

School COVID-19 Toolkit

For Health Offices

Version 1

Released on July 28, 2020

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Introduction:

The McHenry County Department of Health (MCDH) recognizes the challenges facing schools throughout McHenry County with the COVID-19 pandemic. MCDH shares in the goal of each McHenry County school to provide a safe environment for staff and students. MCDH from the start of the pandemic has been hosting weekly school calls to provide updates and answer questions. With the June 23, 2020 release of "Starting the 2020-21 School Year" from the Illinois State Board of Education a School Task Force was created. This task force is made up of McHenry County school health officials and public health officials to address health protocols for schools.

With the COVID-19 response in our community being very fluid, this toolkit will have ongoing updates as new recommendations and tools are developed. Recommendations and tools are all subject to change as new guidance is received from the Centers of Disease Control and Prevention (CDC), Illinois Department of Public Health (IDPH), Illinois State Board of Education (ISBE), and the McHenry County Department of Health (MCDH).

COVID-19 School Health Task Force

The McHenry County Department of Health would like to extend our gratitude to the following members of the School Task Force Team for volunteering their time and talents to help keep McHenry County Schools safe during this critical time.

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Definitions of Commonly Used COVID-19 Terms

Antibody test-blood test that identifies antibodies to the virus. Some antibodies (IgG) begin to develop when you are sick and can be identified after you recover. Not recognized as valid at this time.

Case-someone who has COVID-19. Could infect others. Positive PCR.

Suspect Case-someone exposed to a case who develops symptoms, even if they have not been tested yet.

Confirmed/Positive Case-Must be isolated for a minimum of 10 days after symptom onset date (or specimen collection date if onset unclear or if asymptomatic) and can be released after afebrile and feeling well without fever reducing medical for at least 24 hours.

Contact-defined as being within 6 feet of an infected person for at least 15 minutes starting from 2 days before the onset of illness

Close Contact-an individual who was in contact (see above). Must be quarantined for 14 days after the last/most recent contact with the case when the case was infectious. If a close contact develops symptoms, they will follow isolation rules.

Household Contacts with separate living quarters between case and contacts-Quarantine for 14 days after the last exposure to case.

Household Contacts that share a room/living quarters (ongoing contact)-Quarantine during contact and for 14 days after the case is released from isolation.

Incubation Period- time from when someone is infected until symptoms develop. Ranges from 2-14 days. 50% of people will become ill by 5 days after being infected. 5% by 2 days. 95% by 14 days.

Isolation-Separates sick people with a contagious disease from people who are not sick.

Polymerase Chain Reactions (PCR)-detects RNA in virus. Also called molecular test.

Quarantine-Separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Contact Tracing-common public health tool used to limit contact between infectious people and others, limiting the transmission of the disease.

Narrative Flow Chart for COVID/Suspected COVID - STUDENT

Student exhibiting symptoms at school, is a suspect case, or awaiting test results:

- If a student exhibits illness at school suspicious of COVID:
 - Assess student for symptoms - Follow **Worksheet A for Students** - complete Page 1
 - If student meets criteria for suspected COVID (as identified on worksheet):
 - Have student remove cloth mask, place surgical mask on student and place in isolation area and arrange transportation home
 - Notify Administration
 - Notify custodian for spot cleaning needs
 - Notify parents of return to school guidelines:
 - Student must remain home for 10 days and fever free for 24 hours
 - OR**
 - Student can return with doctor's note stating alternative diagnosis (this option only available if student hasn't had contact with positive case)
 - OR**
 - Student can return with **proof** of negative COVID test (this option only available if student hasn't had contact with positive case)
 - If student had close contact with a positive COVID case, or awaiting test result of family member, must not return to school for 14 days

