



COMPREHENSIVE RESOURCE GUIDE FOR COVID-19 SCREENING IN SCHOOLS

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Abstract

UHS has reviewed the data and guidance from the CDC, NYS Department of Education and NYS Health Department in regards to COVID-19. This document has been compiled to act as a comprehensive resource guide for school districts to screen for COVID-19 and provide guidance for the dismissal and return of students/staff to school. This guidance document will be updated as new information is released by the CDC, NYSDOH and NYS Education Department.

Disclaimer:

A school district may use the guidance documents as necessary and may implement all or various pieces of the guidance documents. This resource guide is not intended to act as or provide medical advice and questions should be referred to the medical director of the school district. In the event of an emergency, the school district should call 911.

COMPREHENSIVE RESOURCE GUIDE FOR COVID-19 SCREENING IN SCHOOLS

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1 BACKGROUND

UHS has reviewed the data and guidance from the CDC, NYS Department of Education and NYS Health Department in regards to COVID-19. This document has been compiled to act as a comprehensive resource guide for school districts to screen for COVID-19 and provide guidance for the dismissal and return of students/staff to school. This guidance document will be updated as new information is released by the CDC, NYSDOH and NYS Education Department.

Disclaimer:

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What is COVID-19?

SARS-CoV-2, a novel coronavirus, was first identified as the cause of an outbreak of respiratory illness in Wuhan, Hubei Province, China in 2019. There are many coronaviruses, all of which typically cause respiratory disease in humans. The World Health Organization (WHO) named the disease caused by SARS-CoV2 “COVID-19.” (To eliminate potential for confusion with a different coronavirus, SARS-CoV, these FAQs refer to SARS-CoV-2 as “the virus that causes COVID-19” or “COVID-19”). On March 11, 2020, WHO declared COVID-19 a pandemic due to the number of countries affected by its rapid spread.

How many cases of COVID-19 are there?

On March 11, 2020, WHO declared COVID-19 a pandemic. The number of cases changes on daily basis. The most up-to-date information about the number of COVID-19 cases reported, and where these cases are, can be found at: John Hopkins Coronavirus Resource Center, The Centers for Disease Control (CDC), and The World Health Organization. For a current COVID-19 case count in New York State (NYS), visit the NYS Department of Health COVID-19 Tracker.

What are the symptoms of COVID-19?

COVID-19 can cause mild to severe respiratory illness with symptoms of fever, cough, and difficulty breathing. Other symptoms may include muscle aches/pains, fatigue, and decrease in appetite. According to CDC, headache, confusion, rhinorrhea, sore throat, hemoptysis, vomiting, and diarrhea have also been reported, but are less common (<10%). Preliminary information suggests older adults and people with underlying health conditions or compromised immune systems are at higher risk of severe illness from this virus. CDC believes that symptoms of COVID-19 begins between 2 and 14 days after exposure.

How does COVID-19 spread?

While the initial transmission is believed to have been animal-to-person spread, COVID-19 is now spreading from person-to-person. This is thought to occur via respiratory droplets produced when a person infected with the virus coughs or sneezes, the same way flu and other respiratory illnesses spread. The virus that causes COVID-19 can also be transmitted if people touch surfaces and objects with the virus on it.

https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_faqs_updated_041720_2.pdf

2 IN PERSON INSTRUCTION

“To ensure equity in education, Responsible Parties should prioritize efforts to return all students to in-person instruction at this time. However, based on the dynamic nature of local community transmission of the COVID-19 virus, a phased-in approach or hybrid model combining in-person instruction and remote/distance learning may be necessary at various times through the 2020-2021 school year. In planning for these approaches and models, school plans should indicate if certain students will be prioritized to return to in person instruction first or more frequently based on educational or other needs (e.g., early grades, students with disabilities, English language learners), given requirements for equity, capacity, social distancing, PPE, feasibility, and learning considerations.”

Department of Health’s Interim Guidance

Students have not been present for in-person learning since March 2020. This is a significant amount of time in which medical histories could change. An updated family, social and medical history for each student in the district could provide pertinent health information for their medical records. By providing an updated health history, nursing staff may be better equipped to interpret symptoms that may overlap with COVID-19 symptoms as outlined in the table below.

With this in mind, schools should consider utilizing their pre-existing medical history forms to update their records especially with the guidance to extend physical exam deadlines.

The Overlap between COVID-19 Symptoms with Other Common Illnesses

Symptoms	Coronavirus ¹ (COVID-19) Symptoms range from mild to severe	Cold Gradual onset of symptoms	Flu Abrupt onset of symptoms	Seasonal Allergies Abrupt onset of symptoms	Asthma Gradual or abrupt onset of symptoms
Length of symptoms	7-25 days	Less than 14 days	7-14 days	Several weeks	Can start quickly or last for hours or longer*
Cough	Common (usually dry)	Common (mild)	Common (usually dry)	Rare (usually dry unless it triggers asthma)	Common (can be dry or wet/productive)
Wheezing	No	No**	No**	No**	Common
Shortness of breath	Sometimes	No**	No**	No**	Common
Chest tightness/pain	Sometimes	No**	No**	No**	Common
Rapid breathing	Sometimes	No**	No**	No**	Common
Sneezing	No	Common	No	Common	No**
Runny or stuffy nose	Rare	Common	Sometimes	Common	No**
Sore throat	Sometimes	Common	Sometimes	Sometimes (usually mild)	No**
Fever	Common	Short fever period	Common	No	No
Feeling tired and weak	Sometimes	Sometimes	Common	Sometimes	Sometimes
Headaches	Sometimes	Rare	Common	Sometimes (related to sinus pain)	Rare
Body aches and pains	Sometimes	Common	Common	No	No
Diarrhea, nausea and vomiting	Sometimes	Rare	Sometimes	No	No
Chills	Sometimes	No	Sometimes	No	No
Loss of taste or smell	Sometimes	Rare	Rare	Rare	No

Your symptoms may vary. Information is still evolving. **If your quick-relief medicine is not helping your asthma symptoms or if you are in the Red Zone on your Asthma Action Plan, call your health care provider or seek medical attention immediately. **Allergies, colds and flu can all trigger asthma which can lead to shortness of breath, chest tightness/pain and rapid breathing. COVID-19 is the only one associated with shortness of breath on its own. ***If you have allergic asthma, you may have symptoms of both asthma and allergies at the same time. Sources: Asthma and Allergy Foundation of America, World Health Organization, Centers for Disease Control and Prevention, edited 7/15/20 • aafa.org/covid19

3 DAILY HOME SCREENING FOR STUDENTS

School District Letterhead

Parents: Please complete this short check each morning and report your child's information [INSERT YOUR SCHOOL REPORTING INSTRUCTIONS] in the morning before your child leaves for school.

SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. **NOTE:** These symptoms are up to date as of 09/10/2020 from the CDC website.

Please check your child for these symptoms:

- Temperature ≥ 100.0 F⁰
- Cough
- Shortness of Breath/Difficulty Breathing
- Sore Throat
- Diarrhea/Nausea/Vomiting
- Muscle Aches
- Chills or repeated shaking with chills
- Headache
- Loss of taste or smell
- Fatigue
- Congestion/Runny Nose

SECTION 2: Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19 or who has or had symptoms of COVID-19
- Personally tested positive through a diagnostic test for COVID-19 in the past 14 days
- Has traveled internationally or from a state with widespread community transmission of COVID-19 per the NYS Travel Advisory in the Past 14 days.

RETURN-TO-SCHOOL POLICIES

If you answered yes to any questions in Sections 1 Symptoms, please keep your student home and he/she will be required to:

1. Have an evaluation by a healthcare provider.
2. COVID test performed
 - Negative COVID-19 test – as per school illness policy- at least 24 hours fever-free without taking medication following health care provider release.
 - OR-
 - If a positive COVID-19 test result is obtained, then documented release from public health isolation from the local Health Department.
3. Documentation from the health care provider or the local health department that return to in person instruction is suitable.

If you answered yes to any questions in Section 2 Close Contact/Potential Exposure, please keep your student home and he/she will:

1. Notify the school district
2. Remain symptom free throughout 14-day quarantine period

Please contact your school's COVID resource officer/school nurse to discuss absence and with any questions/concerns. In the event of an emergency, call 911.

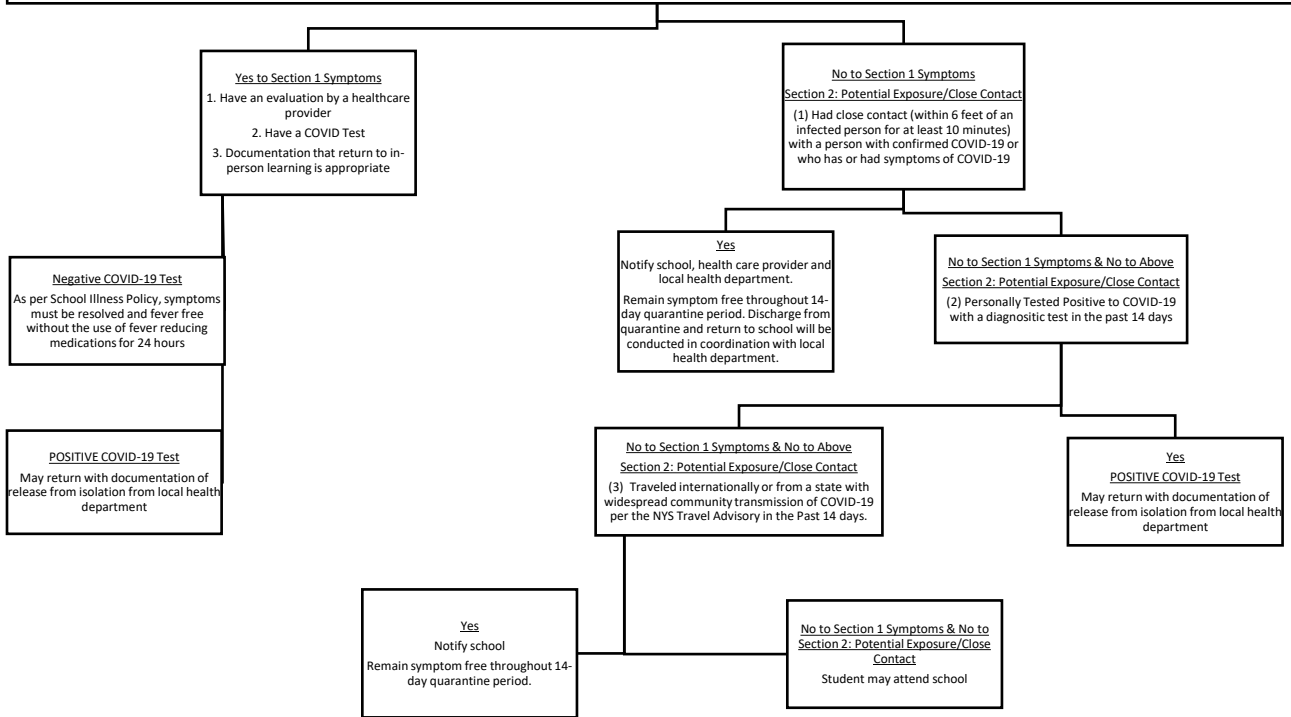
COMPREHENSIVE RESOURCE GUIDE FOR COVID-19 SCREENING IN SCHOOLS

School District Letterhead

Daily home screening algorithm

Section 1: Symptoms
 Please check your child for these symptoms:
 Temperature > 100 F
 Cough
 Shortness of Breath/difficulty breathing
 sore throat
 diarrhea/nausea/vomiting
 muscle aches
 chills
 headaches
 loss of taste or smell
 fatigue
 congestion/runny nos

NOTE: These symptoms are up to date as of 09/10/2020 from the CDC.



