



COVID-19 Student Screening Tool

(To be completed by School Nurse or trained school personnel)

REV: 1/7/22
Superintendent
of Schools

STUDENT NAME: _____ DOB: _____ DATE: _____

SCHOOL DISTRICT: _____ SCHOOL SITE: _____ GRADE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARENT/GUARDIAN: _____ PHONE: _____

PERSON INTERVIEWED: STUDENT PARENT/GUARDIAN OTHER: _____

INTAKE HISTORY

1. Date that student/staff referred to Health Office	Date: _____		
2. Reason for referral (May check more than one box)	<input type="checkbox"/> Possible Covid-19 Symptom(s) <input type="checkbox"/> Positive Covid- 19 lab test <input type="checkbox"/> Exposure to a positive or presumed positive Covid- 19 case. Date of exposure _____ <input type="checkbox"/> Other: _____		
3. Has the student had any of the following symptoms of Covid-19? Symptom onset date _____ Does the student have a MD documented Alternative Diagnosis (chronic illness that explains these symptoms)? Y N Have symptoms improved or resolved (Fever free for 24 hours without the use of fever reducing medications)? Date of resolution: _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Chills <input type="checkbox"/> Diarrhea <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Cough <input type="checkbox"/> Fatigue <input type="checkbox"/> Shortness of breath </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Headache <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Sore throat <input type="checkbox"/> Loss of taste and/or smell <input type="checkbox"/> Temp 100.4 or greater <input type="checkbox"/> Rash, welts, discoloration of skin <input type="checkbox"/> Other: _____ </td> </tr> </table>	<input type="checkbox"/> Chills <input type="checkbox"/> Diarrhea <input type="checkbox"/> Congestion or runny nose <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Cough <input type="checkbox"/> Fatigue <input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Headache <input type="checkbox"/> Muscle or body aches <input type="checkbox"/> Sore throat <input type="checkbox"/> Loss of taste and/or smell <input type="checkbox"/> Temp 100.4 or greater <input type="checkbox"/> Rash, welts, discoloration of skin <input type="checkbox"/> Other: _____
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4. Has the staff/student had a Covid- 19 test? If yes, then <ul style="list-style-type: none"> • What date was the Covid-19 test performed? • Results of test • Where was test performed? • Type of test 	<input type="checkbox"/> YES <input type="checkbox"/> NO Test Date _____ Performed by: _____ <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POS <input type="checkbox"/> Antigen <input type="checkbox"/> PCR		
5. Has student received the Covid- 19 vaccine? Date(s) of vaccine(s)? Proof of vaccination will be required	<input type="checkbox"/> YES <input type="checkbox"/> NO Date single dose or 1st dose of 2 vaccine given: Date: _____ Date 2nd dose given of 2 dose vaccine: Date: _____		

MARK the appropriate Scenario and then

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Proceed to the Scenario follow up categories on following pages

- 1. Student has Covid- 19 symptoms only (without test)**
- 2. Student is a close Covid- 19 contact**
- 3. Student has a positive Covid- 19 test**

1. Covid- 19 Symptoms Only (without test)

Follow- Up Steps for Student with COVID- 19 symptoms

Stay home and isolate per Public Health Guidelines:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>

- Recommend physician visit and/or Covid-19 test
- Depending on the follow up actions of student/staff, the return to school criteria is based on one of the following:
 - o Student is symptomatic and has negative Antigen test on or after day 5 from symptom onset, may return to class:
 - Isolation can end after day 5 if a diagnostic specimen tests negative on or after day 5 AND
 - Symptoms are resolving (not necessarily completely resolved) AND
 - Fever free for 24 hours without the use of fever reducing medications AND
 - Student wears a well-fitting mask through day 10 after symptom onset.
 - o Student is symptomatic and refuses a Covid-19 test:
 - If no test performed and have chosen not to contact their healthcare provider, then they may return to school when the following conditions are met:
 - Have been on isolation for 10 full days from symptom onset (return on day 11)
 - Symptoms are resolving (not necessarily resolved)
 - Fever free for 24 hours without the use of fever reducing medications
 - o Student has an Alternative Diagnosis from MD.
 - Symptoms are resolving (not necessarily completely resolved) AND
 - Fever free for 24 hours without the use of fever reducing medications AND
 - Documentation by healthcare provider of alternative diagnosis that explains symptoms

INITIAL STUDENT/STAFF FOLLOW UP PLANS:

- Continue to use daily Covid-19 self-screening tool
- Notify physician if symptoms worsen or if having difficulty breathing, feeling pain or pressure in chest, bluish lips/face, or are experiencing a new onset of confusion or difficulty waking up, call 911 or go to emergency dept.