School/Nurse informed of Positive Covid Test in Student

- Follow **Worksheet A for Students** - Complete Page 1
- Call MCDH to confirm the positive test results and obtain guidance
- Notify Administration
- Begin **Worksheet B** for contact collection of names for students/staff who were within 6 feet of this student for 15 minutes or greater, including 48 hours prior, to students positive test results. Don't forget all areas of school: bus, lunch, specials, classroom, sports, etc.
- Upon discussion with MCDH, complete **Worksheet C** for each identified close contact of positive student
- Notify close contacts of quarantine needed via District protocol (Quarantine is 14 days at home, no exceptions).
- Notify parents of positive student that student must stay in isolation and not return for 10 days and fever free for 24 hours without fever reducing medication.
- Custodians to disinfect affected areas per district protocol and MCDH guidance.
- Designated school contact to report in RedCap

Narrative Flow Chart for COVID/Suspected COVID - STAFF MEMBER

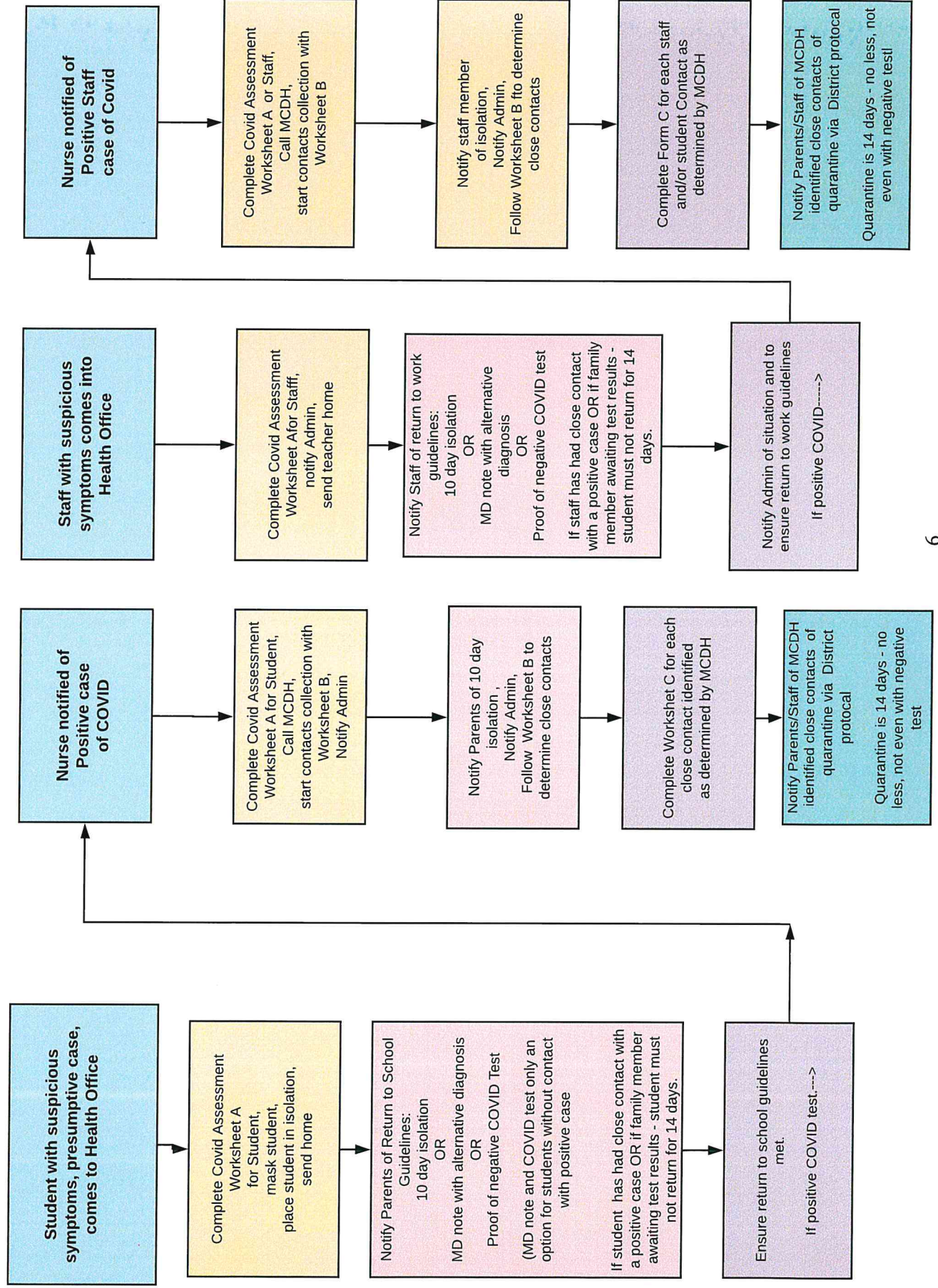
Staff member exhibiting symptoms at school, is a suspect case, or awaiting test results:

- If a staff member should exhibit illness at school suspicious of COVID:
 - Assess staff for symptoms -Follow **Worksheet A for Staff**
 - If staff meets criteria for suspected COVID (as identified on worksheet):
 - Notify Administration
 - Have staff remove cloth mask and place surgical mask on staff and place in isolation area awaiting personal belongings to be brought to him/her in order to go home
 - Notify custodian for spot cleaning needs
 - Notify staff member of return to school guidelines:
 - Staff must remain home for 10 days and fever free for 24 hours
OR
 - Staff can return with doctor's note stating alternative diagnosis
OR
 - Staff can return with **proof** of negative COVID test
 - If staff member had close contact with a positive COVID case, or awaiting test result of family member, must not return to school for 14 days

School/Nurse informed of Positive Covid Test in Staff Member

- Follow **Worksheet A for Staff**- Complete Page 1
- Call MCDH to confirm the positive test results and ask for guidance
- Notify Administration
- Begin **Worksheet B** for contact collection of names for students/staff who were within 6 feet of this student for 15 minutes or greater, including 48 hours prior, to the staff member's positive test results. Don't forget all areas of school: Classroom, lunchroom, coaching, IEP meetings, staff meetings, collaboration meetings, supervision, etc.
- Upon discussion with MCDH, complete **Worksheet C** for each identified close contact of positive student
- Notify close contacts of quarantine needed via District protocol (Quarantine is 14 days at home, no exceptions).
- Custodians to disinfect affected areas per district protocol and MCDH guidance.
- Designated school contact to report in RedCap

School Nurse Flowsheet for Suspicious, Possible, and/or Positive Covid Student or Staff



Worksheet A - Covid Assessment for STUDENT

Date: _____ Student: _____ DOB: _____ Gr/Homeroom/Counselor: _____
 Time in: _____ Contact/Relationship: _____ Phone #: _____

Notification of Possible COVID-19:

- | | |
|--|--|
| <input type="checkbox"/> Student presented to Health Office | <input type="checkbox"/> Attendance secretary |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Parent phone call/email |
| <input type="checkbox"/> MCDH; Public Health Nurse name/number _____ | |
| <input type="checkbox"/> Other _____ | |

Background Information: _____

Is the case: Suspect - Confirmed - Contact - Awaiting Test Results? (Circle all that apply)

NURSE ASSESSMENT

- If the student is in school, complete Part 1 and 2 with student. Complete Part 3 with Parent
- If student is at home, call Parent/Guardian to complete Part 1, 2 and 3

PART 1: (if student has 1 of these unexplained symptoms, student will be sent home, or 911 will be called if needed)

- ☐ Fever > 100.4 ☐ Cough ☐ Shortness of breath/Difficulty breathing

PART 2: (If student is afebrile but has one or more of the following unexplained symptoms, student will be sent home):

- | | | |
|--|--|--|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Congestion/runny nose | <input type="checkbox"/> Myalgia (muscle/body aches) |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sore throat | <input type="checkbox"/> New Loss of taste or smell |
| <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fatigue <input type="checkbox"/> Abdominal Pain |

Date that symptoms began: _____ Temperature (highest): _____ Temp Present: _____ Pulse ox: _____

What additional symptoms does the student have, if any, not listed above?

If criteria above has been met, begin the process to send the student home.

