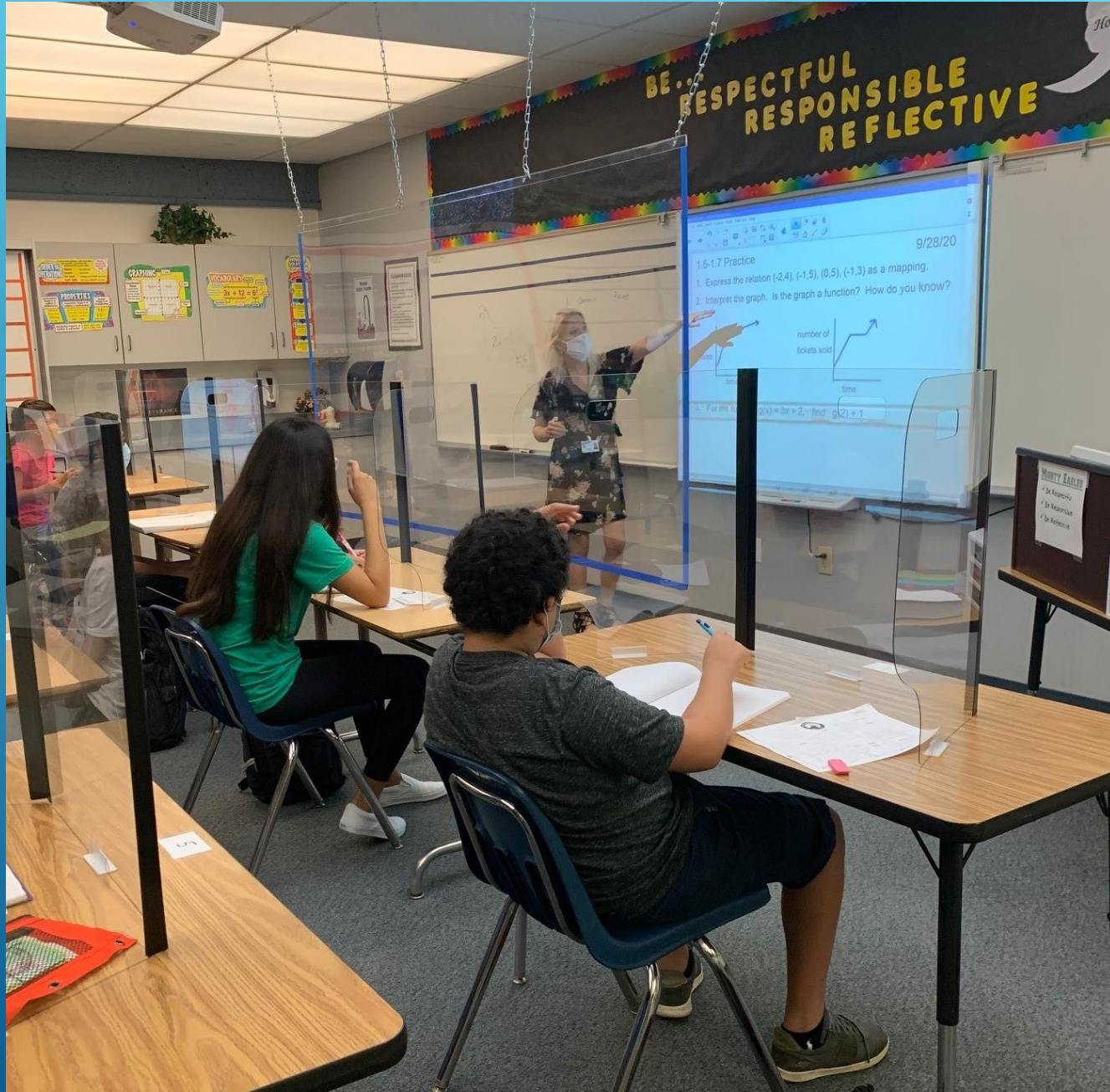
Mask Compliance



Enhanced Classroom Safety



Enhanced Classroom Safety



Teachers Getting Creative with Desk Shields



Teachers Getting Creative with Desk Shields



Custodians Sanitizing Classroom w/Sanitizing Wand



Outdoor Hand Washing Station at Mesa View



Please review the following questions. If you answer **YES** to any of the following, **DO NOT** send your student to school.

1. Does your student have a fever greater than 100.4 degrees 2. Is your student experiencing any **new** or **unexpected** COVID-19 related symptoms such as the symptoms listed below:



3. Is anyone in your household presenting **new** or **unexpected** COVID-19 related symptoms?
4. Has the student been in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with COVID-19 within last two weeks?

If you answered YES to any of the above questions, PLEASE DO NOT SEND YOUR STUDENT TO SCHOOL. It is recommended that you contact your primary care physician.

