



PERSHING COUNTY SCHOOL DISTRICT

Russell D. Fecht, Superintendent of Schools
Jonathan Reynolds, Principal, Pershing County High School
Shea B. Murphy, Principal, Pershing County Middle School
Kelly Lusardi, Principal, Lovelock/Imlay Elementary Schools

COVID – 19 DAILY SCREENING GUIDE

For the health and well-being of those around you, **ASK** these questions **EVERYDAY BEFORE** leaving home.

Have you (staff member or student) **had any new or unusual¹ symptoms in the last 24 hours?**

① **One (1) or more of the following symptoms¹:**

- **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 symptoms¹:**

- Chills
- Feeling cold and shivering
- Muscle pain or aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Nasal congestion

¹ **New/unusual symptoms are different than symptoms of ongoing health issues, such as asthma, allergies, or**

Has someone in your household been:

- ① **DIAGNOSED** with COVID-19 by **TESTING POSITIVE**,
- ② **DIAGNOSED** with COVID-19 by a healthcare provider but is **NOT TESTED**, and/or
- ③ Told by **Local Health District to ISOLATE²**

Have you been in close contact

(within 6 feet for more than 15 minutes) **with a person who has been diagnosed with COVID-19 while the person was contagious** (48 hours before symptoms began through recovery)?

² **ISOLATE** Stay away from others because you have COVID-19 or have COVID-19 symptoms.

³ **QUARANTINE** Limit contact with others during the 10-day incubation period because you might have been exposed to COVID-19.

If you answer YES to symptoms ① or ②:

- ▶ **Do NOT go to school/work.**
- ▶ **Contact your school/supervisor.**
- ▶ **Call your healthcare provider or**
- ▶ You may have COVID-19, **ISOLATE² at home until:**
 - (1) you have **RECOVERED**, defined as:
 - (a) **at least 7 days have passed since the first symptom, AND**
 - (b) **24 hours have passed since fever, vomiting, AND diarrhea stopped** (without medicine), AND
 - (c) **other symptoms have improved -OR-**
 - (2) you **test negative for COVID-19 AND satisfy exclusion criteria for the illness.**

If you answer NO to all of these:

- ▶ **Go to school/work.**
- ▶ **Continue to monitor your health.**

If you answer YES, you are a Household Contact:

- ▶ **Do NOT go to school/work.**
- ▶ **Communicate with your school/supervisor.**
- ▶ **Everyone in the household**, who has not had COVID-19, must **ISOLATE² at home until:**
 - (1) **the patient has RECOVERED** (see above), AND
 - (2) **10 days have passed** since the last COVID-19 patient recovered.
- ▶ If, at any point, you develop symptoms, **ISOLATE²** and see "IF you answer YES to SYMPTOMS" (above).

If you answer YES, you may be a Close Contact:

- ▶ **Do NOT go to school/work.**
- ▶ **Communicate with your school/supervisor.**
- ▶ You must **QUARANTINE³ at home for 10 days.**
- ▶ If, at any point, you develop symptoms, **ISOLATE²** and see "IF you answer YES to SYMPTOMS" (above).