

Directions for Engaging Student/Staff
Regarding COVID-19

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If a student displays or announces symptoms of COVID-19 (See the list below), please use the following steps:

Step 1: The Nurse/COVID-19 Point of Contact (POC), teacher or other adult will wear PPE to go pick up or escort the child from classroom * Please do not send the ill student to the office alone.

Step 2: Ensure ill student has on a mask before leaving the classroom. Other students in the class may also put on masks.

Step 3: The Nurse/POC will interview the student to determine symptoms. **Complete the Assessment Form. The completed form should be filed in the back of the notebook by the student/staff member's last name.** The Nurse/POC will also take the student's temperature with the touch-free thermometer and record it on the Assessment Form. *Dial 911 if student/staff is in distress.

Assessment Form

Complete this form for each person exhibiting COVID-like symptoms. This form should be filed in the notebook behind the alphabet for the first letter of the last name of the student/staff member. Some questions may require the assistance of a parent or guardian.

Reminders:

- The person conducting the assessment should maintain a six-foot distance while asking questions
- If a student/staff member is in distress, immediately call 911.

Today's Date: _____ Student/Staff Name: _____
 Temperature: when entering the location Room: _____
 Parent/Guardian who was contacted today: _____
 Expected Time of Arrival to Pick up Student: _____
 Name of Person Completing Assessment: _____

Assessment Questions—Ask all of the questions below

Symptoms

1. Do you have any of the following symptoms?

<input type="checkbox"/> Fever or chills (temperature above 100.4°F)	<input type="checkbox"/> Muscle or body aches
<input type="checkbox"/> New Cough	<input type="checkbox"/> Congestion or runny nose
<input type="checkbox"/> Shortness of breath or difficulty breathing	<input type="checkbox"/> Headache
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Nausea or vomiting
<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Sore throat	

If a person exhibits ONE of these symptoms they should go home, stay away from other people and contact their health care provider

Possible Exposure

2. In the last 14 days, have you had close contact (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19? YES NO

3. Has any health department or health care provider been in contact with you and advised you to quarantine? YES NO

If the answer to questions 2 or 3 is yes, the staff/student is a close contact with a confirmed COVID-19 positive person. Record any details below and send student/staff home immediately.

Name of the close contact: _____
 Location of the exposure: _____
 Date of the exposure: _____

Assessment Form

Confirmed Case

4. Have you been diagnosed with COVID-19 by a health provider/test? YES NO
(If a person is diagnosed based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at the school and should stay at home until they meet criteria for re-entry.)

Date of Return to School

Return Date for Student/Staff Exhibiting Symptoms, but NOT a Contact _____

If a student/staff member exhibits symptoms, but is not a contact, he/she should be sent home and return to school when they have been symptom-free, without medication for 24 hours and they have felt well for 24 hours. They should also call their health care provider. Exception: If a healthcare provider suspects COVID-19 and the individual is tested, he/she should remain at home until results are received.

Return Date for Student/Staff Identified as a Contact/ Exposed to a Confirmed Case _____

- Asymptomatic (no symptoms):** If student/staff is an asymptomatic contact, he/she should remain at home until 14 days have passed since time of the exposure and the sick individual is symptom free during quarantine. Asymptomatic individuals are recommended to test 10 days after exposure. They must complete the full 14 day quarantine even if they test negative.

Date of last exposure: _____
 Anticipated Return to School/Work Date: _____

- Symptomatic:** If student/staff is a symptomatic contact, he/she should take a COVID test as soon as possible and remain at home until 10 days have passed since symptoms first appeared and at least 24 hours have passed with no fever without the use of fever-reducing medications and improvement in respiratory symptoms.

Date symptoms first appeared: _____
 Anticipated Return to School/Work Date: _____

Return Date for Student/Staff Diagnosed with COVID-19 _____

- Asymptomatic:** A person diagnosed with COVID 19 and NOT exhibiting symptoms should remain out of school until (1) 10 days have passed since the date of their first positive COVID-19 diagnostic test, and (2) have not developed symptoms

Date of first Positive Test: _____
 Anticipated Return to School/Work Date: _____

- Symptomatic:** A person diagnosed with COVID 19 and exhibiting symptoms should remain out of school until (1) 10 days have passed since the date of first showing symptoms, (2) at least 24 hours without fever without using fever-reducing medications AND (3) it has been at least 24 hours since the child's symptoms have improved including cough and shortness of breath.

Date symptoms first appeared: _____
 Anticipated Return to School/Work Date: _____

***If interviewing a student who is too young to answer, please interview the parent/guardian**

Question #1: Do you have any of the following Symptoms? If so, when did they start?

