



# Bristol Township School District

5 Blue Lake Road  
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   |
|---|--|
| <input type="checkbox"/> Cough*<br><input type="checkbox"/> Shortness of breath<br><input type="checkbox"/> Difficulty Breathing<br><input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Fever for (COVID 100.4 or higher)<br><input type="checkbox"/> Runny nose<br><input type="checkbox"/> Congestion<br><input type="checkbox"/> Loss of smell or taste<br><input type="checkbox"/> Muscle pain/achiness<br><input type="checkbox"/> Nausea or vomiting<br><input type="checkbox"/> Headache<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Sore throat<br><input type="checkbox"/> Chills<br><input type="checkbox"/> 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   |
|--|---|
| <input type="checkbox"/> Students with fever or symptoms that may be associated with COVID19 <b>and</b> have <b>no</b> known direct exposure to a person with COVID19. | <input type="checkbox"/> May return to school when respiratory symptoms have improved <b>and</b><br><input type="checkbox"/> Have been fever free for at least 24 hours without the use of fever-reducing medicine <b>and</b><br><input type="checkbox"/> Have a negative test result or note from a medical provider indicating the student may return to school.<br><input type="checkbox"/> <b>OR</b><br><input type="checkbox"/> Have a note confirming an alternative diagnosis from a healthcare provider that explains the COVID19 like symptoms<br><input type="checkbox"/> <b>OR</b><br><input type="checkbox"/> Quarantine for 10 days. |
| <input type="checkbox"/> Students <b>with</b> symptoms who have had a direct exposure to a person with COVID19.  | <input type="checkbox"/> Testing is recommended.<br><input type="checkbox"/> Isolation/Quarantine <ul style="list-style-type: none"> <li><input type="checkbox"/> At least 14 days have passed since symptom onset <b>and</b></li> <li><input type="checkbox"/> At least 3 days have passed since resolution of fever without the use of fever-reducing medications <b>and</b></li> <li><input type="checkbox"/> Other symptoms have improved <b>and</b></li> <li><input type="checkbox"/> Clearance from quarantine as directed by the Local Department of Health</li> </ul>   |
| <input type="checkbox"/> Positive for COVID-19 (student or staff)  | <p>The individual can return to school <b>only</b> when they have been released by the BCDOH and issued an Isolation Release Letter.</p> <input type="checkbox"/> The criteria for Release from Isolation are: <ul style="list-style-type: none"> <li><input type="checkbox"/> 10 days minimum have passed since symptoms first appeared <b>and</b></li> <li><input type="checkbox"/> Fever-free for 3 days, without the use of fever-reducing medication <b>and</b></li> <li><input type="checkbox"/> Improving symptoms</li> </ul>  |

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Healthcare Provider Printed Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Exclusion From and Return to School Requirements

| Scenario  | Exclude From School | Return to School After...   |
|---|---------------------|---|
| #1 – No Symptoms  | No                  | Not applicable  |
| #2 – COVID-19 Symptoms                                  | Yes                 | Individual should be tested for COVID-19. <ul style="list-style-type: none"> <li>➤ If test result is <u>negative</u>, return to school 3 days after symptoms are no longer present.</li> <li>➤ If test result is <u>positive</u>, follow return to school guidance for scenario #3.</li> </ul>  |
| #3 – Positive COVID-19 PCR Test <u>with</u> Symptoms    | Yes                 | <ul style="list-style-type: none"> <li>✓ 3 days with no fever <b>and</b></li> <li>✓ improvement in symptoms <b>and</b></li> <li>✓ 10 days since symptoms first appeared</li> </ul>  |
| #4 – Positive COVID-19 PCR Test <u>without</u> Symptoms | Yes                 | 10 days after the PCR test was collected <ul style="list-style-type: none"> <li>➤ If symptoms develop during 10 days, follow return to school guidance for scenario #3.</li> </ul>  |
| #5 – Close Contact <u>with</u> Symptoms                 | Yes                 | Individual should be tested for COVID-19. <ul style="list-style-type: none"> <li>➤ If test result is <u>negative</u>, return to school 14 days after last exposure to the person with COVID-19 and symptoms have resolved.</li> <li>➤ If test result is <u>positive</u>, follow return to school guidance for scenario #3.</li> </ul> |
| #6 – Close Contact of COVID-19 <u>without</u> Symptoms  | Yes                 | 14 days after the date of last exposure to the person with COVID-19 <ul style="list-style-type: none"> <li>➤ If symptoms develop during 14 days, follow return to school guidance for scenario #5.</li> </ul>   |

### Notifications:

- Staff and students should notify the school if an absence is due to COVID-19.
- Schools should notify the Bucks County Health Department by calling 215-529-7000 of any confirmed case of COVID-19 while maintaining confidentiality. The Bucks County Health Department will conduct an investigation and contact tracing, and provide appropriate guidance.
- These requirements may be adjusted in individual circumstances based on advice from Dr. Damsker.

