



Washoe County School District

COVID-19 Screening Tool

COVID-19 Information
Testing Information/Options
Symptomatic Staff ONLY

WashoeSchools.net/COVID19
WashoeSchools.net/COVID19testing
Employee Health Nurse (775) 348-0338

1. Have you had any new or unusual symptoms in the last 24 hours?

(even if you have been vaccinated and/or boosted)

1 One (1) or more of the following symptoms:

- Fever** (temperature $\geq 100.4^{\circ}\text{F}$ at rest)
- Respiratory symptoms** (cough, shortness of breath, and/or difficulty breathing)
- New loss of smell or taste**

OR

2 Two (2) or more of the following symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Feeling cold and shivering | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Muscle pain or aches | <input type="checkbox"/> Nasal congestion |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Vomiting (If <u>only</u> symptom, 48-hour exclusion ¹ .) | |
| <input type="checkbox"/> Diarrhea (If <u>only</u> symptom, 48-hour exclusion ¹ .) | |

NO ↓

2. Has anyone in your household been diagnosed² with COVID-19?

NO ↓

3. Have you been in close contact³ with a person diagnosed² with COVID-19 while the person was infectious⁴?

NO ↓

You answered NO to all 3 questions.

You do not have symptoms and have not been exposed.

- ▶ **Go to school/work.**
- ▶ **Continue to monitor your health.**
If you begin to feel unwell or are notified of an exposure, use this tool and take action.
- ▶ **Practice healthy habits and good hygiene.**

YES →

SYMPTOMS

If you answer YES to symptoms 1 or 2:

- ▶ Do **NOT** go to school/work.
 - ▶ **Communicate with your school/supervisor.**
 - ▶ Seek care from your healthcare provider, if needed.
 - ▶ **STAFF: Call Employee Health Nurse, (775) 348-0338.**
 - ▶ If you choose to test, wait 48 hours (2 days) after symptoms begin.
 - ▶ **ISOLATE at home until:**
 - (1) **5 days have passed since symptoms began -OR- have negative COVID-19 test² (lab result req'd) -AND-**
 - (2) **No fever, diarrhea or vomiting in last 24 hours (without medicine) -AND-**
 - (3) **Other symptoms are improving.**
- Eligible to return day 6 if all 3 conditions above are met.*

YES →

CLOSE CONTACT

If you answer YES, you are a Close Contact³:

- If you are **FULLY VACCINATED⁵ -OR- have been diagnosed² with COVID-19 in last 90 days -AND- do NOT have symptoms:**
- ▶ **Return to school/work.**
 - ▶ **Wear fitted mask when around others for 10 days.**
 - ▶ **Monitor SYMPTOMS for 10 days.**
- If you are **NOT FULLY VACCINATED⁵ -AND- have NOT been diagnosed² with COVID-19 in last 90 days -AND- do NOT have symptoms:**
- ▶ Do **NOT** go to school/work.
 - ▶ **Communicate with your school/supervisor.**
 - ▶ **STAFF: Call Employee Health Nurse, (775) 348-0338.**
 - ▶ **QUARANTINE at home for 5 days** following your last close contact. *Return on day 6. No test out option.*
Note: Because you are continually exposed to household contacts unless you are able to isolate, your 5-day close contact quarantine begins the day after a household contact is released from isolation (see SYMPTOMS above).
 - ▶ **Wear fitted mask when around others for 10 days.**
 - ▶ **Monitor SYMPTOMS for 10 days.**

¹ **48-hour Exclusion:** Stay home 48 hours after symptom stop without medicine.

² **Diagnosed:** Positive PCR or antigen lab result or diagnosed by a healthcare provider.

³ **Close Contact:** Within 6 feet for 15+ minutes over 24 hours or any direct contact.

⁴ **Infectious:** 48 hours before through 14 days after symptoms began.

⁵ **Fully Vaccinated** per CDC 12/27/21:

18 years and older: 14-days after booster -OR- recent vaccination

(second Pfizer/Moderna dose within 6 months, J&J within 2 months)

17 and younger: 14-days after second Pfizer/Moderna dose or J&J