School District Letterhead

Instructions for School District COVID Resource Officer Interpreting Parent Home Screenings

The overlap between COVID-19 symptoms with other common illnesses means that many people with symptoms of COVID-19 may actually be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. For example, it is common for young children to have up to eight respiratory illnesses or “colds” every year. Although COVID-19 and illnesses like colds or the flu have similar symptoms, they are different disease processes.

Students who are sick with contagious illnesses should not attend school, but most illnesses do not require the same level or length of isolation that COVID-19 does. Excluding students from school for longer than what is called for in existing school policies (e.g., fever free without medication for 24-hours) based on COVID-19 symptoms alone risks repeated, long-term unnecessary student absence.

1. If the student/parent/caregiver answers YES to any question in Sections 1, they would:
 - Be excused from school
 - Have an evaluation by a healthcare provider, with a diagnosis and documentation that return to in-person instruction is suitable (for example, a non-COVID-19 diagnosis like allergic rhinitis)
 - Students who have received a negative COVID-19 test result should be allowed to return to school once their symptoms have otherwise improved, in accordance with existing school illness management policies.
 - If an evaluation by a health care provider has been completed and COVID-19 testing is ordered but is unable to be performed, in-person learning can not resume until a waiting period of 10 days has been reached. The decision to return will be decided amongst the provider and district.
3. Students diagnosed with COVID-19 with a positive test would:
 - Stay home
 - Isolate themselves from others
 - Monitor their health
 - Follow directions from their state or local health department
 - Students and their families should be advised that the local health department may contact the family for contact tracing. If contacted, families should notify the contact tracer that the student attended school.

Students diagnosed with COVID-19 via a positive test result should **NOT** be permitted to return to school. Student may return when released from isolation by the local Health Department.

4. If the parent/guardian answered yes to any questions in Section 2 Close Contact/Potential Exposure, please advise the parent that the student should stay home and he/she will:
 - *For travel to States or Locations on the NYS travel advisory list, notify the school district and remain symptom free throughout the 14 day quarantine period. Quarantine day 0 is the day the student returned to New York.
5. Students who are excluded from school should be afforded the opportunity, as soon as feasible when they are well enough to participate in classwork, to make up any missed classwork without penalty in order to reduce mental or physical anxieties about missed academic opportunities. The parents/guardians should be advised to contact the school and/or teacher directly to do so.

School District Letterhead

COVID-19 Screening for In Person Evaluation

1. **IDENTIFY AND ISOLATE:** Some students may develop symptoms of infectious illness while at school. Schools should take action to isolate students who develop these symptoms from other students and staff. Parents/guardians should be contacted to pick student up from school immediately and advised to call their primary care provider for evaluation.
 - Students who develop any symptoms while at school should be placed in a supervised isolation area separate from staff and other students. A separate bathroom and sink should be available to them if feasible. Students should continue to wear face coverings and be socially distanced.
 - School staff (e.g., workers, teacher aides and school health staff) who interact with a student who becomes ill while at school should use [Standard and Transmission-Based Precautions](#) when caring for sick people.
 - Students who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow [CDC guidance for caring for oneself and others](#) who are sick.
 - If a school needs to call an ambulance or bring a student to the hospital, they should first alert the healthcare staff that the student may have been exposed to someone with COVID-19.
 - After the student is placed in an isolation area, school staff who work in the isolation area should follow CDC's [Considerations for Cleaning and Disinfecting your Building or Facility](#).
6. **DOCUMENT: School Nurse or Medical Director (if available)** will evaluate student and document (via the COVID-19 SOAP Note OR via electronic record) their findings, which can be placed in the student's medical file.
7. **EDUCATE:** The student, parent/guardian or employee that has screened positive will be provided with the following documents:
 - Section 4: "COVID-19 EVALUATION"
 - Section 5: "Your child screened positive for possible covid-19: Now what?"
 - Section 6: "Contact Tracing"
 - Section 7 (for students): Student Evaluation Form
 - Section 8 (for employees): Employee Evaluation form
8. **START ACTIVE SURVEILLANCE:** See section 3 for continued monitoring of potential COVID-19 cases.
9. **CONTACT LOCAL HEALTH DEPARTMENT :** If a student or staff member reports having tested positive for COVID-19, school administrators or their designee should notify the local health department to determine what steps are needed for the school community.
 - Broome County Health Department Hotline: [607-778-8885](tel:607-778-8885)

