

# PCSD 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
- Sore throat
- Feeling cold and shivering
- Fatigue
- Muscle pain or aches
- Nasal congestion
- Headache
- Nausea
- Vomiting (If only symptom, 48-hour exclusion<sup>1</sup>.)
- Diarrhea (If only symptom, 48-hour exclusion<sup>1</sup>.)

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 contact<sup>2</sup> with a person diagnosed with COVID-19 while the person was contagious<sup>3</sup>.

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.

<sup>1</sup> 48-hour Exclusion: Stay home 48 hours after symptom stop without medicine.  
<sup>2</sup> Close Contact: Within 6 feet for 15+ minutes over 24 hours or any direct contact.  
<sup>3</sup> Contagious: 48 hours before symptoms began until recovered.  
<sup>4</sup> 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.
- ▶ **STAFF:** Contact your healthcare provider.
- ▶ 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<sup>4</sup> -OR-  
(2) you test negative for COVID-19 (lab result req'd) -AND- satisfy exclusion criteria for your illness<sup>1</sup>.

YES

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

If you answer YES, you are a Close Contact<sup>2</sup>.

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<sup>3</sup> 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).