PROTOCOL FOR TRUMBULL COUNTY FRONT-LINE SCHOOL SCREENING

Updated 10-16-2020

Public Health
Prevent. Promote. Protect.
Trumbull County

EXPOSURE:
Within the last 14 days, have you been in contact with a person who tested positive for COVID-19 (Nasal Swab)

YES → Were you within 6 feet for longer than 15 minutes?

YES → **SELF-QUARANTINE AT HOME**
Return to school after 14 days from exposure unless symptoms develop. If symptoms develop, seek evaluation by health care provider.

NO → **SYMPTOMS:**
*Within the last 24 hours, have you had any **one** of the following signs and symptoms of illness?*

- New cough
- Difficulty breathing (or a change in any student's chronic illness baseline e.g. asthmatic, allergies, etc.)
- Fever > 100.0 F
- Loss of taste and/or smell
- Diarrhea

OR

*Within the last 24 hours, have you had any **two** of the following signs and symptoms of illness?*

- Headache
- Nausea/vomiting
- Congestion
- Sore Throat
- Muscle weakness/pain

NO → **RETURN TO CLASS or WORK**

YES → **CLOSE CONTACT/POSSIBLE EXPOSURE:**
Within the last 14 days, have you had any of the following risk factors?

- Had close contact (within 6 feet of an infected person for 15 minutes or longer) with a person confirmed with COVID-19.
- Had close contact (within 6 feet of an infected person for 15 minutes or longer) with a person under quarantine for COVID-19.
- Traveled or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases.
- New cough that causes difficulty breathing (or a change in any student's chronic illness baseline e.g. asthmatic, allergies, etc.)
- Live in area of high community transmission while the school remains open.
- Have you or a family member attended a mass gathering such as a wedding, funeral, birthday party, etc. within the last 14 days?

NO → Excuse from school according to existing school illness management policies (e.g., until symptom free for 24 hours without fever reducing medications)

YES → Person should be excused from school for evaluation by a healthcare provider and possible testing. If person refuses testing, exclude for 10 days.

- **NO TESTING DONE**
  Clinically cleared by physician
  Return to school or work per school illness policies
- **NEGATIVE COVID-19 Test:**
  Return to School or work per school illness policies
- **POSITIVE COVID-19 Test:**
  REPORT to local Public Health:
  Trumbull County Combined Health District
  330-675-2489
  Warren City Health District
  330-841-2541

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