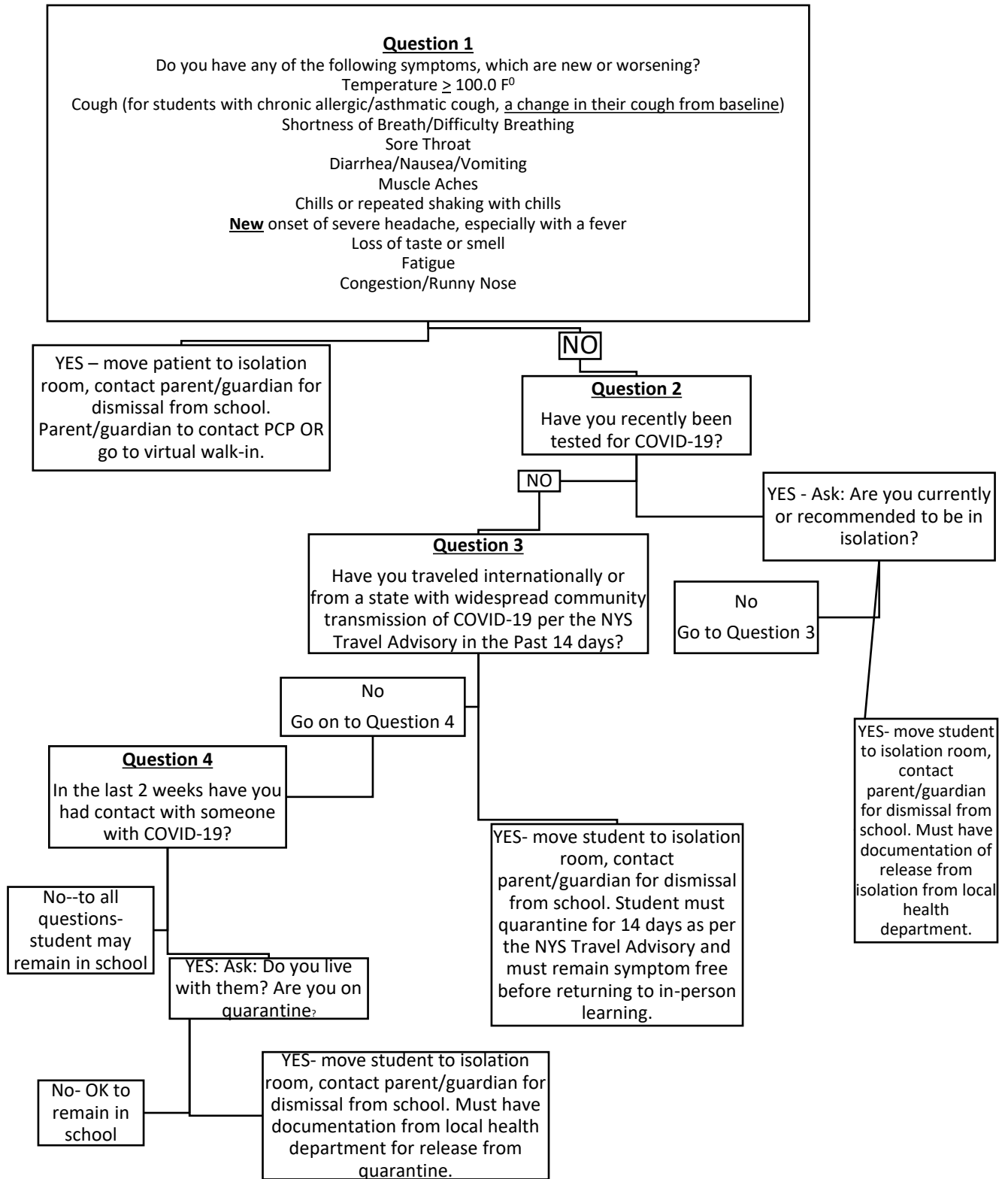
School District Letterhead

COVID-19 SOAP Note (for in person screenings)

Name:	DOB: / /	Time:
School:	Grade: <input type="checkbox"/> N/A	Date:

SUBJECTIVE FINDINGS	NO	YES
1. Do you have any of the following symptoms, which are new or worsening ? <input type="checkbox"/> Yes <input type="checkbox"/> No Temperature ≥ 100.0 F ⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No Cough <input type="checkbox"/> Yes <input type="checkbox"/> No Shortness of Breath/Difficulty Breathing <input type="checkbox"/> Yes <input type="checkbox"/> No Sore Throat <input type="checkbox"/> Yes <input type="checkbox"/> No Diarrhea/Nausea/Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No Muscle Aches <input type="checkbox"/> Yes <input type="checkbox"/> No Chills <input type="checkbox"/> Yes <input type="checkbox"/> No Headache <input type="checkbox"/> Yes <input type="checkbox"/> No Loss of taste or smell <input type="checkbox"/> Yes <input type="checkbox"/> No Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No Congestion/Runny Nose	Move to next question	YES – move patient to isolation room, contact parent/guardian for dismissal from school. Parent/guardian to contact PCP OR go to virtual walk-in. (provide flow sheet for return to learning)
2. In the last 14 days have you been tested for COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No	Go on to Question 3	Ask: Are you currently or recommended to be in isolation? NO- Go on to Question 3 YES- move student to isolation room, contact parent/guardian for dismissal from school. See flow sheet for return to learning
3. Have you traveled internationally or from a state with widespread community transmission of COVID-19 per the NYS Travel Advisory in the Past 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Go on to Question 4	YES –move student to isolation room, contact parent/guardian for dismissal from school. See flow sheet for return to learning
4. In the last 2 weeks have you had contact with someone with COVID-19 (within 6 feet for at least 10 minutes)? <input type="checkbox"/> Yes <input type="checkbox"/> No	No--to all questions- student may remain in school	Ask: Do you live with them? Are you on quarantine? No- OK to remain in school YES- move student to isolation room, contact parent/guardian for dismissal from school.
OBJECTIVE FINDINGS:		
Comments:		
PLAN: <input type="checkbox"/> Return to class <input type="checkbox"/> Isolation Room <input type="checkbox"/> Parent Notified <input type="checkbox"/> Telephone Call/Text/Email <input type="checkbox"/> Suggested Consult w/ Medical Provider <input type="checkbox"/> Home w/ parent <input type="checkbox"/> Drove home w/ parent permission <input type="checkbox"/> EMS transport to hospital		

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4 ACTIVE SURVEILLANCE

The goals of USA active surveillance are to produce timely and accurate information at national, state, local and community levels to inform decisions on public measures for implementing and adjusting disease reduction strategies, to guide clinical decisions, to educate the public and key stakeholders, and to provide data for estimating and forecasting disease burden. We can do this on a district level as well to monitor student/employee status.

PROCESS:

1. Student or staff member identified as being at risk for COVID-19 infection (either using the COVID-19 SOAP note, via communication from parents/guardians, caught prior to entry into school)
2. Student or staff member placed in isolation until appropriate dismissal from school can be arranged
3. Advised to have a medical evaluation by a health care provider and COVID-19 testing
4. Document (as below)
5. Communicate with students/parents/guardians/staff expectations for return to school setting

Recommend an Excel spreadsheet or printed log to monitor:

- Daily tracking of temperatures
- Dates of health care provider evaluations and testing
- Continued follow up (i.e. dates of upcoming dr appts)
- Dates for quarantine
- Anticipated date of return/clearance
- Final clearance

If an electronic tracking system is used, be mindful of recording or storing protected health information.

Identify a point person to receive e-mails/calls/texts to reduce strain on nursing staff. If an athletic trainer (AT) or strength coach (SC) is employed at the school, under guidance of the school nurse, COVID resource officer and medical director, the AT or SC may communicate and provide education to parents/guardians as well as document.

