



COVID-19 Screening Tool

Before leaving for school everyday, ask 3 questions.

1. Have you (staff member or student) had any new or unusual symptoms in the last 24 hours (even if you have been fully vaccinated)?

1 One (1) or more of the following symptoms:

- Fever** (temperature $\geq 100.4^{\circ}\text{F}$ at rest)
- Respiratory symptoms** (cough, shortness of breath, and/or difficulty breathing)
- New loss of smell or taste**

OR

2 Two (2) or more of the following symptoms:

- Chills
- Feeling cold and shivering
- Muscle pain or aches
- Headache
- Vomiting (If only symptom, 48-hour exclusion¹.)
- Diarrhea (If only symptom, 48-hour exclusion¹.)
- Sore throat
- Fatigue
- Nasal congestion
- Nausea

NO ↓

2. Has someone in your household been diagnosed with COVID-19 (by testing positive or diagnosed by a healthcare provider)?

NO ↓

3. Have you been in close contact² with a person diagnosed with COVID-19 while the person was contagious³.

NO ↓

You answered NO to all 3 questions.

You do not have symptoms and have not been exposed.

- ▶ **Go to school/work.**
- ▶ **Continue to monitor your health.**
If you begin to feel unwell or are notified of an exposure, use this tool and take action.
- ▶ **Practice healthy habits and good hygiene.**

¹ **48-hour Exclusion:** Stay home 48 hours after symptom stop without medicine.
² **Close Contact:** Within 6 feet for 15+ minutes over 24 hours or any direct contact.
³ **Contagious:** 48 hours before symptoms began until recovered.
⁴ **Recovered:** Meet all three criteria (1) 10 days passed since symptoms began, (2) no fever, diarrhea or vomiting in last 24 hours (without medicine), AND (3) other symptoms are improving.

YES →

YES - You have symptoms.

If you answer YES to symptoms 1 or 2, you may have COVID-19.

- ▶ Do **NOT** go to school/work.
- ▶ Communicate with your school/supervisor.
- ▶ **STUDENTS:** Contact healthcare provider or WCHD.
- ▶ **STAFF:** Contact your healthcare provider & HDMS Human Resources & HDMS Administration
- ▶ Wait at least **72 hours (3 days)** after symptoms begin before being tested to avoid inaccurate test results.
- ▶ **ISOLATE** at home until:
 - (1) you have **RECOVERED**⁴ -OR-
 - (2) you **test negative for COVID-19** (lab result req'd) -AND- satisfy exclusion criteria for your illness¹.

YES →

YES - You may have been exposed to COVID-19.

If you answer YES, you are a Close Contact².

If you develop symptoms at any time:

- ▶ **ISOLATE** at home -AND-
- ▶ Follow "If you answer YES to symptoms" (above).

If you do NOT have symptoms -AND- are **FULLY VACCINATED** -OR- you tested positive for COVID-19 in the previous 90 days (lab result required):

- ▶ Return to school/work -AND- monitor symptoms.

If you do NOT have symptoms -AND- you are NOT fully vaccinated -AND- have NOT tested positive for COVID-19 in last 90 days (lab result required):

- ▶ Do **NOT** go to school/work.
- ▶ Communicate with your school/supervisor.
- ▶ **QUARANTINE** at home for 10 days following your last close contact with any **CONTAGIOUS**³ person -OR- you may **TEST OUT** of **QUARANTINE** (below).

When someone in your household has COVID-19, you are continually exposed unless you are able to ISOLATE from the person. Anyone in the household who is not fully vaccinated and has not tested positive with COVID-19 in the last 90 days, must QUARANTINE while anyone in the house is CONTAGIOUS -AND- an additional 10 days after last person has RECOVERED. You may TEST OUT of last 10 days of QUARANTINE.

TEST OUT of QUARANTINE

If you are told to **QUARANTINE** due to an exposure, you may return on **day 8** of a 10-day **QUARANTINE** if:

- (1) you have **no symptoms** -AND-
- (2) **COVID-19 test is performed on or after day 5** -AND-
- (3) **COVID-19 test result is negative** (lab result required).