- ☐ Place the student in an isolation area
- ☐ Place a surgical mask on the student
- ☐ Continue to fill out Part 3 with Parent/Guardian

PART 3: Additional questions to ask student and/or parent (call home) are:

- Does the student have any underlying medical conditions? Y N List: _____
- If the student is not at school, was he/she hospitalized? Y N Hospital dates: _____
- What is the last date student was at school: _____
- Was the student seen in the health office? Y N (Print student schedule for future reference)
- Date and reason for visit: _____
- Did the student take the bus to school? Y N Bus: # _____
- Has the student had contact with anyone outside of family who tested positive for COVID in the past 14 days? Y N Name/s: _____
- Household family members, include sibling grades: _____
- Has any family member tested positive for COVID in the past 14 days? Y N Name/s: _____
- Has any family member shown symptoms listed above in the past 14 days? Y N Name/s: _____
- Has any family member been asked to quarantine at home in the past 14 days? Y N _____
- HCP (healthcare provider), name/phone #: _____
- HCP instructions to student/family: _____
- Was COVID test performed? Y N Date of test: _____ Location of test: _____

DISPOSITION:

- ☐ Student was picked up by parent/guardian ☐ Student drove self home
☐ Student already at home ☐ EMS ☐ Time of Departure: _____

School Nurse Actions For SUSPECT Case:

- ☐ Give return to school guidelines to parents both verbally and in writing/email
- ☐ Student will need to remain home for 10 days until _____ (*and fever free for 24 hrs*) ****OR****
 - ☐ Student will need a HCP note to return with an alternative diagnosis? (*option for students w/o contact*) ****OR****
 - ☐ Student will need proof of a negative COVID test to return prior to 10 days? (*option for students w/o contact*)
 - ☐ **If** student had close contact with a positive COVID case, or awaiting test result of family member, must not return to school for 14 days
- ☐ Patient education given for home care
☐ School administrator notified: Y N Name: _____
☐ Notified attendance assistance regarding marking attendance Y N
☐ Custodian called for spot cleaning/disinfection Y N Notes: _____

For **Suspect or Contact case**, no further action is required. Wait for: Positive COVID **OR** Negative Covid **OR** HCP note with alternative diagnosis **OR** 10 day isolation **OR** 14 day quarantine for close contact case

School Nurse Actions For CONFIRMED Case:

- ☐ School administrator notified:(Name/Date) _____
- School Investigation Contact **Worksheet B** needs to be completed by either School Nurse or administrator to find potential contacts. **Attach to this form with student schedule**
- ☐ District Office Administrator notified: (Name/Date): _____
☐ Nursing team lead notified: _____
☐ Custodian called for spot cleaning/disinfection Y N Notes: _____

MCHENRY COUNTY DEPT OF HEALTH COLLABORATION:

- ☐ MCDH notified: date: _____ Time: _____ Message left? _____
☐ RedCap Reporting Completed Y N Date Reported: _____
☐ MCDH guidance received (date/time): _____
☐ MCHD case manager/phone # _____
 MCDH recommended notification/quarantine/cleaning guidance: _____

- ☐ Student in isolation until: _____
☐ Family/siblings in quarantine until: _____
☐ Friends/contacts/staff recommended to quarantine until: _____
☐ Based on recommendation of Administration and/or MCDH, notification sent to:
 - ☐ Parents _____
 - ☐ Contacts of student (including staff) (see attached worksheets) _____
 - ☐ Cleaning staff: Classrooms to be empty/disinfected/dates: _____
- ☐ Notification of school nurse in sibling schools: _____
☐ **Attendance assistant notified regarding marking attendance for case and contacts per MCDH**

(RN Signature) _____

(Date)

Worksheet A - Covid Assessment for STAFF

Date: _____ Staff: _____ DOB: _____ Position: _____
Time in: _____ Contact/Relationship/Self: _____ Phone #: _____
Notification of Possible COVID-19:

- ☐ Staff presented in Health Office ☐ Attendance secretary
☐ Administrator
☐ MCDH; Public Health Nurse name/number _____
☐ Other _____

