

At Home Health Screening Tool for RSU 1 Staff and Students

Please review this screening tool before school/ work every morning. This tool is for your reference only - do not bring it to school.

Are you experiencing any of the following symptoms?

Lower Risk symptoms include:

- New headache
- Muscle pain (myalgias)
- Runny nose/ congestion
- Nausea/vomiting/diarrhea
- Any of above symptoms present beyond what you typically experience (ie. if you have allergies, etc.)

Higher Risk symptoms include:

- New, uncontrolled cough
- Shortness of breath or difficulty breathing (not exercise induced asthma)
- New loss of taste or smell
- Fever (100.4 or higher)/ chills / rigors (shaking)
- Sore throat

[If you are experiencing any of the above listed symptoms, STAY HOME and CONTACT YOUR SCHOOL NURSE.](#)

Next, please determine Yes or No for the following statements:	Yes	No
Have you taken cough/ cold medication and/ or fever reducers such as Tylenol/ Ibuprofen today for the above listed symptoms? <u>"If yes, stay home and follow RSU 1 Illness Guidelines."</u>		
Have you been tested for COVID-19? <u>"If yes, call and discuss this with the school nurse before reporting to school."</u>		
Have you had a recent close contact* with someone with a confirmed diagnosis of COVID-19? <u>"If yes, stay home, call your medical provider or school nurse, do not report to work/school."</u>		
Have you had close contact* with someone with a suspected diagnosis of COVID-19? <u>"If yes, stay home, call your medical provider or school nurse, do not report to work/ school."</u>		
Have you recently traveled out of state? <u>"If yes, please contact your school nurse before reporting to work/ school."</u> <u>Link to State of Maine travel guidelines</u>		

If you do need to stay home, please review the RSU 1 Illness Guidelines for more information on next steps: [LINK](#)

***** If you are experiencing the following symptoms: trouble breathing, persistent pain or pressure in the chest, feeling confused, hard time staying awake, bluish lips/ face. Seek immediate medical attention (911) *****

* What counts as Close Contact?

- 1) You have been within 6 feet of someone who has COVID-19 for at least 15 minutes within 24 hours
- 2) Someone in your home is sick with COVID-19
- 3) You have had direct physical contact with the sick person (touched, hugged, or kissed them)
- 4) You have shared eating or drinking utensils with the sick person
- 5) The sick person sneezed, coughed, or somehow exposed you to the sick person's respiratory droplets