The image shows a screenshot of an Excel spreadsheet titled "COVID-19 Tracking Sheets for Confirmed Students or Staff or Monitoring Return to School". The spreadsheet is open in Microsoft Excel, and the title bar indicates the file name is "Sample Tracking Sheets for Confirmed Students or Staff or Monitoring Return to School.xlsx". The spreadsheet has a header row with the following columns: Date, Document, School Nurse Contact, School Nurse Contact Email, School District Name, Home County, (Precautionary Quarantine) Y/N, M2 (Mandatory Quarantine) Y/N, Isolation Y/N, Test Result, Healthcare Provider Note, and Anticipate. The spreadsheet is currently empty, with rows 1 through 34 visible.

5 COVID-19 EVALUATION

Schools have established policies in consultation with the local health department(s) about the requirements for determining when individuals, particularly students, who screen positive for COVID-19 symptoms can return to the in-person learning environment. This returning to learning protocol must include at a minimum:

1. Have an evaluation by a healthcare provider.
2. COVID test performed
 - Negative COVID-19 test – as per school illness policy- at least 24 hours fever-free without taking medication following health care provider release.
 - OR-
 - If a positive COVID-19 test result is obtained, then documented release from public health isolation from the local Health Department.
3. Documentation from the health care provider or the local health department that return to in person instruction is suitable.

Evaluation by a health care provider:

1. **Call your primary care provider for an evaluation (pediatrician/family doctor/nurse practitioner/physician assistant)** – if no reasonable availability then:
2. **There are several virtual walk-in providers. We strongly urge you to use the virtual option if you feel you have COVID-19 symptoms:**
 - UHS: <https://www.nyuhs.zipnosis.com/>
 - Lourdes: <https://healthcare.ascension.org/Locations/New-York/NYBIN/Binghamton-Our-Lady-of-Lourdes-Memorial-Hospital>
 - Endwell Family Physicians: <https://endwellfamily.com/>
 - Guthrie: <https://guthrie.org/>
3. **Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:**
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you. **Call 911 or call ahead to your local emergency facility:** Notify the operator that you are seeking care for someone who has or may have COVID-19.

4. COVID-19 Testing locally is conducted through:

- Local Health Care Providers, Pharmacies & The NYS Drive-through testing site at Binghamton University
- If a student or staff member needs to be tested, they should contact a local healthcare provider, use a virtual walk-in, or call the NYS COVID-19 hotline at 1-888-364-3065 to make an appointment for testing.
- To find a testing site near you visit: <https://coronavirus.health.ny.gov/find-test-site-near-you>

We encourage you to follow up with your primary care provider if you choose an alternative for the initial evaluation for continued treatment and care.

6 YOUR CHILD SCREENED POSITIVE FOR POSSIBLE COVID-19: NOW WHAT?

1. **Call your health care provider for an evaluation and COVID-19 testing.**
2. **When to seek emergency medical attention:**

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you. **Call 911 or call ahead to your local emergency facility:** Notify the operator that you are seeking care for someone who has or may have COVID-19.

3. **How can my child continue to learn:**
 - Stay in touch with your child’s school.
 - Many schools are offering lessons online (virtual learning). Review assignments from the school, and help your child establish a reasonable pace for completing the work. You may need to assist your child with turning on devices, reading instructions, and typing answers.
 - Create a schedule and routine for learning at home, but remain flexible.
 - Consider the needs and adjustment required for your child’s age group.
 - The transition to being at home will be different for preschoolers, K-5, middle school students, and high school students. Talk to your child about expectations and how they are adjusting to being at home versus at school.
 - Look for ways to make learning fun.

4. **I tested positive for COVID-19 but had no symptoms**

Students diagnosed with COVID-19 via a positive test result should **NOT** be permitted to return to school. You should call your primary care provider to discuss positive COVID-19 test. Student may return to in-person learning when released from isolation by the local Health Department.

5. **I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?**

People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. Persons who are severely immunocompromised may require testing to determine when they can be around others. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider. Your healthcare provider will let you know if you can resume being around other people based on the results of your testing.

6. ***For travel to States or Locations on the NYS travel advisory list, notify the school district and remain symptom free throughout the 14 day quarantine period. Quarantine day 0 is the day the student returned to New York.**

7 CONTACT TRACING

Please answer the phone! Broome County Health Department performs case investigations and contact tracing, so students/parents/guardians might see a variety of different incoming phone numbers, most often 607-778-XXXX numbers. If you live in a county outside of Broome, you may be contacted by a different phone number.



You're a part of the solution...
now answer the phone!



You've stayed home!



You're wearing masks!



Now, answer the phone!

As we battle coronavirus together, tracing exposures to COVID is important to stop the spread.

The NYS Contact Tracing Program works with confirmed positive COVID-19 people to determine who they have been in contact with. Trained specialists reach out to those contacts about possible exposure. If you have been identified as a contact you will get a call from **"NYS Contact Tracing"** (518-387-9993).

Because the disease can be transmitted without symptoms, notifying people about a possible exposure is critical to stop the spread.

So, if you get a call from **"NYS Contact Tracing"** (518-387-9993) please answer. It is confidential and private.

Please Answer the Phone
so we can keep NY moving forward
and stop the spread of COVID-19.

health.ny.gov/coronavirus

8 RETURN TO IN-PERSON LEARNING

Schools have established policies in consultation with the local health department(s) about the requirements for determining when individuals, particularly students, who screen positive for COVID-19 symptoms can return to the in-person learning environment. This returning to learning protocol must include at a minimum:

1. Have an evaluation by a healthcare provider.
2. Have a COVID-19 test performed
 - Negative COVID-19 test – as per school illness policy- at least 24 hours fever-free without taking medication following health care provider release.
 - OR-
 - If a positive COVID-19 test result is obtained, then documented release from public health isolation from the local Health Department.
3. Documentation from the health care provider or the local health department that return to in person instruction is suitable.