Background Information: _____

Is the case: **Suspect - Confirmed - Contact - Awaiting Test Results?** (Circle all that apply)

NURSE ASSESSMENT

- **Complete Parts 1-3 with the staff member.**

PART 1: (if staff member has 1 of these symptoms, he/she will be sent home, or 911 will be called if needed)

- ☐ Fever > 100.4 ☐ Cough ☐ Shortness of breath/Difficulty breathing

PART 2: (If staff is afebrile but has one or more of the following unexplained symptoms, student will be sent home):

- | | | |
|--|--|--|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Congestion/runny nose | <input type="checkbox"/> Myalgia (muscle/body aches) |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sore throat | <input type="checkbox"/> New Loss of taste or smell |
| <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fatigue <input type="checkbox"/> Abdominal Pain |

Date that symptoms began: _____ Temperature (highest): _____ Temp Present: _____ Pulse ox: _____
What additional symptoms does the student have, if any, not listed above?

If criteria above has been met, begin the process to send the staff member home.

- ☐ Place the staff in an isolation area
☐ Place a surgical mask on the staff
☐ Determine mode of transportation home (self, family/friend, ambulance)

PART 3: Additional questions:

- Does the staff member have any underlying medical conditions? Y N List: _____
- Was the staff member seen in the health office? Y N
- Date and reason for visit: _____
- If the staff member is not at school, was he/she hospitalized? Y N Hospital dates: _____
- Has staff had contact with anyone outside of family who tested positive for COVID in the past 14 days? Y N
Name/s: _____
- Household family members, include children/ages/grades: _____
- Has any family member tested positive for COVID in the past 14 days? Y N If so, who _____
- Has any family member shown symptoms listed above in the past 14 days? Y N If so, who _____
- Has any family member been asked to quarantine at home in the past 14 days? Y N _____
- HCP (healthcare provider), name/phone #: _____
- HCP instructions to student/family: _____
- Was COVID test performed? Y N Date of test: _____ Location of Test: _____

DISPOSITION:

- ☐ Staff was driven by family/friend
☐ Staff already at home

- ☐ Staff drove home
☐ EMS ☐ Time of Departure: _____

School Nurse Actions For SUSPECT Case:

- ☐ Give return to school guidelines to staff member both verbally and in writing/email
- ☐ Staff member will need to remain home for 10 days until _____ (*and fever free for 24 hrs*)
OR
 - ☐ Staff member will need a HCP note to return with an alternative diagnosis? (*option for staff w/o contact*)
OR
 - ☐ Staff will need proof of a negative COVID test to return prior to 10 days? (*option for staff w/o contact*)
 - ☐ If student had close contact with a positive COVID case, or awaiting test result of family member, must not return to school for 14 days
- ☐ Patient education given for home care
- ☐ School administrator notified: Y N Name: _____
- ☐ Notified attendance assistance regarding scheduling a sub Y N
- ☐ Custodian called for spot cleaning/disinfection Y N Notes: _____

For a Suspect **or** Contact case, no further action is required. Wait for: Positive COVID **OR** Negative Covid **OR** HCP note with alternative diagnosis **OR** 14 day quarantine for close contact case

School Nurse Actions For CONFIRMED Case:

- ☐ School administrator notified:(Name/Date)_____
- School Investigation Contact **Worksheet B** needs to be completed by either School Nurse or administrator to find potential contacts. **Attach to this form with daily schedule**
- ☐ District Office Administrator notified: (Name/Date):_____
- ☐ Nursing team lead notified: _____
- ☐ Custodian called for spot cleaning/disinfection Y N Notes: _____

MCHENRY COUNTY DEPT OF HEALTH COLLABORATION:

- ☐ MCDH notified: date:_____ Time: _____ Message left? _____
- ☐ RedCap Reporting Completed Y N
- ☐ MCDH guidance received (date/time):_____
- ☐ MCHD case manager/phone # _____
- MCDH recommended notification/quarantine/cleaning guidance: _____
- _____
- _____
- _____
- ☐ Staff member in isolation until: _____
- ☐ Family in quarantine until: _____
- ☐ Friends/contacts/students recommended to quarantine until: _____
- ☐ Based on recommendation of Administration and/or MCDH, notification sent to:
- ☐ Parents _____
 - ☐ Contacts of staff member (see attached worksheets) _____
 - ☐ Cleaning staff: Classrooms to be empty/disinfected/dates: _____
- _____
- ☐ Notification of school nurse in children's schools (if needed): _____

RELEASING COVID-19 CASES AND CONTACTS FROM ISOLATION AND QUARANTINE



CASES

Must be isolated for a minimum of 10 days* after symptom onset and can be released after afebrile (without fever-reducing medication) for at least 24 hours and improvement of other symptoms (e.g., cough, shortness of breath)

OR

Has 2 negative COVID-19 tests in a row, with testing done at least 24 hours apart (**A test-based strategy is no longer recommended in the majority of cases. Consult with Infectious Disease MD.**)

* A limited number of persons with severe illness may produce replication-competent virus beyond 10 days; this may warrant extending duration of isolation and precautions for up to 20 days after symptom onset. Consider consultation with infection control experts.

CLOSE CONTACTS¹

Must be quarantined for 14 days after the last/most recent contact with the case when the case was infectious.

If a close contact develops symptoms, they should follow isolation rules for cases above.

Household Contacts:

Household contacts with separate living quarters between case and contacts: quarantine for 14 days after last exposure to case.

LTC residents or Household Contacts that share a room/living quarters (i.e. have ongoing contact with or exposure to the case): quarantine during contact and for 14 days after case is released from isolation.

¹ For COVID-19, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.
Guidance for Healthcare Worker Contacts : <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
Guidance for Critical Workers in Essential Infrastructure: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

References: Isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Quarantine: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>



Note: Lingered cough should not prevent a case from being released from isolation.

Date of last contact with infectious case

Minimum 14 days

Close contact is released from quarantine

Aug 2020						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Sep 2020						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Oct 2020						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Nov 2020						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Dec 2020						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Jan 2021						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Feb 2021						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Mar 2021						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Apr 2021						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2021						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Jun 2021						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

Isolation - separates sick people with a contagious disease from people who are not sick.

Quarantine - is used to keep someone who might have been exposed to COVID-19 away from others.

Positive Cases – **MUST** be isolated for a **minimum** of 10 days after symptom onset date (day '0') (or specimen collection date (day '0') if onset unclear **or if asymptomatic**) and can be released after afebrile (fever free, without fever-reducing medication) and feeling well for at least 24 hours and improvement of other symptoms (e.g cough, shortness of breath)

Examples:

- A case that is well on day 3 and fever free and feeling well for 24 hours must remain isolated through day 10.
- A case that is still symptomatic on day 10, symptoms have improved and fever free and feeling well for 24 hours on day 12, can be released on day 13.

Close Contacts for COVID-19 - defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated. - **Must** be quarantined for 14 days after the last/most recent contact with the case when the case was infectious. (If a close contact develops symptoms, they should follow isolation rules for cases above)

Household Contacts: *Household contacts with separate living quarters between case and contacts:* quarantine for 14 days after last exposure to case.

Household Contacts that share a room/living quarters (i.e. have ongoing contact with or exposure to the case): quarantine during contact and for 14 days after case is released from isolation.

