



Middle Bucks Hybrid Model

Session	Monday	Tuesday	Wednesday	Thursday	Friday
A Session AM 7:30A – 9:30A (CB) 7:30A 10:15P	Team 1 In-Person	Team 1 In-Person	Asynchronous Instruction Industry Certifications Social Emotional Wellness	Team 2 In-person	Team 2 In-person
	Team 2 Virtual Instruction	Team 2 Virtual Instruction		Team 1 Virtual Instruction	Team 1 Virtual Instruction
B Session PM 11:00A 1:00P (CB) 11:30A 2:15P	Team 1 In-Person	Team 1 In-Person	Professional Development Intervention Services	Team 2 In-person	Team 2 In-person
	Team 2 Virtual Instruction	Team 2 Virtual Instruction		Team 1 Virtual Instruction	Team 1 Virtual Instruction

TEAM 1:

Centennial (A-L)

CB Hybrid Team 1

Council Rock (A-L)

Voyages/METC

TEAM 2:

Centennial (M-Z)

CB Hybrid Team 2

Council Rock (M-Z)

New Hope Solebury

NOTE: Executive Council Approval on August 10, 2020



COVID-19 Symptomatic K-12 Student or Staff Process Flow

To be referenced with the [Public Health Guidance for School Communities During COVID-19](#)

Student or staff present with symptoms*

Symptoms **are** consistent with COVID-19
(see *Example Symptom Screening Tool*)

Isolate from non-symptomatic students/staff – separate room or separate space in nurse's office

Send home with referral to healthcare provider

Evaluation by healthcare provider/Investigation and notification by Public Health**

Positive COVID-19 test (case) or person is a close contact to person with COVID-19 – isolate case for 10 days/quarantine contact for 14 days

PA Dept. of Health (DOH)/County-Municipal Health Departments (CMHD) staff contacts individual or parent/guardian and school entity to provide guidance and recommendations, including isolation for the case and quarantine for close contacts

Return to school***

Symptoms **are not** consistent with COVID-19

Assess using normal school policies

Return to school

* Notifying DOH or CMHD staff is **not necessary** for symptomatic students, staff, and faculty as other non-COVID-19 illnesses may present with similar symptoms. School nurses should contact DOH CMHD staff for further guidance if a parent/guardian/caregiver notifies the school of potential exposure by a student, staff member, or school visitor.

** For staff and students, who are not currently a close contact or quarantined, presenting with symptoms that may be associated with COVID-19 may return to school when any one of the following applies

- **Symptomatic individual/child not tested:** exclude for 10 days from symptom onset AND at least 24 hours after fever resolution (if present) AND improved respiratory symptoms; or
- **Symptomatic individual/child clinically cleared by primary medical doctor, certified school nurse or other health care provider:** exclude until afebrile for 24 hours (if fever present) and symptoms improving; or
- **Symptomatic individual/child with test negative:** exclude until afebrile for 24 hours (if fever present) AND improved respiratory symptoms.

*** There is no need for a "negative test" for student or staff diagnosed with COVID-19 to return to school. Follow public health isolation guidance.



Name: _____ Date: _____ Time: _____ Home School: _____

SECTION 1: Presenting symptoms:

Group A 1 or more symptoms	Group B 2 or more symptoms
<input type="checkbox"/> Fever (100.4 or higher) <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Loss of smell <input type="checkbox"/> Loss of taste	<input type="checkbox"/> Sore Throat <input type="checkbox"/> Runny nose/congestion <input type="checkbox"/> Chills <input type="checkbox"/> Muscle pain <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Headache <input type="checkbox"/> Diarrhea

Other: _____

Stay Home/Dismiss Home if, the staff or student:

- Have one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking fever reducing medication.

When did symptoms begin? _____

Clinical Findings

Temp: _____ O2: _____% RR: _____ HR: _____ BP: _____/_____

Notes: _____

Nurse Signature: _____ Date _____

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
- <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>

FOLLOW CDC AND PADOH GUIDELINES FOR EXPOSURE.

Parents notified to pick up their child and refer to their Primary Medical Provider at: _____
 TIME

Your child/student presented to the Health Office with symptoms that would require him/her to stay home and to refer to your medical provider regarding potential testing for COVID-19. Please ensure your student meets the criteria before he/she returns to school. THE STUDENT WILL NEED TO REPORT DIRECTLY TO THE HEALTH OFFICE UPON RETURN FOR EVALUATION

Return to School Guidelines According to Health and Safety Plan

Situation		Returning to School
<input type="checkbox"/> Students with fever or symptoms that may be associated with COVID-19 and have no known direct exposure to a person with COVID-19. Students or staff with potential exposure must be checked by school nurse prior to return.	<input type="checkbox"/> May return to school when respiratory symptoms have improved and <input type="checkbox"/> Have been fever free for at least 24 hours without the use of fever-reducing medicine and <input type="checkbox"/> Have a negative test result or note from a medical provider indicating the staff/student may return to school. <input type="checkbox"/> OR <input type="checkbox"/> Have a note confirming an alternative diagnosis from a healthcare provider that explains the COVID-19 like symptoms <input type="checkbox"/> OR <input type="checkbox"/> Quarantine for 10 days.	
<input type="checkbox"/> Students or staff with symptoms who have had a direct exposure to a person with COVID-19.	<input type="checkbox"/> Testing is recommended. <input type="checkbox"/> Isolation/Quarantine <ul style="list-style-type: none"> <input type="checkbox"/> At least 10 days have passed since symptom onset and <input type="checkbox"/> At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and <input type="checkbox"/> Other symptoms have improved and <input type="checkbox"/> Clearance from quarantine/modified quarantine as directed by the Local Department of Health 	
<input type="checkbox"/> Positive for COVID-19 (student or staff)	<p>The individual can return to school only when they have been released by the BCDH and issued an Isolation Release Letter.</p> <input type="checkbox"/> The criteria for Release from Isolation are: <ul style="list-style-type: none"> <input type="checkbox"/> 10 days minimum have passed since symptoms first appeared and <input type="checkbox"/> Fever-free for 24 hours, without the use of fever-reducing medication and <input type="checkbox"/> Improving symptoms 	

Cleared to return to school date per above guidelines:

Diagnosis:

Comments:

Health Care Provider Printed Name: _____ Contact # _____

Health Care Provider Signature: _____ Date: _____

Nurse signature: _____ Date: _____