Bristol Township School District

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Levittown, Pa. 19057
215-547-2609

Bristol Township School District COVID-19 Student Triage:

People with COVID-19 have had a wide range of symptoms – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. Any student with symptoms consistent with COVID-19 should be referred to the school nurse for evaluation. These symptoms should be outside of the student's baseline.

Name:_____ Date:_____ Time: _____

Presenting symptoms:

Group A-1 or more symptoms	Group B-2 or more symptoms
☐ Cough*	☐ Fever for (COVID 100.4 or higher)
☐ Shortness of breath	☐ Runny nose
☐ Difficulty Breathing	☐ Congestion
☐ Loss of taste or smell	☐ Loss of smell or taste
	☐ Muscle pain/achiness
	☐ Nausea or vomiting
	☐ Headache
	☐ Diarrhea
	☐ Sore throat
	☐ Chills
	☐ Fatigue

If coughing, does the student have asthma? If so, follow his/her asthma action plan. If the student is having severe difficulty breathing, shortness of breath, difficulty speaking, or lips are blue call '911'.

Send home if one or more symptoms in Group A, or two or more symptoms in Group B, or if they are taking fever reducing medication.

When did symptoms begin? _____

Have you been out of state? Yes____ No _____

□ Had close contact (within 6 ft. of an infected person for at least 15 minutes) with a person with a confirmed COVID-19
https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx
Follow CDC and PA DOH GUIDELINES FOR EXPOSURE

Clinical Findings

Temp: _____ °F SaO2: ____% RR: ____ HR: _____bpm BP: ____/_____

Notes:_____

Parents notified to pick up their child and advised to contact their Primary Medical Provider at:_____ (time)

Criteria for returning to school received by: _____

Nurse Signature _____

Your child/student presented to the health office with symptoms that would require him/her to stay home and to refer to your medical provider regarding potential testing for COVID-19. Please ensure your student meets the criteria before he/she returns to school. THE STUDENT WILL NEED TO REPORT DIRECTLY TO THE HEALTH OFFICE UPON RETURN FOR EVALUATION

Return to School Guidelines According to Health and Safety Plan

	Situation	**Returning to School**
❑	Students with fever or symptoms that may be associated with COVID19 **and** have **no** known direct exposure to a person with COVID19.	• May return to school when symptoms have improved **and** • Have been fever free for at least 24 hours without the use of fever-reducing medicine **and** • Have a negative test result or note from a medical provider indicating the student may return to school. **OR** • Have a note confirming an alternative diagnosis from a healthcare provider that explains the COVID19 like symptoms **OR** • Quarantine for 10 days.
❑	Students **with** symptoms who have had a direct exposure to a person with COVID19. .	• Testing is recommended. • Isolation/Quarantine as directed by the Local Department of Health • At least 10 days have passed since symptom onset **and** • At least 3 days have passed since resolution of fever without the use of fever-reducing medications **and** other symptoms have improved
❑	Positive for COVID-19 (student or staff)	The individual can return to school when they have met the criteria for Release from Isolation: • 10 days past symptom onset or 10 days past test date if you have no symptoms • Fever-free for 3 days, without the use of fever-reducing medication **and** • Improving symptoms

Cleared to return as per school guidelines: _____ (yes or no) Diagnosis:_____

Health care Provider Printed Name: _____Contact #_____

Health Care Provider Signature: _____Date:_____

Bucks County Department of Health COVID-19 In-School Exposure Disposition

Positive Case Name:_____ Date: _____

Symptom Onset:_____Test Date: _____

Contact Name	Parent/ Guardian Name	Phone Number(s)	Address	School Attended	Symptom Present?	Date of Exposure	Type of Quarantine Issued