Information provided and resourced from CDC and IDPH-Illinois Department of Public Health, July 17, 2020. Subject to change

CONFIDENTIAL** SHOULD BE COMPLETED BY SCHOOL NURSE OR ADMINISTRATOR****

Worksheet B - School Contact Investigation Report for SARS-CoV-19 (COVID-19)
Page 2

Worksheet B - School Contact Investigation Report for SARS-CoV-19 (COVID-19)
Page 2

[illegible]

Investigation Completed By: _____

Date: _____

School Nurse STUDENT Contact Form for Positive Covid - Worksheet C- STUDENT

(this form to be attached to worksheet A)

Date: _____

Student: _____ Gr: _____ Homeroom: _____

DOB: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____ ☐ Cell ☐ Home ☐ Work

Home Address: _____

Per MCDH (or resident county) guidelines, was the student suggested to quarantine? Y N

Was Parent/Guardian notified of quarantine restrictions? Y N

Who notified the Parent/Guardian of restrictions? _____

Date quarantine started? _____

Is the student ill with fever and/or respiratory illness? Y N

If so, what is the date of onset of symptoms? _____

Were any additional symptoms present? _____

Referral to HCP? Y N

Date student can return to school ? (Must stay home 14 days after last date of last contact) _____

Administration Actions:

☐ Notify teacher about remote learning needs and length of remote instruction _____

☐ Notify attendance assistant regarding marking attendance _____

Notes:

Worksheet C School Nurse STAFF Contact Form for Positive Covid -STAFF

(this form to be attached to worksheet A)

Date: _____

Staff Member _____ School: _____ Additional Schools? _____

DOB: _____

Position at School: _____

Home Address: _____

Phone Number: _____ ☐ Cell _____ ☐ Home

Per MCDH (or resident county) guidelines, was the staff member suggested to quarantine? Y N

Was Staff Member notified of quarantine restrictions? Y N

Who notified the staff member of restrictions? _____

Date quarantine started? _____

Is the staff member ill with fever and/or respiratory illness? Y N

If so, what is the date of onset of symptoms? _____

Were any additional symptoms present? _____

Referral to HCP? Y N

Date staff member can return to school: _____

Administration Actions:

☐ Administrator to provide substitute for in school? _____

☐ Administrator to notify HR _____

Notes: _____

COVID INVESTIGATION/COMMUNICATION NURSING NOTES
































Student/Staff Name _____

Grade/Position: _____

[illegible]

Symptom Comparison for Colds, Influenza, Allergies, Asthma, IBD and SARS-CoV-19 in Pediatric Patients						
Signs and Symptoms	Allergies	Asthma	Cold	Influenza (Flu)	SARS-CoV-19	IBD
Fever			Rare	Usual; lasts 3-4	Usual, less often in	
Body Aches (Myalgia)			Slight	Usual; often	Common (23%)	
Chills			Uncommon	Fairly common	Possible	
Fatigue, weakness		Fatigue/unable to participate fully in daily activities				
	Sneezing	Common	Sometimes Common	Usual Sometimes	Possible	
Chest discomfort, cough	Common	Common	Mild to moderate; hacking cough	Common; can be severe		
Runny/Stuffy nose	Common		Common	Sometimes	Usual (54%)	
Shortness of breath		Common			Occasional (7.2%)	
Chills					Occasional (13%)	
Headache					Possible	
Repeated shaking with					Common (28%)	
					Possible	
Nausea, vomiting or diarrhea					Occasional (11-13%)	Common
Sore throat						
Loss of taste or smell					Common (24%)	
					Possible	
Abdominal pain						
Itchy, watery eyes	Common				Occasional (5.8%)	Common
Itchy, sensitive skin, red	Common				Possible	
Wheeze, chest tightness	Common	Common			Possible-blotchy	
Red, cracked lips						
Red eyes					Possible	
					Possible	
Swollen glands on one or both sides of the neck						
					Possible	
Swollen hands or feet					Possible	
				</		

Symptoms of COVID-19

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
FEVER 					
COUGH 					
SORE THROAT 					
SHORTNESS OF BREATH 					
FATIGUE 					
DIARRHEA OR VOMITING 					
RUNNY NOSE 					
BODY/ MUSCLE ACHES 					

 Symptom of illness





COVID-19 FAQ's From your School Nurse 2020/2021

As we all transition to what this upcoming school year will look like, here are some important FAQ's that you may find helpful while in the building of your school. If you have further questions, please feel free to reach out to your school's health office and/or administration. All the information below can be found on ISBE with further clarification if you have further questions.

