

Student Process Map for COVID-19

These actions will always be performed with care and concern for the child with all attempts to minimize anxiety or fear.

Situation	Student is lab-confirmed to have COVID-19	Student has fever of 100°F OR two or more symptoms BEFORE entry to building using screening tool	Student reports experiencing two or more symptoms of COVID-19 during the school day	Student reports having direct contact* with someone who is lab-confirmed to have COVID-19
Action	The student does not report to school or participate in other school activities.	The student does not report to school or participate in other school activities.	Student is isolated. Parents are called to pick up student as quickly as possible (preferably within 30 minutes to minimize additional interaction).	The student does not report to school or participate in other school activities. Student should contact their primary care physician for guidance and remain home to monitor for symptoms for 14 days. If symptoms develop see below for criteria for returning to school.
Communication	Upon notification of a lab-confirmed COVID-19 on a campus, the principal or district representative will communicate with teachers, staff, and families of students who were potentially exposed.	Parent notifies campus attendance clerk. Classroom teacher is notified by attendance clerk.	Classroom teacher is notified by nurse.	Parent notifies campus attendance clerk. Classroom teacher and nurse are notified by attendance clerk.
Instruction	Student is absent. Work is sent home. Teacher periodically checks on student.	Student is absent. Work is sent home. Teacher periodically checks on student.	Student is absent. Work is sent home. Teacher periodically checks on student.	Student is absent. Work is sent home. Teacher periodically checks on student.

Student must meet ONE or more of the below criteria to return to school:

- Isolate for 10 days from onset of symptoms, at least 24 hours have passed since resolution of fever without the use of fever-reducing medications, and the individual has improvement of symptoms.
- Obtain documentation from a doctor clearing the individual for return based on an alternative diagnosis.
- Obtains a negative COVID-19 test result with proper documentation. (Does not apply to the gold colored column)
- Documentation from Chambers County Health Department clearing them for return to school.

* Direct contact is defined as being directly exposed to infectious secretions (e.g. being coughed on), being within 6 feet of infected person for 15 minutes or more, or living in the same household as infected individual.

(See back of form for a quick reference symptoms list)

BHISD Student Screening Assessment

**ALL STUDENTS ARE REQUIRED TO COMPLETE THIS SELF-ASSESSMENT DAILY
BEFORE REPORTING TO SCHOOL**

List of COVID Symptoms:

(Are you experiencing any of the following symptoms in a way that is not normal for you?)

- ☐ Fever equal to or greater than 100°F
- ☐ Chills/muscle aches
- ☐ Headache (new onset or severe headache)
- ☐ Diarrhea
- ☐ Cough (new cough or uncontrolled cough that causes difficulty breathing)
- ☐ Shortness of breath/difficulty breathing
- ☐ Loss of taste or smell
- ☐ Sore throat
- ☐ Unusual fatigue
- ☐ Congestion or runny nose
- ☐ Nausea/vomiting or abdominal pain
- ☐ Someone in my household has tested positive for COVID-19 in the past 14 days

If you answered yes, please do not report to school and contact your primary care physician.