If you answered yes to any questions for Close Contact/Potential Exposure, please keep your student home and he/she will:

1. Notify the school district
 2. Remain symptom free throughout 14-day quarantine period
 - *For travel to States or Locations on the NYS travel advisory list, notify the school district and remain symptom free throughout the 14 day quarantine period. Quarantine day 0 is the day the student returned to New York.
- **If a person is being tested for COVID-19 symptoms, they are not to return to any school building until they get their test result.** Their healthcare provider will let them know when they can resume being around others based on their test results.

School District Letterhead

COVID-19 Student Evaluation Form

Name:	DOB: / /	Time:
School:	Grade: <input type="checkbox"/> N/A	Date:
Teacher:		

Your child screened positive for one or more of the following COVID-19 symptoms or exposures:

- Temperature ≥ 100.0 F⁰
- Cough
- Shortness of Breath/Difficulty Breathing
- Sore Throat
- Diarrhea/Nausea/Vomiting
- Muscle Aches
- Chills or repeated shaking with chills
- Headache
- Loss of taste or smell
- Fatigue
- Runny nose/Congestion
- Had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19 or who has or had symptoms of COVID-19
- Personally tested positive through a diagnostic test for COVID-19 in the past 14 days
- Has traveled internationally or from a state with widespread community transmission of COVID-19 per the NYS Travel Advisory in the Past 14 days.
- OTHER:

It is required that your child be evaluated by a medical professional for diagnosis and treatment.

1. Have an evaluation by a healthcare provider.
2. Have a COVID-19 test performed
 Negative COVID-19 test – as per school illness policy- at least 24 hours fever-free without taking medication following health care provider release.
 -OR-
 If a positive COVID-19 test result is obtained, then documented release from public health isolation from the local Health Department.
3. Documentation from the health care provider or the local health department that return to in person instruction is suitable.

If you answered yes to any questions for Close Contact/Potential Exposure, please keep your student home and he/she will need to:

1. Notify the school district
2. Remain symptom free throughout 14-day quarantine period

School District Letterhead

COVID-19 Student Evaluation Form

Name:	DOB: / /	Time:
School:	Grade:	Date:

Date of Evaluation:	Diagnosis:	COVID-19 Result:
Initial Date of Symptoms:	Expected date of end of quarantine:	COVID-19 Date Tested:
Date of last fever:	Date of symptom resolution:	Cleared to return to school:
Cleared to return to gym/sports:	Provider Comments:	Local Health Department Notified:
Provider Contact Information:		
Provider Signature:		

9 RETURN TO PLAY

Before returning to sports participation this fall, the NFHS-AMSSM Guidance Statement suggests that student-athletes complete a COVID-19 questionnaire. Any positive response should trigger an evaluation by a medical provider.

In the cases of student-athletes who have had a previous COVID-19 related illness, the task force suggests the following:

- Student-athletes with a prior confirmed COVID-19 diagnosis should undergo an evaluation by their medical provider. Written medical clearance is recommended prior to participation.
- Student-athletes who has mild COVID-19 symptoms that were managed at home should be seen by their medical provider for any persisting symptoms. An electrocardiogram (ECG) may be considered prior to sports participation.
- Student-athletes who were hospitalized with severe illness from COVID-19 have a higher risk for heart or lung complications. A comprehensive cardiac evaluation is recommended in consultation with a cardiology specialist.
- Student-athletes with ongoing symptoms from diagnosed COVID-19 illness require a comprehensive evaluation to exclude heart and lung disorders that carry a risk of arrhythmia, respiratory compromise, sudden cardiac arrest (SCA) or sudden death. These individuals should not return to sports until medically cleared by a physician.
- In addition, student-athletes should be evaluated by their medical provider if they have had a close contact with family members with confirmed COVID-19 cases, if they have underlying medical conditions that place them at a higher risk of COVID-19 or if they had previous symptoms suggestive of COVID-19.

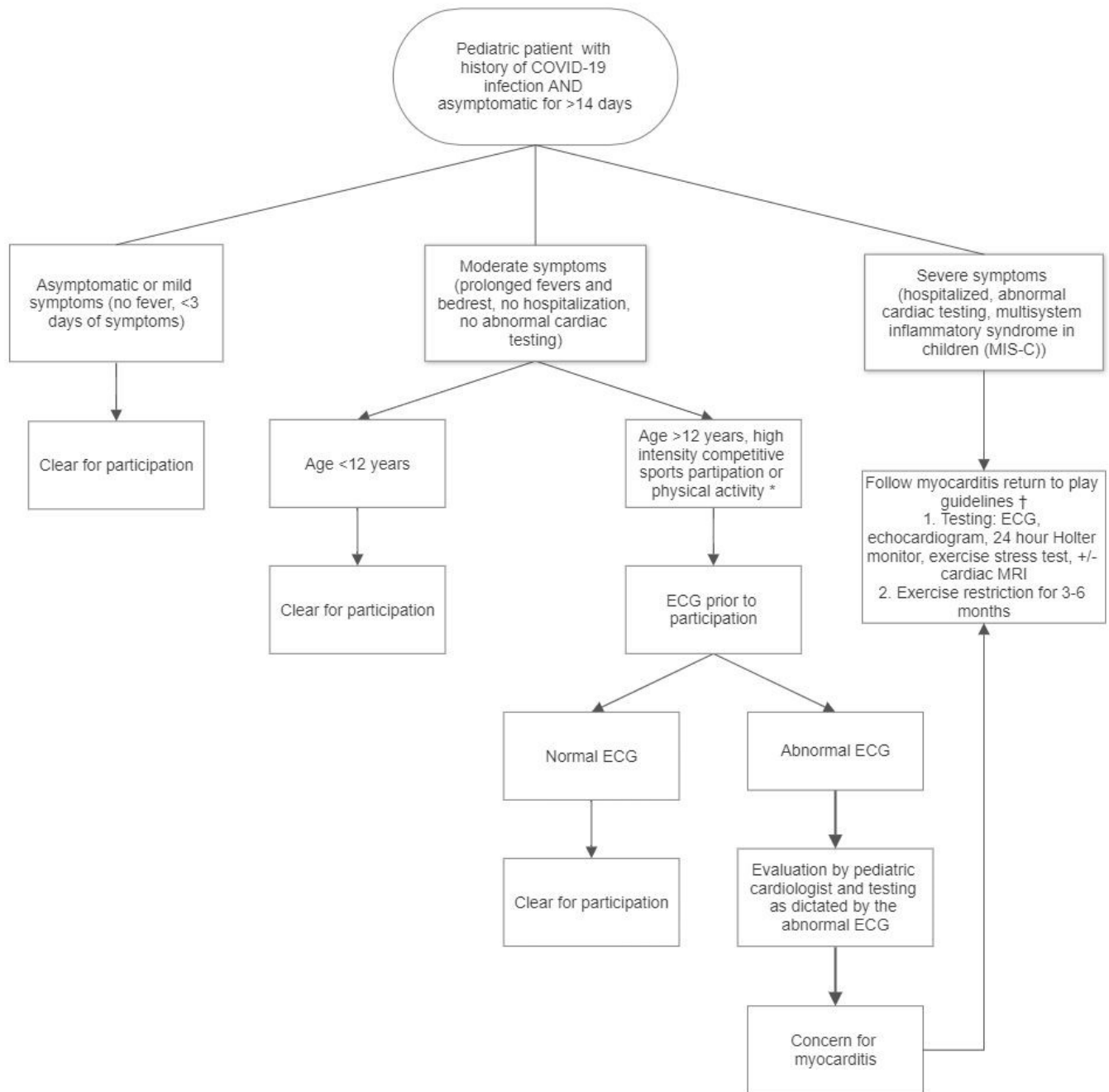
Regarding new COVID-19 infections, the task force suggests that schools develop a daily tracking tool to ensure that student-athletes are self-monitoring and have not developed COVID-19 symptoms.