FACE COVERINGS -

Will my student (s) be required to wear a face covering? Yes. As required by IDPH, except while eating and during band, face coverings must be worn at all times in school buildings, even when social distance is maintained. All individuals in a school building must wear a face covering unless they have a medical contraindication, are under 2 years of age, have trouble breathing, or are unconscious, incapacitated, or unable to remove the face covering without assistance. Face coverings are not required outside if physical distance is maintained (if individuals remain 6 feet apart from each other). Face shields are not effective protection against coronavirus and should only be used in situations when other methods of protection are not available.

PHYSICAL DISTANCING -

Are all individuals in a school building required to maintain physical distance (remain 6 feet apart) at all times? Physical distancing must be observed as much as possible. It is recommended that excess furniture be removed from classrooms to allow for as much space as possible in between desks.

How will the school handle students coming into the buildings, hallway passing and lockers?

Based on individual school buildings, and to adhere to physical distancing requirements and IDPH limitations on gathering sizes, when possible the following are potential situations for your student(s):

- Limit the number of persons within hallways at any given time to the greatest extent possible
- Limit required movement of students between classes.
- Provide hallway supervision using hall and bathroom monitors to ensure a limited number of persons enter bathrooms at one time.
- Suspend the use of lockers, if possible. Sharing lockers should be prohibited. If lockers must be used, consider staggering locker assignments and creating schedules to stagger locker access to allow for 6-foot distancing between students.

Is physical distance required to be maintained on school busses? No. No more than 50 individuals may be on a bus at one time. All individuals on a bus must wear a face covering. It is recommended that students from the same household sit together on a bus.

SYMPTOM SCREENINGS/TEMPERATURE CHECKS -

How should symptom screenings be administered? Based on individual Districts, temperature and symptom screenings or self-certification and verification for all staff, students, and visitors entering school buildings will be required. Individuals who exhibit symptoms, should not come to school and should be referred to a medical provider for evaluation, treatment and be given information about when they can return to school. Refer to your individual district for more information.

Can students under the age of 18 self-certify? No. For students who are not legally emancipated, parents/guardians or the individual who enrolled the student will certify on behalf of the student.

CAPACITY LIMITS -

What does 'one space' mean? Examples of one space may include one school bus, one classroom, or areas of a hallway. Capacity restrictions do not apply to an entire school building

What does 'one space' mean when outside? Each group of 50 or fewer individuals must remain 30 feet apart. If individuals are 6 feet apart at all times, face coverings do not need to be worn.

POTENTIAL COVID-19 CASE IN MY STUDENT(S) CLASS -

What to do if my student or another student is sent home with COVID-19 or COVID-19 like symptoms? Each school district will follow the below guidelines based from ISBE/IDPH along with the procedure developed for the individual health offices.

Individuals who have tested positive for COVID-19 or who are suspected of having COVID-19 infection should seek medical attention, self-isolate. Individuals who have had close contact with an individual who has tested positive for COVID-19 or is suspected of having COVID-19 infection should be quarantined at home and monitored for symptoms for 14 days. Individuals who did not have close contact can return to school immediately after disinfection. **Close contact* means the individual was within 6 feet of the individual who tested positive for COVID-19 or is suspected of having COVID-19 infection for more than 15 minutes. Schools should provide a supervised isolation space for students/staff who are experiencing COVID-19-like symptoms and may be awaiting evaluation and/or pickup. Judgment of nursing professionals or the administrator/designee (in the absence of a nurse) must determine who is placed in the isolation space and the level of supervision (e.g., supervised by nurse or unlicensed personnel) required for persons within the quarantine space.

*Close contact - is defined as any individual who was within 6 feet of an infected person for at least 15 minutes, with or without masks, starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to positive specimen collection) until the time the person is isolated.

*Isolation - separates sick people with a contagious disease from people who are not sick.

*Quarantine - separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

*NOTE: Requirements are subject to change pursuant to updated public health guidance and changing public health conditions.
Above information has been resourced from CDC and ISBE, last updated July 17, 2020*