## POSITIVE CASES AND STAFF OR STUDENTS SHOWING COVID-19 SYMPTOMS

- If a positive case is identified among a participant in our return to the traditional classroom, either staff or student, the class
  to which that staff or student was assigned and in contact with must be removed from the campus while all members of the
  group self-isolate. If the confirmed individual regularly had close contact outside a single group, then all of the students
  and staff with whom the confirmed individual had close contact shall be removed from campus for two weeks.
  - Students should remain in their homeroom class group in order to minimize the number of students and staff that must isolate if a case is confirmed.
  - Any staff member or student who experiences any of the symptoms of COVID-19 (listed below) should self- isolate until the below conditions have been met.
  - o In the case of an individual who was diagnosed with COVID-19, the individual may return when <u>all</u> three of the following criteria are met:
    - at least three days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications);
    - the individual has improvement in respiratory symptoms (e.g., cough, shortness of breath);
    - at least ten days have passed since symptoms first appeared;
  - o In the case of an individual who has symptoms that could be COVID-19 and does not get evaluated by a medical professional or tested for COVID-19, the individual is assumed to have COVID-19, and the individual may not return to campus until the individual has completed the same three-step criteria listed above.
  - If the individual has symptoms that could be COVID-19 and wants to return to class before completing the above self-isolation period, the individual must obtain a medical professional's note clearing the individual for return based on an alternative diagnosis.
- Any student or staff member living with someone who experiences any of the symptoms of COVID-19, whether they have a
  positive COVID-19 test or not, should self-isolate for two weeks. If they do not experience any COVID-19 symptoms during
  that period, they can return to class/campus. If they experience symptoms, they must self-isolate until the conditions
  outlined above have been met.

## **COVID-19 Symptoms for Screening Prior to Attending Class**

- Cough
- Shortness of breath
- o Chills
- Sore throat
- Loss of taste or smell
- o Diarrhea
- > Feeling feverish or a measured temperature greater than or equal to 100.3 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19

## Students and Staff Questionnaire - Form provided below

Students and Adult Staff must answer the questions below before being allowed to attend class. If the answer is yes to any of the questions, the individual must not participate in any on campus activities for a 14-day period.

- O Do you or have you had a fever in the last week?
- o Do you or have you had a cough in the last week?
- o Do you or have you had a sore throat in the last week?
- o Do you or have you had a shortness of breath in the last week?
- o Do you or have you had a loss of taste or smell in the last week?
- o Have you been in close contact or cared for anyone diagnosed with COVID-19?
- Have you been diagnosed with COVID-19?
- Have you traveled to a "hot spot" for COVID-19?
- Do you or have you had chills?

## **COVID-19 CLASSROOM MONITORING FORM**

School: Berkley Charter School Homeroom Class \_\_\_\_\_ Date: \_\_\_\_

Name	Time	Fever	Cough	Sore Throat	Shortness of Breath	Close contact with someone with COVID- 19	Loss of Taste or Smell	Chills	Temp (equal to or higher than 100.3)
Teacher:		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
3.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
4.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
5.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
6.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
7.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
8.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
9.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
10.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
11.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
12.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
13.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
14.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
15.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
16.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
17.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
18.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
19.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
20.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
21.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
22.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
23.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
24.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
25.		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No