In addition, student athletes should not attend school, practices or competitions if they feel ill and referred to their medical provider if they have any COVID-19 symptoms. Any athletes who test positive with or without symptoms should be isolated per public health guidelines. No exercise is recommended for at least 14 days from diagnosis and seven days after symptoms are resolved.

Finally, the NFHS-AMSSM task force stated that “every school should have a well-rehearsed emergency action plan (EAP) for every sport, at every venue, to facilitate a coordinated and efficient response to SCA.”

The question of returning to sports is significant because of the propensity for COVID-19 to cause cardiac damage and myocarditis. While the incidence of myocarditis is lower in the pediatric population compared to the adult population, myocarditis is known to be a cause of sudden death during exercise in the young athletic populations. Similar to other forms of myocarditis, providers caring for patients who have had a COVID infection should be confident there is no myocardial injury prior to clearing athletes to participate. When considering the question of return-to-play, we believe there are three variables to consider: (1) How recent was the COVID-19 infection? (2) How severe was the infection? (3) What is the physical activity or sport being considered?

Return to Play After COVID-19 Infection in Pediatric Patients



<https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

Please note that the COVID-19 health questions have been added to the heart health section below.

Athletics-Preparticipation/Interval Health History



Name: _____ Date of Exam: _____
 Date of Birth: _____ Sex: _____ Age: _____
 Grade: _____ School: _____ Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:

 Do you have any allergies? Yes No If yes, please identify: Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

General Questions	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
Heart Health Questions About You	Yes	No
5. Have you ever passed out or nearly passed out during or after exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
Heart Health Questions About Your Family	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
17. Have you, or anyone in your immediate family, tested positive for COVID-19? If Yes , please explain on bottom of side 2.		
If Yes , has your physician granted clearance for return to gym/sport?		
If Yes , please submit a copy of that clearance to your school nurse. Check yes/no if this has been done.		
If Yes , have you been evaluated by a Cardiologist after testing positive for COVID-19?		
Bone and Joint Questions	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		

continued next page

COMPREHENSIVE RESOURCE GUIDE FOR COVID-19 SCREENING IN SCHOOLS

UHS Sports Medicine Athletics-Preparticipation/Interval Health History *continued*

Bone and Joint Questions <i>continued</i>	Yes	No
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		
Medical Questions	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
Females Only	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "Yes" answers here:

Emergency Contact Name: _____ Relationship: _____ Contact Info: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete: _____ Date: _____ Time: _____

Signature of Parent/Guardian: _____ Date: _____ Time: _____

UHSLS/PS/08/20

10 RETURNING TO WORK FOR EMPLOYEES OF THE DISTRICT

If an employee is symptomatic upon arrival at work or becomes sick with COVID-19 symptoms while at the workplace, the employee must be separated and sent home immediately. Schools have established policies in consultation with the local health department about the requirements for determining when individuals who screen positive for COVID-19 symptoms can return to the in-person school environment. This protocol should include at a minimum:

1. Have an evaluation by a healthcare provider.
2. Have a COVID-19 test performed
Negative COVID-19 test – as per school illness policy- at least 24 hours fever-free without taking medication following health care provider release.
-OR-
If a positive COVID-19 test result is obtained, then documented release from public health isolation from the local Health Department.
3. Documentation from the health care provider or the local health department that return to in person instruction is suitable.

If you answered yes to any questions for Close Contact/Potential Exposure, please stay home and:

1. Notify the school district
2. Remain symptom free throughout 14-day quarantine period
 - o *For travel to States or Locations on the NYS travel advisory list, notify the school district and remain symptom free throughout the 14 day quarantine period. Quarantine day 0 is the day the staff member returned to New York.

The local Health Department will identify employees who need to isolate or quarantine. If identified, the employee should inform the district and must wait to return until released from public health isolation from the local health department.

The NYS DOH INTERIM GUIDANCE FOR IN-PERSON INSTRUCTION AT PRE-K TO GRADE 12 SCHOOLS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY recommends that responsible Parties should refer to DOH's "Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure" regarding protocols and policies for faculty and staff seeking to return to work after a suspected or confirmed case of COVID-19 or after the faculty or staff member had close or proximate contact with a person with COVID-19.