2. Close COVID-19 Contact

Follow-Up Steps in Student with a Close COVID-19 Contact

VACCINATED students with an exposure to someone with suspected or confirmed COVID-19 (regardless of face coverings) are not required to quarantine and may attend school if they remain asymptomatic.

IF SYMPTOMS DEVELOP, isolate and get COVID-19 test.

MODIFIED QUARANTINE (STUDENTS ONLY): UNVACCINATED student with a supervised school exposure to someone with presumed or confirmed COVID-19 where both parties wore face coverings may attend school if they meet the following criteria:

1. **Remain asymptomatic.**
2. Continue to wear face coverings.
3. Undergo at least twice weekly testing during the 10 days following exposure date. (PCR or rapid antigen test OK if performed by/observed by trained school staff or healthcare provider.) *ex. immediately, day 3-5, then again in 3 days.*
4. Continue to quarantine from all extracurricular activities at school, including sports, and activities in the community setting. May return to all activities if symptom-free at the end of 10 day period.

SHORTENED QUARANTINE: UNVACCINATED student/staff with an exposure (school or home/community) must self-quarantine at home until they meet the following criteria:

1. **Remains asymptomatic.**
2. Negative COVID-19 test (PCR or rapid antigen) is performed by/observed by trained school staff or healthcare provider on or after Day 5 from date of last exposure
3. If Negative test results collected on or after Day 5, then quarantine may end after Day 7 (returning to school and all other activities on Day 8)

If no testing is performed, then Home Quarantine for 10 days following date of exposure.

All contacts released from quarantine before Day 14 must:

1. Self-monitor symptoms through Day 14 from exposure date. If become symptomatic, immediately self-isolate and seek testing.
2. Follow all recommended non-pharmaceutical interventions (monitor symptoms, wear a mask when around others, hand washing, avoid crowds) through Day 14 from last known exposure.

INITIAL STUDENT FOLLOW UP PLANS:

3. COVID- 19 Positive Test

Follow- Up Steps in Student with a Covid- 19 Positive Test

FULL AT-HOME ISOLATION FOR 5 DAYS REGARDLESS OF VACCINATION STATUS AND MASK WEARING

- Stay home on Isolation for 5 days from symptom onset or positive test if asymptomatic.
- Give Public Health Instructions:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>
- Nevada County Public Health Department will be notified by school nurse or trained school personnel

May return to work/ school when following criteria met:

- o If symptoms occurred:
 - 5 days after symptoms first appeared AND
 - Negative COVID-19 test (rapid antigen) is performed by/observed by trained school staff or healthcare provider on or after Day 5 from date of symptom onset (or positive test if asymptomatic) AND
 - Fever is gone for 24 hours without the use of fever-reducing medications AND
 - other symptoms are resolving AND
 - student wears a well-fitting mask through day 10 after symptom onset (or positive test if asymptomatic)
- o If unable to test, isolate for a full 10 days (return on day 11)

INITIAL FOLLOW UP PLANS:

- Identify contacts: Quarantine & Exclude exposed contacts per Covid positive contact algorithm Add to SPOT.
A **Close Contact** is anyone who was within 6 feet of an infected person for an accumulation of 15 minutes or more. An infected person can spread COVID-19 starting from 48 hours (or 2 days) before the person has any symptoms or tests positive for COVID-19. A person is still considered a close contact even if they were wearing a mask while they were around someone with COVID-19.
- Report case to administration for consideration of school community notification of a known case
- Disinfection and cleaning of classroom and primary spaces where case spent significant time

RESOLUTION

- No follow up necessary- staff/student may return to work/school immediately
- After completing the required criteria as noted, staff/student returned to work/ school on: ____

FOLLOW UP NOTES (Date and sign each note)

Signature of School Personnel Completing Form

Print Name of School Personnel Completing Form

Signature of Credentialed School Nurse

Print Name of Credentialed School Nurse

Date of Case Resolution _____