Students

RETURN TO SCHOOL HEALTH SCREENING AND COVID-19 SICK LEAVE POLICY (STUDENTS)

During a state of emergency due to the COVID-19 pandemic and while the District remains in Phase 1, 2, 3 or 4, the District requires all students and visitors to undergo a daily health screen before entering any District Building.

The District will require daily health screening for all students and visitors before entering the school building. This may be in the form of a self-certifying Health Screen Form completed at home, temperature testing and screening at school, or both. This policy lays out the procedures for both options, as guidance is rapidly changing, and the District will notify parents of the screening requirements and any changes.

At Home Screening

Prior to entering any District building, all students must complete and submit the District's Health Screen Form (a copy attached as **Exhibit A**). This form shall self-certify that the student does not have a temperature greater than 100 degrees Fahrenheit/38 degrees Celsius, is not exhibiting any of the known COVID-19 symptoms, and has not been in close contact with someone who has tested positive for COVID-19. The known COVID-19 symptoms are fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea. The student's temperature must be taken daily and recorded on the District's Health Screen Form.

At School Screening
1. **Prior to Entry Screening.** Prior to entry into the District building, all students and visitors must have their temperature taken. Students will have their temperature taken at an assigned entrance and may be asked questions about their health. Visitors shall have their temperature taken at the front doors and may be asked questions about their health, including whether they exhibit any COVID-19 symptoms.
2. **Exhibiting Symptoms Screening.** Any student or visitor exhibiting any COVID-19 symptoms while on District property shall have their temperature taken by the school nurse or designee and asked questions about their health and symptoms.

Presenting with Symptoms

Any student or visitor exhibiting COVID-19 symptoms or who have a temperature greater than 100 degrees Fahrenheit/38 degrees Celsius shall not enter District buildings and must remain at home or will be sent home.

If a student has been sent home after exhibiting COVID-19 symptoms, the student cannot return to school until after the student has been fever free without fever reducing medication for 72 hours. Any student exhibiting COVID-19 symptoms cannot return to school until they have a doctor's authorization and have been symptom free of all communicable illnesses for 72 hours in accordance with CDC guidelines. The doctor's authorization can be in the form of a negative COVID-19 test, a positive test for a disease other than COVID (i.e. the student is suffering from a

sinus infection) or another medical explanation ruling out COVID-19. If a student is exhibiting COVID-19 symptoms and has not been tested, the student must isolate for a minimum of 10 days and be symptom free for at least 3 days before returning to school.

If a student exhibits any symptoms of a communicable illness while at school, they will be immediately quarantined (to the extent possible) from other children and parents and guardians will be notified to pick them up and take them home. Students shall always be supervised, while maintaining necessary precautions, while quarantined and waiting for pickup.

Sharing of Health Information
The District may share health screening information among staff about students and visitors as necessary to protect the health and safety of students in the District. As required by law, the District will obtain consent to release any personally identifying information about a student to anyone outside of the District. A copy of the Template COVID-19 FERPA Consent Form is attached as **Exhibit B**. If a student tests positive for COVID-19 and the District determines that there is an articulable and significant threat to the health or safety of a student at the District, the District may disclose, without prior written consent, identifying information about the student to the Illinois Department of Health and the county health department. Additionally, the District will need to engage in contact tracing and the District will notify other parents and staff that a student has tested positive for COVID-19, but will not reveal the identity of that student without consent of the parent or unless it is absolutely necessary to protect the health or safety of students or other individuals. All disclosures of personal identifying information will be recorded pursuant to State and Federal law.

Quarantine
Individuals who have tested positive for COVID-19 or individuals who have had close contact with an individual who has tested positive for COVID-19 or is suspected of having COVID-19 infection should isolate at home and monitor for symptoms for 14 days. The District may, in its discretion, allow a student to return to school earlier with a doctor's authorization and symptom free of all communicable illnesses for 72 hours in accordance with CDC guidelines. Close contact means the individual was within 6 feet of the individual who tested positive for COVID-19 or is suspected of having COVID-19 infection for more than 15 minutes. Individuals cannot return to school unless they meet the criteria of this policy.

During this quarantine, remote learning for students will be available consistent with the District's Remote Learning Plan.

Adopted: August 18, 2020

Exhibit A

Self-Certifying Health Screening Form

Student: _____   Date: _____

Grade: _____

Temperature: _____

1. Have you or anyone in the household experienced any cold or flu-like symptoms in the last 72 hours (fever, cough, shortness of breath, vomiting, loss of taste or smell or other respiratory problem)
    _____ YES   _____ NO

2. Have you or anyone in your household been in close contact with or cared for someone with COVID-19 within the last 14 days?

    _____ YES   _____ NO

3. Has the student taken any fever reducing medication within the last 24 hours in order to alleviate a fever?
    _____ YES   _____ NO

4. Has the student had a temperature greater or equal to 100 Fahrenheit within the last 72 hours?
    _____ YES   _____ NO

I certify that the above statements are true and accurate.

Signed: _____

Exhibit B

Template COVID-19 FERPA Consent Form

Disclosure of Information Protected by the Family Educational Rights and Privacy Act by _____ North Boone CUSD 200 to IDPH, Local Health Department, Close Contact Individuals.

Pursuant to the Family Educational Rights and Privacy Act ("FERPA") (20 USC §1232g; 34 C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies. If a student is age 18 years or older, or is enrolled in an institution of post-secondary education, he or she is an "eligible student" and must provide written consent for the disclosure of his or her education records or personally identifiable information contained therein.

I, _____ hereby agree to allow _____ North Boone CUSD 200 to disclose the following personally identifiable information or education records:

- Student's name and the information that the student has a positive COVID-19 test.
- This information may be disclosed to public health officials and any staff and parents of students who had close contact with my student (were within 6 feet of my student for more than 15 minutes) in order for the District and others to take appropriate precautions and other actions to ensure the health and safety of others.

You may withdraw your consent to share this information at any time. A request to withdraw your consent should be submitted in writing and signed.

_____

Signature of Parent, Guardian or Eligible Student

Date: _____