

# COVID-19 Management School Toolkit

October 14, 2020



This toolkit is intended to be used by school boards and schools to manage COVID-19 in a school setting. These tools also apply to childcare centres and before/after school programs that operate within schools. This toolkit includes the following:

- COVID-19 School Screening
- COVID-19 Screening Tool for Employees and Essential Visitors in Schools and Child Care Settings
- Assessing PPE Use in Schools
- Managing Students with COVID-19 Symptoms at School - Instructions for Staff
- Return to School Protocols for Students and Staff
- School Protocol When Staff or Students Test Positive for COVID-19
- Communication Protocol for COVID-19 Case
- Recommendations for Schools During a COVID-19 Outbreak
- School Outbreak Poster
- **Appendix- Parent Resources**
  - » Should My Child Attend School? - Flow Chart
  - » Your Child Had Symptoms While at School
  - » Back to School Confirmation Form

## Key Information

### Local Public Health Units (PHU):

- [Leeds, Grenville & Lanark District Health Unit](#): 1-866-236-0123
- [Eastern Ontario Health Unit](#): 1-800-267-7120 (press "5")

### COVID-19 School Online Screening Tool

This provincial [screening tool](#) is intended to be used by parents, students, employees and visitors. This tool provides guidance on whether or not it is advised to go to school or work, along with next steps.

**Note:** the symptom changes made by the Ministry of Health apply only to children.

### To find a local COVID-19 Assessment Centre:

- [Leeds, Grenville & Lanark](#)
- [Eastern Ontario](#)

### Local School COVID-19 Cases and Statistics

To assist school boards and schools with their provincial COVID-19 reporting requirements, the local public health units have developed webpages to host information on outbreaks in a school setting. The Government of Ontario provides information about COVID 19 [cases in schools](#).

- [Leeds Grenville & Lanark District Health Unit](#)
- [Eastern Ontario Health Unit](#)

# COVID-19 Screening tool for students and children in school and child care

Version 3: October 5, 2020

Students and children must screen for COVID-19 every day before going to school or child care.  
Parents/guardians can fill this out on behalf of a child.

Date (mm-dd-yyyy) \_\_\_\_\_

## Screening Questions (place an "X" in the appropriate column)

### 1. Are they currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or medical conditions.

<b>Fever and/or chills</b> Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Cough or barking cough (croup)</b> Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions (for example, asthma, post-infectious reactive airways)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Shortness of breath</b> Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Decrease or loss of smell or taste</b> Not related to other known causes or conditions (for example, allergies, neurological disorders)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 2. Are they currently experiencing any of these symptoms?

Choose any/all that are new, worsening, and not related to other known causes or medical conditions.

<b>Sore throat or difficulty swallowing</b> Painful swallowing, not related to other known causes or conditions (for example, seasonal allergies, acid reflux)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Runny or stuffy/congested nose</b> Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Headache that's unusual or long lasting</b> Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Nausea, vomiting and/or diarrhea</b> Not related to other known causes or conditions (for example, irritable bowel syndrome, anxiety in children, menstrual cramps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Extreme tiredness that is unusual or muscle aches</b> Fatigue, lack of energy, poor feeding in infants, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction, sudden injury)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Have they travelled outside of Canada in the last 14 days?

Yes  No

4. In the last 14 days, has a public health unit identified them as a close contact of someone who currently has COVID-19?

Yes  No

5. Has a doctor, health care provider, or public health unit told them/you that they should currently be isolating (staying at home)?

Yes  No

6. In the last 14 days, have they received a COVID Alert exposure notification on their cell phone?

Yes  No

## Results of Screening Questions

 If you answered "YES" to any of the symptoms included under question 1:

- Contact the school/child care to let them know about this result.
- They should isolate (stay home) and not leave except to get tested or for a medical emergency.
- Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.
- Household members without symptoms may go to school/child care/work. Check your local public health unit's website or call to see if they have different rules based on local risk.