- ✓ Fever (measured temperature above 100.4 degrees Fahrenheit)
- ✓ Chills
- ✓ Cough
- ✓ Shortness of breath or difficulty breathing
- ✓ Fatigue
- ✓ Muscle or body aches
- ✓ Headache
- ✓ New loss of taste or smell
- ✓ Sore throat
- ✓ Congestion or runny nose
- ✓ Nausea or vomiting
- ✓ Diarrhea

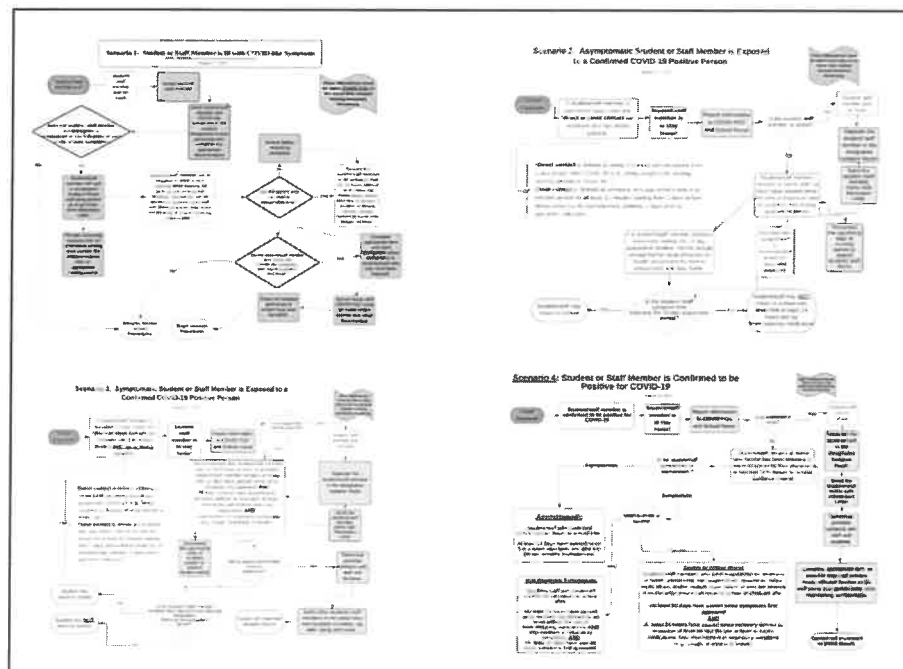
Question #2:

Have you had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?

Question #3:

Have you been diagnosed with COVID-19?

Step 4: The POC will use the COVID-19 Flow Charts to make a decision about next steps.



In the case that the school becomes aware of a positive COVID-19 case being a student or staff member, and close contacts occurred in the school:

1. The COVID-19 Case Close Contact Form must be completed for the positive person (See below). This form must be sent to the RCSS Crisis Team immediately

2. Contact Tracing must be completed and reported using the COVID-19 Close Contacts form. (See below). This form must be sent to the RCSS Crisis Team immediately


 East Central Health District Reported By: _____
 Phone: _____

COVID-19 CASE REPORT FORM (School / Childcare)

Name of Student/Employer: _____ DOB: _____

Home Address: _____
 City: _____ State: _____ Zip Code: _____

Gender: Male Female Race: _____ Hispanic Non-Hispanic Interpreter? Yes No

Parent(s)/Guardian: _____ Home phone#: _____
 Cell or work phone#: _____ E-mail: _____

School: _____ Teacher/Grade: _____

Extracurricular Team(s)/School Activities: _____

Bus Rider? Yes No Does the student/employee change classrooms during day? Yes No

COVID-19 Test? Yes No Unknown Lab result provided to school nurse? Yes No

Lab Date: _____ Testing Facility: _____

Sibling or family member who attends/works at the school? Yes No *(If yes, please include on line list on pg. 2-3)*

Hospitalized: Yes No Unknown Facility: _____ Date of Admission: _____

IF SYMPTOMATIC: Symptom onset date: ____/____/____ Unknown

- Infectious period starts 2 days before symptom onset Infectious period onset date: ____/____/____
- Isolation period: 10 days starting from symptom onset AND 24 hours fever-free with improvement of symptoms

IF ASYMPTOMATIC: Lab collection date: ____/____/____ Unknown

- Infectious period starts 2 days before lab collection date Infectious period onset date: ____/____/____
- Isolation period: 10 days starting from positive lab date unless symptoms develop, then use criteria for symptomatic cases

Close contacts of the positive Student/Employer identified? Yes No *(If yes, please complete line list on pages 2-3)*

- Close contact:** Less than 6 feet for more than 15 minutes during the positive student/employee's infectious period
- Quarantine period for close contacts of positive student/employee:** 14 days from date of last exposure, regardless of obtaining a negative test result during the 14 days
- OHSP recommends** that close contacts of positive students/employees wait 10 days from last date of exposure to be tested, unless symptoms develop sooner.

