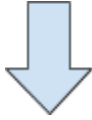


OLMC Health Clinic Guide SY 2020/21

The student arriving at the clinic/office must be wearing a face covering and stop at the designated distancing sign. The clinic/office staff must be wearing a face covering and face shield or eye protection. The staff member will ask the student what his/her presenting symptoms are and check the student's temperature.



If the student presents with any of the following:

- Fever
- Sore throat
- Headache
- Cough (For students with asthma or chronic conditions, a change in their baseline)
- Diarrhea
- Vomiting
- Abdominal pain
- Loss of taste or smell

**** If a student is having difficulty breathing or shortness of breath, call 911 immediately.***

If the student presents to the clinic for:

- Injuries
- Chronic conditions
- Daily medications

Note: Treat students who have an asthma care plan and do not send them to a waiting area.



- Students must continue to wear a face covering and will be directed to the "COVID-19 Symptoms" waiting area.
- Staff must continue to wear a face covering, face shield or eye protection and will apply additional appropriate personal protective equipment (PPE).
- Students must be spaced at least 6 feet apart and monitored for the entire duration in the waiting area.
- Parents should be notified promptly that their child will need to go home or seek medical attention.
- **Once the student has left, the area must be disinfected and the staff member removes PPE and performs hand hygiene.**

- Students must continue to wear a face covering. Staff must continue to wear a face covering and shield or eye protection.
- The student may enter the clinic.
- Gloves will be worn for standard precaution procedures as needed.
- Care will be given as needed.

Once care has been completed, the student must wash their hands prior to leaving and the area used must be disinfected.

COVID-19 Symptoms Waiting Area Monitoring Sheet

Name: _____ Date: _____

SECTION 1: Presenting symptoms:

If one or more of these boxes are checked, the student must wait in the 'waiting' room.

- Fever
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
- Diarrhea
- Vomiting
- New onset of severe headache, especially with a fever
- New loss of taste or smell
- Other: _____

*If coughing, does the student have asthma? If so, follow his/her asthma action plan.

If a student is having difficulty breathing or shortness of breath and has no history of asthma call 911.

When did symptoms begin? _____

Section 2: Close Contact/ Potential Exposure

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
- Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to SARS-CoV-2

Clinical Findings

Time: _____

Temp: _____ °F O2: _____% RR: _____bpm HR: _____bpm BP: _____/_____

Other: _____

Parents notified at: _____

Your student presented to our health clinic/office with symptoms that would require him/her to stay home. Please ensure your student meets the criteria before he/she returns to school.

- Can return when symptom-free for 24 hours, without fever reducing medications.
- Refer to your healthcare provider for possible testing or treatment.

Return to School Guidelines

Situation	Returning to School
Answered YES to any question in Section 1 (COVID-19 like symptoms).	The individual will be excused from school until symptom-free for 24 hours, without fever reducing medications. If symptoms continue at home, follow VDH guidance.
Answered YES to any question in Section 1 (COVID-19 like symptoms) and YES to any question in Section 2 (Potential exposure) during monitoring.	The individual should be referred to their health provider for possible testing; the individual should not come to school.
Positive for COVID-19	The individual can return to school as directed by their provider and VDH.
Notified to self-quarantine due to a close exposure to a COVID-19 positive case.	The individual must follow guidelines from VDH.

Parent/Guardian Signature: _____

A copy of this form should be given to the parent/guardian.