 If you answered "YES" to only one of the symptoms included under question 2:

- Contact the school/child care to let them know about this result.
- They should isolate (stay home) for 24 hours and not leave except for a medical emergency.
- After 24 hours if their symptom is improving, they can return to school/child care when they feel well enough to go. They do not need to get tested.
- Household members without symptoms may go to school/child care/work. Check your local public health unit's website or call to see if they have different rules based on local risk.

 If you answered "YES" to two or more of the symptoms included under question 2:

- Contact the school/child care to let them know about this result.
- They should isolate (stay home) and not leave except to get tested or for a medical emergency.
- Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.
- Household members without symptoms may go to school/child care/work. Check your local public health unit's website or call to see if they have different rules based on local risk.

 If you answered "YES" to question 3, 4 or 5:

- Contact the school/child care to let them know about this result.
- They should isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
- Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.

 If you answered "NO" to all questions, your child may go to school/child care.

### Public Health Ontario - Contact Tracing

**Answering these questions is optional.** This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

2. Have you travelled outside of Canada in the last 14 days?  
 Yes  No
3. In the last 14 days, has a public health unit identified you as a close contact of someone who currently has COVID-19?  
 Yes  No
4. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?  
 Yes  No
5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?  
 Yes  No

If you already went for a test and got a negative result, select "No."

## Results of Screening Questions

-  If you answered "YES" to any of the symptoms included under question 1:
- Contact the school/child care to let them know about this result.
  - You should isolate (stay home) and not leave except to get tested or for a medical emergency.
  - Talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test.
  - Household members without symptoms may go to school/child care/work. Check your local public health unit's website or call to see if they have different rules based on local risk.
-  If you answered "YES" to question 2 or 4:
- Contact the school/child care to let them know about this result.
  - You should isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
  - Follow the advice of public health. You can return to school/child care only after you are cleared by your local public health unit.
  - Household members without symptoms may go to school/child care/work. Check your local public health unit's website or call to see if they have different rules based on local risk.
-  If you answered "YES" to question 3:
- Contact the school/child care to let them know about this result.
  - You should isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
  - Talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test. You can return to school/child care only when you are cleared by your local public health unit, regardless of test result.
-  If you answered "YES" to question 5:
- Contact the school/child care to let them know about this result.
  - You should isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
  - Visit an assessment centre to get a COVID-19 test. Talk with a doctor/health care provider for more advice.
-  If you answered "NO" to all questions, you may go to school/child care.

### Public Health Ontario - Contact Tracing

**Answering these questions is optional.** This information will only be used by Public Health officials for contact tracing. All information will be deleted in 28 days.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone or Email: \_\_\_\_\_

**You must screen for COVID-19 every day before going to school. You can complete this on behalf of your child.**

- Has your child travelled outside of Canada in the last 14 days?
- In the last 14 days, has a public health unit identified your child as a close contact of someone who currently has COVID-19 (or from the COVID Alert app if they have their own phone)?
- Has your child been told by a doctor, health care provider, or public health unit that they should currently be isolating (staying at home)?

NO to all questions

YES to one or more of these questions

## DO NOT Go to School

- Contact the school to let them know about this result.
- Your child should isolate (stay home) for 14 days and not leave except to get tested or for a medical emergency.
- Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.

**Does your child have any of the following new or worsening symptoms? Symptoms should not be chronic or related to other known causes or conditions.**

- **Fever and/or chills:** (temperature of 37.8°C/100.0°F or greater)
- **Cough or barking cough (croup):** Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions (for example, asthma, post-infectious reactive airways)
- **Shortness of breath:** Out of breath, unable to breathe deeply, not related to other known causes or conditions (for example, asthma)
- **Decrease or loss of smell or taste** Not related to other known causes or conditions (for example, allergies, neurological disorders)

NO Symptoms

YES to one or more symptoms

## DO NOT Go to School

- Contact the school to let them know about this result.
- Your child should isolate (stay home) and not leave except to get tested or for a medical emergency.
- Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.
- Household members without symptoms may go to school/child care/work.