Wellness Check



Ocean View
School District



Are **you** currently experiencing any **new** or **unexpected** COVID-19 related symptoms?



- € Fever or feeling feverish (chills, sweating)
- € New cough
- € Difficulty breathing
- € Sore throat
- € Muscle aches or body aches
- € Vomiting or diarrhea
- € New loss of taste or smell



Is **anyone in your household** presenting **new** or **unexpected** COVID-19 related symptoms?



Have you recently had **close contact** (more than 15 minutes within six feet) **with someone** who is ill or presenting **COVID 19 related symptoms**?

*If you answered **YES** to any of the questions above PLEASE DO NOT ENTER THE PREMISES.*



OVSD EMPLOYEE WELLNESS CHECK

Know when to stay at home.



BEFORE THE START OF THE WORK DAY

It is highly recommended that you self-screen and take your temperature before coming to work. If you have a temperature higher than 100.4 degrees- DO NOT COME TO WORK.

NEW OR UNEXPECTED COVID-19 SYMPTOMS

Are you experiencing any COVID-19 related symptoms?

fatigue	muscle or body aches
headache	sore throat
shortness of breath	cough
diarrhea	new loss of taste or smell
congestion or runny nose	nausea or vomiting

If YES to any of these symptoms - DO NOT COME TO WORK.



MEMBERS OF YOUR HOUSEHOLD

Is anyone in your household presenting new or unexpected COVID-19 related symptoms?
If YES - DO NOT COME TO WORK.

CONTACT WITH OTHERS

Have you recently had close contact (more than 15 minutes within 6 feet) with someone who is ill or presenting COVID-19 related symptoms?
if YES - DO NOT COME TO WORK.



If you stay at home for any of these reasons, immediately contact your supervisor. They will work with you to determine next steps and may refer you to the Human Resources Division.

Student Symptom Decision Tree

Screen all students for potential COVID-19 symptoms or exposure

Low-risk: general symptoms



Fever ($\geq 100.4^{\circ}\text{F}$)



Sore throat



Congestion/runny nose



Headache



Nausea/vomiting/diarrhea



Fatigue/muscle or body aches

High-risk: red flag symptoms



Cough



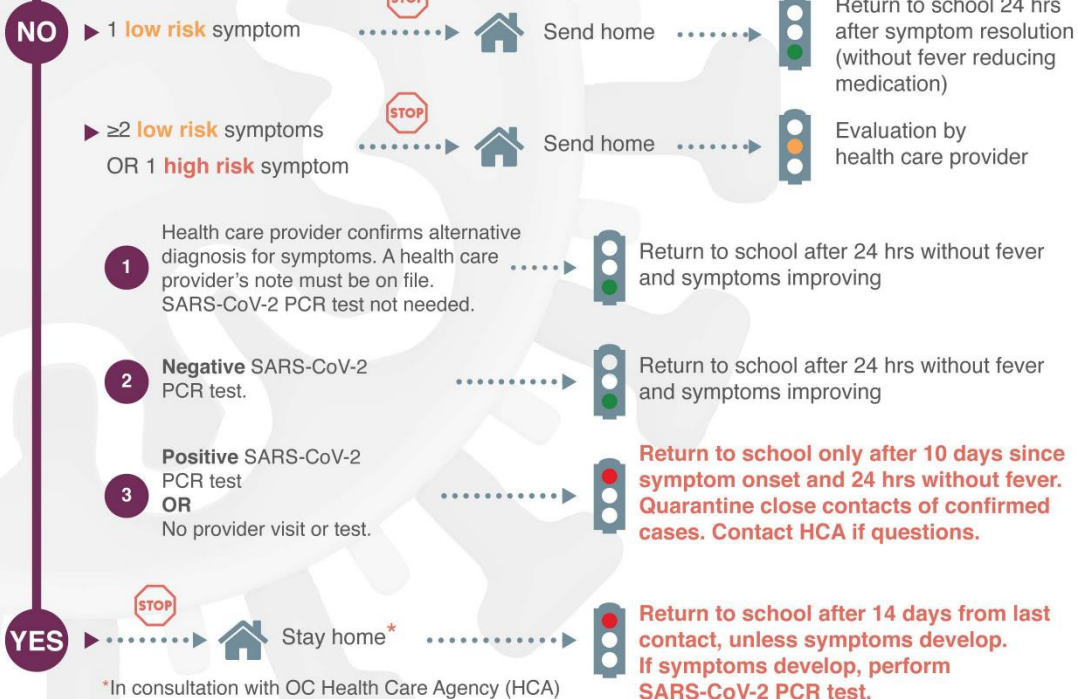
Difficulty breathing



Loss of taste/smell

Exposure to COVID-19 positive person?

Close contact: less than 6 feet, 15 minutes or longer



*In consultation with OC Health Care Agency (HCA)



This care pathway was designed to assist school personnel and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified health care provider. Guidance might change 09-12-20