

APS Student COVID Screening Procedures

APS COVID screening and testing procedures are developed in cooperation with the [Lenawee County Return to School Tool Kit](#). APS will provide educational materials to all students and parents/guardians regarding COVID-19 common symptoms and the importance of self-monitoring and consulting a healthcare provider at the first sign of any symptoms. Parents/guardians will also be asked to sign a COVID-19 Screening Agreement that was developed in partnership with the Lenawee County Health Department indicating that they will conduct a daily COVID-19 screening and that they will not send their child to school if the screening process detects any possibility that the child may have COVID-19 and/or that the child may have been exposed to COVID-19 (form below).

COVID-19 symptoms include, but are not necessarily limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea. Parents/guardians and/or students (depending on age and appropriateness) will be asked to inquire of their children as to how they are feeling and also to take their temperature prior to sending them to school each day. Any child who has a temperature of 100.4 degrees or higher, or who reports any other symptom(s) of COVID-19, must be kept home from school and medical attention should be sought. Parents/guardians should report to the school that the student will not be attending school due to the presence of symptoms of COVID-19 symptoms and should share those symptoms with the school.

Students who have been in close contact with someone who has tested positive for COVID-19 must be kept home from school and must self-quarantine for 14 days. Parents/guardians should contact the school to inform them that their child was in close contact with someone who tested positive for COVID-19 (providing as much detail about the encounter as possible to allow the school to determine if the student was in close contact with others students, staff members, and/or others at school after his/her contact with the COVID-19 positive individual).

Students will have their temperature taken at the start of the school day. This will take place in the classroom, or if the student arrives after the start of the school day, they should report to the main office, sign in, and have their temperature taken as part of the sign-in process.

Any student who tests positive for COVID-19 will be directed to self-quarantine at home, consistent with any applicable Executive Order or other guidance from proper authorities, including, but not limited to, the Lenawee County Health Department. Students who test positive for COVID-19 may return to work/school when: 1) at least 24 hours with no fever (without the use of fever-reducing medication); 2) symptoms have improved; 3) at least ten (10) days have passed since symptoms first appeared; and 4) when authorization to return to school is provided by the Lenawee County Health Department and/or the student's healthcare provider.

In the event that a student, staff member, contracted service provider, or another individual present within the school setting tests positive for COVID-19 and to the extent feasible under the then-current conditions, those areas within the District in which the COVID-19 positive individual was present for extended periods of time, such as a classroom or office, will be immediately and temporarily closed to allow airborne particles to dissipate before the area is thoroughly cleaned and disinfected.

COVID-19 School Health Screening Agreement

Instructions for Parents and/or Guardians

For the health and safety of our students, the local public health department requires students be screened daily for symptoms of COVID-19 and potential exposure to COVID-19, before entering the school.

We ask that you complete the student screening on the next page, which includes a temperature check, prior to sending your child to school or any school activities or sports. We ask that you complete the form below indicating your understanding and agreement to perform symptom screenings on your child.

By signing this form, I am committing to screening my child daily for the 2020-2021 school year, unless otherwise directed. I also understand that it is my responsibility to call my child's school as soon as possible to let them know if my child is not going to school due to potential COVID-19 symptoms. I understand that my child will be required to wear a mask (unless not medically able) during the school day, at school events, and on school vehicles. I understand that my child's temperature will be taken at school as an additional screening measure for the safety of my child and other students and staff.

I commit to screening my child daily _____ for COVID-19 symptoms and exposure.

Parent(s)/ Guardian(s) Name: _____

Address: _____

Phone Number: _____

Parent or Guardian Signature: _____

Date: _____

COVID-19 Student Health Screening Tool

School:

Student Name:

Date:

In the last 24 hours, has your child experienced the new onset of any of the following that are not due to another medical condition:

Subjective fever (felt feverish):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath or difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle or body aches	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New loss of taste or smell	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestion or runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Temperature:		

DISCLAIMER: This screening tool is subject to change based on the latest information on COVID-19.

If you answer “**yes**” to any of the symptoms listed above **OR** your child’s temperature is **100.4°F or higher**, please do not send your child into school. Self- isolate them at home and contact your primary care physician’s office for direction.

- You should isolate your child at home for minimum of 10 days since symptoms first appeared or per guidance of your local health department.
 - If diagnosed as a probable COVID-19 or test positive, call your local health department and make them aware of your diagnosis or testing status and also contact your child’s school.
- You must also have 24 hours without a fever (not using fever reducing medication) and improvement in symptoms.

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Traveled internationally?

☐ Yes

☐ No

If you answer “**yes**” to either of these questions, please do not go into work. Self-quarantine at home for 14 days. Contact your primary care physician’s office if you have symptoms or have had close contact with an individual for evaluation. If you are given a probable diagnosis or test positive call your local health department to ensure they are aware and have read through all the above statements and ensure everything is accurate.

Signature:

Date:

For questions, visit www.lenaweehealthdepartment.org. Contact the Lenawee County Health Department at 517-264-5226 option 5 or email lenaweehd@lenawee.mi.us.