

PURCHASE CHILDREN'S CENTER COVID-19 SYMPTOM MANAGEMENT PROTOCOL

The Purchase Children's Center has implemented the following protocol to address students who present with COVID-19 symptoms. Students and staff with symptoms of illness will be assessed by the Director. According to CDC guidelines, symptoms associated with COVID-19 include:

- Fever over 100° Fahrenheit without the use of fever suppressing medication
- Shaking or chills
- Persistent cough
- Recurring sneezing unrelated to known allergies
- Shortness of breath or difficulty breathing
- Unusual or significant fatigue
- Persistent muscle or body aches
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Rash on hands or feet
- New loss of taste or smell

The Purchase Children's Center symptom management protocol defines specific sets of actions to be taken if a student or staff member has **ONE** new COVID-19 symptom or **TWO OR MORE** new COVID-19 symptoms (unrelated to a chronic, recurring condition).

Students or staff assessed to have ONE new COVID-19 Symptom:

- The Director will ask the COVID-19 screening questions and will document the answers. After confirming that the student or staff member only has one COVID-19 symptom, the individual will be sent home and referred to his/her physician for evaluation.
- The individual's physician will determine if COVID-19 testing is required. If COVID-19 testing is not required by the physician, the individual may return to school with (a) the resolution of the symptom and no other emerging COVID-19 symptoms **AND** (b) a doctor's note indicating that COVID-19 testing is not required and clearing his/her return to school.
- If the student or staff member's symptom is the result of a recurring condition unrelated to COVID-19, the individual's physician should document this information in writing for future reference.
- If the physician determines that a COVID-19 test is required, the individual may only return with a physician's note **AND** upon receipt of a negative COVID-19 (Rapid or PCR) test result **OR** after 10 days of isolation (with the last 72 hours of isolation being symptom free) **AND** a doctor's note clearing his/her return to school.
- If a positive COVID-19 test result is received, the Purchase Children's Center will notify the Westchester County Department of Health within 24 hours of obtaining the result and will gather and provide information as may be requested by the Westchester County Department of Health to facilitate contact tracing.

Students or staff assessed to have TWO OR MORE new COVID-19 Symptoms:

- The Director will ask the COVID-19 screening questions and will document the answers. After confirming that the student or staff member has two or more COVID-19 symptoms, the individual will be sent home and referred to his/her physician for evaluation.
- The individual may return to school with a physician’s note **AND** upon receipt of a negative COVID-19 PCR test result (rapid not acceptable) **OR** after 10 days of isolation (with the last 72 hours of isolation being symptom free) **AND** a doctor’s note clearing his/her return to school.
- If the student or staff member’s symptoms are the result of a recurring condition unrelated to COVID-19, the individual’s physician should document this information in writing for future reference.
- If a positive COVID-19 test result is received, the Purchase Children’s Center will notify the Westchester County Department of Health within 24 hours of obtaining the result and will gather and provide information as may be requested by the Westchester County Department of Health to facilitate contact tracing.

PLEASE REMEMBER: Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19. Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies. The table below illustrates some of the overlap between the symptoms of COVID-19 and other common illnesses. **Because someone presents with a COVID-19 symptom does NOT mean they have COVID-19.**

Symptoms of COVID-19

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
FEVER 	✓		✓		
COUGH 		✓	✓	✓	✓
SORE THROAT 	✓	✓	✓		✓
SHORTNESS OF BREATH 				✓	
FATIGUE 		✓	✓	✓	✓
DIARRHEA OR VOMITING 	✓		✓		
RUNNY NOSE 		✓	✓		✓
BODY/MUSCLE ACHES 	✓	✓	✓		

✓ Symptom of illness



cdc.gov/coronavirus

PURCHASE CHILDREN'S CENTER **COVID-19 SYMPTOM MANAGEMENT QUESTIONNAIRE**

To be completed by the Purchase Children's Center Director when a student presents with one or more COVID-19 symptoms. This information will determine the protocol to be followed for the student to return to school.

Date: _____

Time: _____

Evaluator Name: _____

Title: _____

Student: _____

Parent: _____

Screening Questions: Mark "X" to negative answers. Circle positive answers and elaborate below.

1. Have you tested positive for COVID-19 in the last 14 days?
2. Have you come in close contact with a person confirmed or suspected to have COVID-19 in the last 14 days?
3. Have you traveled outside the tri-state area in the last 14 days?
4. Are you experiencing any of the following symptoms?
 - A. Fever over 100° Fahrenheit without the use of fever suppressing medication
 - B. Shaking or chills
 - C. Persistent cough
 - D. Recurring sneezing unrelated to known allergies
 - E. Shortness of breath or difficulty breathing
 - F. Unusual or significant fatigue
 - G. Persistent muscle or body aches
 - H. Headache
 - I. Sore throat
 - J. Nausea or vomiting
 - K. Diarrhea
 - L. Rash on hands or feet
 - M. New loss of taste or smell

If the respondent answered YES to any of the questions, provide a detailed response here:

Date Able to Return: _____

Date Actually Returned: _____