Please refer to the document for further guidance, especially for those employees deemed essential.

https://coronavirus.health.ny.gov/system/files/documents/2020/06/doh_covid19_publicprivateemployeereturntowork_053120.pdf

School District Letterhead

Employee Evaluation Form

Name:	DOB: / /	Time:
School:	Department:	Date:

You have screened positive for one or more of the following COVID-19 symptoms or exposures:

- Temperature \geq 100.0 F⁰
- Cough
- Shortness of Breath/Difficulty Breathing
- Sore Throat
- Diarrhea/Nausea/Vomiting
- Muscle Aches
- Chills or repeated shaking with chills
- Headache
- Loss of taste or smell
- Fatigue
- Congestion/Runny Nose
- Had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19 or who has or had symptoms of COVID-19
- Personally tested positive through a diagnostic test for COVID-19 in the past 14 days
- Has traveled internationally or from a state with widespread community transmission of COVID-19 per the NYS Travel Advisory in the Past 14 days.
- OTHER:

It is required that you be evaluated by a medical professional for diagnosis and treatment.

1. Have an evaluation by a healthcare provider.
2. Have a COVID-19 test performed
 Negative COVID-19 test – as per school illness policy- at least 24 hours fever-free without taking medication following health care provider release.
 -OR-
 If a positive COVID-19 test result is obtained, then documented release from public health isolation from the local Health Department.
3. Documentation from the health care provider or the local health department that return to in person instruction is suitable.

If you answered yes to any questions for Close Contact/Potential Exposure, please stay home:

1. Notify the school district
2. Remain symptom free throughout 14-day quarantine period
 - *For travel to States or Locations on the NYS travel advisory list, notify the school district and remain symptom free throughout the 14 day quarantine period. Quarantine day 0 is the day the student returned to New York.

School District Letterhead

Employee Evaluation Form

Name:		DOB: / /	Time:
School:		Department:	Date:
Date of Evaluation:	Diagnosis:	COVID-19 Result:	
Initial Date of Symptoms:	Expected date of end of quarantine:	COVID-19 Date Tested:	
Date of last fever:	Date of symptom resolution:	Cleared to return to work:	
Work Limitations:	Provider Comments:	Local Health Department Notified:	
Provider Contact Information:			
Provider Signature:			

11 MEDICAL DIRECTORS

School District	Medical Director	Address	Phone Number
Binghamton	Dr. Anthony Consolazio	4417 Vestal Parkway East, 1st Floor Vestal, NY 13850	607-240-2864
Candor	Michelle Rising FNP-C	54 Main St Candor, NY 13743	607-659-7272
Chenango Forks	Dr. Donald Nash	91 Chenango Bridge Rd Binghamton, NY 13901	607-648-4151
Chenango Valley	Dr. Robert Auerbach	10-42 Mitchell Avenue Binghamton, NY 13903	607-762-2468
Deposit	Dr. John Giannone	53 Pine Street Deposit, NY 13754	607-467-4195
Greene	Dr. Martin Masarech	15 Birdsall St Greene, NY 13778	607-656-4115
Johnson City	Dr. Daniel Young	507 Main St Johnson City, NY 13790	607-763-6075
Maine-Endwell	Dr. Kimberly Desantis & Dr. Eric Lorraine	415 Hooper Road Endwell, NY 13760	607-754-3863
Newark Valley	Dr. James Skiff & Amy Lord	119 WHIG STREET Newark Valley, NY 13811	607-642-5211
Seton	Dr. Anthony Consolazio	4417 Vestal Parkway East, 1st Floor Vestal, NY 13850	607-240-2864
Susquehanna Valley	Dr. Utsav Hanspal	240 Riverside Drive Johnson City, NY 13790	607-798-9356
Union Endicott	Dr. Anthony Consolazio	4417 Vestal Parkway East, 1st Floor Vestal, NY 13850	607-240-2864
Vestal	Dr. Michael Tunick	415 Hooper Road Endwell, NY 13760	607-754-3863
Windsor/Afton/Sidney/Hancock	Dr. Utsav Hanspal	240 Riverside Drive Johnson City, NY 13790	607-798-9356
Whitney Point	Dr. Martin Masarech	15 Birdsall St Greene, NY 13778	607-656-4115
UHS Medical Director Liason	Courtney Ellis-Jamison FNP-C	4433 Vestal Parkway E. Vestal, NY 13850	607-771-2220
UHS Medical Director Liason	Caitlin DiGiulio FNP-C	4433 Vestal Parkway E. Vestal, NY 13850	607-771-2220
Walton Central School District	Dr. Jean Petterson	2 Titus Place Walton, NY 13856	607-865-2400
Downsville Central School District	Dr. Denise Freeman	Rt 30 Main Street Box 327 Downsville, NY 13755	607-363-2517
Roscoe Central School District	VACANT Please contact either Dr. Petterson or Dr. Freeman		

RESOURCES

1. Dean, P., Jackson, L.B., & Paridon, S.M. (July 14, 2020). *Returning to Play After Coronavirus Infection: Pediatric Cardiologists' Perspective*. Accessed on 8/14/2020 from <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>.
2. https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/PreK_to_Grade_12_Schools_MasterGuidance.pdf
3. <https://www.cdc.gov/flu/business/stay-home-when-sick.htm>
4. <http://www.nysed.gov/common/nysed/files/programs/reopening-schools/nys-p12-school-reopening-guidance.pdf>
5. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Symptoms-&-Testing>
6. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
7. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>
8. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html>
9. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>
10. <https://www.nyuhs.org/about-us/whats-new/2020/covid-19-information/>
11. https://coronavirus.health.ny.gov/system/files/documents/2020/04/doh_covid19_faqs_update_d_041720_2.pdf
12. https://coronavirus.health.ny.gov/system/files/documents/2020/06/doh_covid19_publicprivate_employeeereturntowork_053120.pdf
13. DOH COVID-19 Webpage: <https://coronavirus.health.ny.gov/home>
14. CDC COVID-19 Webpage: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
15. <https://www.nfhs.org/articles/nfhs-amssm-guidance-for-assessing-cardiac-issues-in-high-school-student-athletes-with-covid-19-infection/>