

## While Attending School In-Person

### Before Arrival

#### Completing the screening

The East Rochester Union Free School District screens students and staff through a Qualtrics screening survey. The survey contains questions for families to fill out (found below) and sends a notification to the district if any "red flags" were raised when submitted. A reminder with a link to the survey is sent to families and employees each morning. After the initial email from Qualtrics, parents/students/employees have the option to sign up for text messages in addition to the email reminders. **At this time, parents/students/employees will not need log-in credentials to complete and submit surveys.**

#### Reports generated

Reports are generated 30 minutes before the school day begins, highlighting any students or staff who raised any "red flags" when completing their survey. This allows time for staff to monitor the red flags and intervene for students/staff who did not "pass" the screening.

### During Arrival

#### Entering the building

Teachers at the elementary level meet cohorts outside grade level designated doors before bringing them inside and to their classrooms. Students who had red flags are met by staff and either brought to the nurse's office for evaluation or asked to return home for the day. Students who do not "pass" their evaluation are held in an isolation room until somebody is able to pick them up from school.

#### Process for students who didn't complete screening

Students who did not complete the screening are met by staff at their school entrance and are brought to the nurse's office to be screened before visiting their classroom, or any other room in the building. Students who do not "pass" their screening are held in an isolation room until somebody is able to pick them up from school.

## Screening Questions



1. Do you currently have any of these symptoms?
  - Fever or chills • Cough • Shortness of breath or difficulty breathing • Fatigue
  - Muscle or body aches • Headache • Recent loss of taste or smell • Sore throat • Congestion • Nausea or vomiting • Diarrhea
2. Was this morning's temperature check below 100 degrees Fahrenheit?
3. Within the past 14 days, have you had contact with anyone that you know had COVID-19 or COVID-like symptoms? (Contact is being 6 feet (2 meters) or closer for more than 15 minutes with a person, or having direct contact with fluids from a person with COVID-19 (for example, being coughed or sneezed on).
4. Have you had a positive COVID-19 test for an active virus in the past 10 days?
5. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?