COVID-19 CLOSE CONTACTS

Call East Central Health District to report case (706-667-) AND fax (706-xxx-xxxx) or send this report by encrypted e-mail

Facility Name: _____ Date: _____


Name* (Last name, first name)	DOB	Home Address	Phone Number* (preferably cell phone)	Last Date of Exposure*	Exposure Type to Case Is the contact a student, teacher or support staff?
Ex : Joe Doe	01/23/11	456 Main St	706-655-1212	7/1/20	Worked or employee (casual) on 7/1/20, less than 6ft apart

*Required field. These variables are required to ensure complete and timely contact tracing

Step 5: The Nurse/POC will call the parent/guardian to pick the student up from school Ensure ill staff/students are not left unsupervised. Parents will be informed about quarantining if applicable.

Step 6: The POC will log the student into the Daily Log

*Use this log daily to enter the information about known cases and students/staff who have COVID-19 symptoms

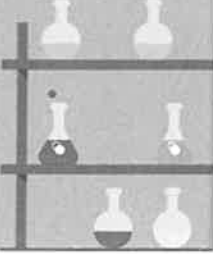
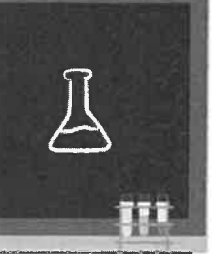

 RCSS Office and Isolation Room COVID-19 Contact Log School Name: _____

Date	Last Name	First Name	Staff or Student?	Was this person sick at school today?	Are there test results? If so was the test + or -	Does this person need to be isolated/Quarantined? If, what is the date of return?	Return to School Date	Is this person in a cluster? Y or N	What is the type of the cluster group? Ex: Classroom, Extracurricular, etc.	Number of cases in this cluster?	Number of Close Contacts in this cluster	Where all of the close contacts quarantined?

Definition of Cluster: Laboratory-confirmed COVID-19 in two or more people (students, teachers, staff) with earliest symptoms or test dates within 14 days of each other. To be part of a cluster, COVID-19 cases would have to had contact with one another, NOT share a household, and not be identified as close contacts of each other in another setting outside of school or school-related activity. For example, if four friends who attend the same school but are in classes/activities that do not mix have a sleepover and all get sick, this would NOT be a school cluster, though it could possibly lead to cases within the school setting. A cluster is over when there are no new cases among students, teachers, or staff for 28 days from the last date an ill individual was at the school while infectious.

Step 7: The sick students should remain in the supervised Isolation Room until parent/Guardian arrives. *If the parent does not arrive within the hour, please be sure to call emergency contacts found in Infinite Campus. If no one comes to the school before the school day ends, please ensure everything has been done to contact parents and emergency contacts before calling School Safety and/or DFACS. *Never put sick students on the bus.

Step 8: Every Wednesday—The POC will complete the GADOE Report for COVID-19

	Questions	Responses	
	<h3 data-bbox="479 541 1149 583">GADOE Report for COVID-19 (RCSS Schools)</h3> <p data-bbox="479 609 1177 667">Thanks for ensuring that this survey is completed each Wednesday, by 5 p.m., each school should complete this electronic form and the district team will send your information to the GADOE. It is imperative for you to meet the Wednesday deadline and for you to provide accurate and thorough information.</p> <p data-bbox="479 688 1177 747">This form does NOT take the place of reporting individual COVID-19 cases daily. Individual schools should notify the district Crisis Team IMMEDIATELY, when a COVID-19 case is identified in the school setting, as required by §OCGA 31-12-2. The District Crisis Team will send reports to the DPH daily.</p> <p data-bbox="479 768 1177 827">Schools should (via this form) report ALL cases and clusters that occurred during the reporting week. NOTE: If you are reporting earlier than 5 p.m. on Friday, please be sure to report any cases or clusters identified after you reported in next week's report.</p>		

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Reminders:

- The person conducting the assessment should maintain a six-foot distance while asking questions
- If a student/staff member is in distress, immediately call 911

Today's Date: _____ Student/Staff Name: _____

Temperature: when entering the Isolation Room: _____

Parent/Guardian who was contacted today: _____

Expected Time of Arrival to Pick Up Student: _____

Name of Person Completing Assessment: _____

Assessment Questions –Ask all of the questions below

Symptoms

1. Do you have any of the following symptoms?

- | | |
|--|---|
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| <input type="checkbox"/> New Cough | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Diarrhea |
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If a person exhibits ONE of these symptoms they should go home, stay away from other people and contact their health care provider

Possible Exposure

2. In the last 14 days, have you had close contact (within 6 feet for at least 15 minutes) with someone diagnosed with COVID-19? YES NO

3. Has any health department or health care provider been in contact with you and advised you to quarantine? YES NO

If the answer to questions 2 or 3 is yes, the staff/student is a *close contact* with a confirmed COVID-19 positive person. Record any details below and send student/staff home immediately.

Name of the close contact: _____

Location of the exposure: _____

Date of the exposure: _____

Confirmed Case

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Date symptoms first appeared: _____

Anticipated Return to School/Work Date: _____