**Does your child have any of the following new or worsening symptoms? Symptoms should not be chronic or related to other known causes or conditions.**

- **Sore throat or difficulty swallowing:** Painful swallowing, not related to other known causes or conditions (for example, seasonal allergies, acid reflux)
- **Runny or stuffy/congested nose:** Not related to other known causes or conditions (for example, seasonal allergies, being outside in cold weather)
- **Headache that's unusual or long lasting:** Not related to other known causes or conditions (for example, tension-type headaches, chronic migraines)
- **Nausea, vomiting and/or diarrhea:** Not related to other known causes or conditions (for example, irritable bowel syndrome, anxiety in children, menstrual cramps)
- **Extreme tiredness that is unusual or muscle aches:** Fatigue, lack of energy, poor feeding in infants, not related to other known causes or conditions (for example, depression, insomnia, thyroid dysfunction, sudden injury)

NO Symptoms

**If you answered "YES" to only one of the symptoms**

- Contact the school to let them know about this result.
- Your child should isolate (stay home) for 24 hours and not leave except for a medical emergency.
- After 24 hours if their symptom is improving, they can return to school when they feel well enough to go. They do not need to get tested.
- Household members without symptoms may go to school/child care/work.

## Go to School

Your child can go to school because they seem to be healthy and have not been exposed to COVID-19.

**If you answered "YES" to two or more of the symptoms:**

- Contact the school to let them know about this result.
- Your child should isolate (stay home) and not leave except to get tested or for a medical emergency.
- Talk with a doctor/health care provider to get advice or an assessment, including if they need a COVID-19 test.
- Household members without symptoms may go to school/child care/work.

# Back to School Confirmation Form

Please complete this form to confirm that your child is healthy and able to return to school. By adding your signature, you are verifying that the information is true. Return the completed form to your child's school principal.

**Child's Full Name:** \_\_\_\_\_

My child was sent home from or denied entry to school because of an illness that might be COVID-19 on \_\_\_\_\_ (date - dd/mm/yyyy).

1. I attest that **(INITIAL ONE)**:

\_\_\_\_\_ My child was previously seen by a doctor or nurse practitioner and was diagnosed with a chronic condition, such as allergies or asthma, with the exact same symptoms my child has now.

\_\_\_\_\_ My child was experiencing only ONE of these symptoms: sore throat, stuffy nose/runny nose, headache, nausea/vomiting/diarrhea, fatigue/lethargy/muscle aches/malaise. They stayed home yesterday to be monitored and their symptom has improved.

**Note: If your child's symptom has not improved in 24 hours or if your child had more than one symptom, they need to be tested for COVID-19 or stay home and self-isolate for 10 days.**

\_\_\_\_\_ My child was assessed by a doctor or nurse practitioner on \_\_\_\_\_ (date). The doctor or nurse practitioner told us that a COVID-19 test was not required and another diagnosis (medical reason) other than COVID-19 explains my child's symptoms (why my child was feeling sick).

\_\_\_\_\_ My child did NOT have a COVID-19 test but completed 10 days of self-isolation from the date when my child started to feel sick.

\_\_\_\_\_ My child has received a negative COVID-19 test result after starting to feel sick.

\_\_\_\_\_ My child has received clearance by Public Health to stop isolating following a positive COVID-19 test result or after being a close contact of someone with COVID-19.

2. I also attest that **(MUST INITIAL ALL)**:

\_\_\_\_\_ My child has NOT been told by Public Health or a healthcare provider to continue to self-isolate.

\_\_\_\_\_ My child has NOT had a fever in the last 24 hours (without using medication).

\_\_\_\_\_ It has been at least 24 hours since my child's symptoms started improving (e.g. only occasional clear mucous from nose; no discharge from eyes; coughing does not interfere with activity; no headache; throat not sore with eating or drinking)

\_\_\_\_\_ My child has signs they are feeling well (e.g. eating, drinking and sleeping well; normal personality; enough energy for daily activities).

\_\_\_\_\_ My child has completed and passed the COVID-19 School and Child Care Screening.

**Based on all the reasons indicated above, I attest that my child may return to school on:**

\_\_\_\_\_ (date - dd/mm/yyyy).

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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www.healthunit.org



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www.eohu.ca