

October 30, 2020

Re: Updated Screening Tool and Discharge Form

Reynolds Families,

I have enclosed an updated COVID-19 Daily Screening Tool. Please discard the copy you received last week and utilize this updated version moving forward.

Many of our surrounding counties have recently reported a substantial level of COVID-19 community transmission. The Pennsylvania Department of Health recommends a full remote learning model for school districts in counties that meet this designation. As a result, many of our neighboring districts have closed or reduced in-person instruction, including our career center. As of the date of this letter, Mercer County transmission level remains moderate.

Your ability and willingness to follow the daily screening tool will greatly assist in keeping Reynolds open. If you have any questions or are unsure if your child needs to stay home, please contact your school nurse at the number listed below for further instructions.

Elementary School Casey Elder 724-646-5601 Ext 6650

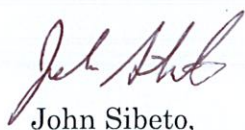
Junior/Senior High School Carisse Mirizio 724-646-5700 Ext 7718

If your child attends in-person instruction and displays COVID-19 symptoms or confirms contact with someone who had COVID-19 within the last 14 days, they will be immediately quarantined and sent home with the enclosed Discharge Form. Your child will not be permitted to return to in-person instruction until they have completed the appropriate steps indicated on the form. Your child must be screened by the school nurse before riding the school bus.

Children at home due to COVID-19 concerns or any other reason should access virtual instruction as much as possible to continue their education and ensure a smooth return to in-person instruction.

Thank you for your continued support as we tackle this complex school year.

Sincerely,



John Sibeto,
Superintendent

REYNOLDS SCHOOL DISTRICT
COVID-19 DISCHARGE FORM

Student Name: _____

DOB: _____

Date of Discharge: _____

Reason(s) for Discharge/Symptoms:

- | | | |
|---|---|---|
| <input type="checkbox"/> Contact with COVID-19 | <input type="checkbox"/> Change in taste or smell | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> New or worsening cough | <input type="checkbox"/> Fever | <input type="checkbox"/> Nausea or vomiting |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Body aches | <input type="checkbox"/> Tiredness |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Headache | <input type="checkbox"/> Congestion or runny nose |

Reviewed at Discharge:

- | | |
|--|--|
| <input type="checkbox"/> GO HOME, STAY HOME | <input type="checkbox"/> Notify Superintendent Office |
| <input type="checkbox"/> Isolation/Quarantine Guidelines | <input type="checkbox"/> Notify coaches and extracurriculars |
| <input type="checkbox"/> Testing options | <input type="checkbox"/> Transportation Restriction Reviewed |
| <input type="checkbox"/> Transition to online learning | |
| <input type="checkbox"/> Earliest day student can return (without test or MD clearance): _____ | |
| <input type="checkbox"/> Nurse's phone numbers | |

Elementary Casey Elder- 724-646-5601 x 6650, celder@reynolds.k12.pa.us

High School Carisse Mirizio- 724-646-5700 x7718, cmirizio@reynolds.k12.pa.us

MEDICAL PROVIDER FORM

Student name: _____

DOB: _____

Date of visit: _____

Date student may return: _____

Student referred for COVID-19 testing:

- No (If no, please explain below)
 Yes

Activity Restrictions:

- No
 Yes (Please explain below)

Medications ordered during school hours

- No
 Yes (include medication order)

Comments:

This student was evaluated by:

Signature (MD, DO, PA, CRNP)

I grant permission for the school district to communicate with this provider regarding this visit:

Signature of Parent/Guardian

REYNOLDS SCHOOL DISTRICT
COVID-19 DISCHARGE FORM

Health Office Use Only

RN Name: _____

Date of Reentry: _____

Outcome

- Alternative diagnosis documentation
- Negative COVID-19 Test
- Positive COVID-19 Test
- 10-day isolation
- 14-day quarantine

Forms Received:

- Test results
- Medication order
- Physician documentation

Additional Comments:

-----THIS SCREENING MUST BE COMPLETED BEFORE EVERY SCHOOL DAY-----

**Reynolds School District
COVID-19 Daily Screening Tool**

Please review the following before sending your child(ren) to school each day.

COVID-19 Symptoms	
Group A Symptom	Group B Symptoms
<ul style="list-style-type: none">• Fever (100.4°F or greater)• Cough• Shortness of breath• Difficulty breathing• New concern relating to your sense of smell• New concern related to your sense of taste	<ul style="list-style-type: none">• Chills• Sudden feeling of cold and/or shivers• Muscle aches not caused by physical activity• Headache• Sore throat• Nausea or vomiting• Diarrhea• Fatigue• Congestion or runny nose

Your child must stay home if you or your child

- Has one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking fever reducing medication to manage fever like symptoms

You child must stay home if your child has been in contact with someone who has been diagnosed with COVID-19 in the past 14 days even if your child has no symptoms.

Please contact the District's Health Office if your child is at home because of this screening tool.

Elementary – Mrs. Elder 724-646-5601 x6650 High School – Mrs. Mirizio 724-646-5700 x7718

If your child meets these criteria when they arrive at school, they will be quarantined and sent home immediately.