

School/Childcare Screening Support Tool

This tool can be used by schools and childcare centers to help determine what is a positive symptom and a “yes” answer on the [Ministry’s screening tool](#).

Not all symptoms require the COVID-19 protocol. For example, the protocol for a sprained ankle is send the child home, ice, rest, and return to school the next day.

In the table below are some other possible considerations for symptoms. This screening tool **cannot diagnose** and if **in doubt, send the child home**. If parents have medical questions, they should consult a health care provider for an alternate diagnosis. If you are completing the screening tool at your school or childcare center and you would like to discuss the situation, call the **North Bay Parry Sound District Health Unit’s Schools & Child Care Information Line**, Monday to Friday, 8:30 a.m. to 4:30 p.m. 844-478-1400.

SYMPTOM	WHEN TO SEND STUDENT HOME	ADDITIONAL QUESTIONS OR CONSIDERATIONS	THINGS TO TRY WHEN UNSURE
<p>FEVER AND/OR CHILLS</p>	<p>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher: The manufacturer of the temperature device you use, such as an ear or forehead thermometer, provides information on how to use it. Be sure to read and follow the instructions to obtain an accurate temperature. The information may also include how the results of the device correlate with the results from other methods of taking a temperature.</p>	<ul style="list-style-type: none"> • Is this child overdressed, did they just finish gym or recess? • Is it unusually hot outside or in the room? 	<ul style="list-style-type: none"> • Is the child at rest and comfortable (~20min) after returning from outside/activity before the temperature was reported? • Consider a second temperature to confirm.
<p>COUGH OR BARKING COUGH (CROUP)</p>	<p>Continuous, unusual/more than usual, or making a whistling noise when breathing:</p> <ul style="list-style-type: none"> • Is this child’s chronic condition worsening? <ul style="list-style-type: none"> ◦ If <u>yes</u>, they should be sent home. 	<ul style="list-style-type: none"> • Does this child have a history of asthma or increased production of mucus? 	<ul style="list-style-type: none"> • Does the child have an inhaler?

Your lifetime partner in healthy living.
Votre partenaire à vie pour vivre en santé.
myhealthunit.ca

Call Toll Free: 1-800-563-2808

 345 Oak Street West,
 North Bay, ON P1B 2T2
 705-474-1400
 705-474-8252

 70 Joseph Street, Unit 302
 Parry Sound, ON P2A 2G5
 705-746-5801
 705-746-2711

<p>SHORTNESS OF BREATH</p>	<p>Out of breath, unable to breathe deeply:</p> <ul style="list-style-type: none"> • Can the child carry on a conversation? <ul style="list-style-type: none"> ◦ If <u>no</u>, they should be sent home. 	<ul style="list-style-type: none"> • Does this child have a history of asthma or other known breathing issues, especially after exertion? 	<ul style="list-style-type: none"> • Is the child at rest and comfortable after returning from outside/activity. • Does the child have an inhaler?
<p>DECREASE OR LOSS OF SENSE OF TASTE OR SMELL</p>	<ul style="list-style-type: none"> • Not related to other known causes or conditions they already have. • Is this child’s chronic condition worsening? <ul style="list-style-type: none"> ◦ If <u>yes</u>, they should be sent home. 	<ul style="list-style-type: none"> • Does this child have a history of seasonal allergies, neurological disorder, known nasal issues, etc.? 	
<p>NAUSEA, VOMITING, AND/OR DIARRHEA</p>	<ul style="list-style-type: none"> • Not related to other known causes or conditions they already have. • Is this child’s chronic condition worsening? <ul style="list-style-type: none"> ◦ If <u>yes</u>, they should be sent home. • If vomiting: follow COVID protocol unless it is a common, chronic issue. 	<ul style="list-style-type: none"> • Does this child have a history of irritable bowel syndrome? • Is there a history of anxiety or a recent stressful peer interaction, trouble at home, or other school related stress? • Is this child experiencing menstrual cramps? • Does this child have gas or constipation? <ul style="list-style-type: none"> ◦ When was the child’s last bowel movement? ◦ Was the bowel movement 	<ul style="list-style-type: none"> • Offer a glass of water. • Offer a snack. • Allow the child to use the bathroom. <p>**Allow the child to have a mask break and rest.</p>

Your lifetime partner in healthy living.
Votre partenaire à vie pour vivre en santé.
myhealthunit.ca

Call Toll Free: 1-800-563-2808

 345 Oak Street West,
 North Bay, ON P1B 2T2
 705-474-1400
 705-474-8252

 70 Joseph Street, Unit 302
 Parry Sound, ON P2A 2G5
 705-746-5801
 705-746-2711

		<p>healthy? A Guide to Healthy Bowel Movements (video)</p> <ul style="list-style-type: none">• Could the pain be related to something this child ate (food sensitivity)?• Has this child recently gotten off the bus (e.g., motion sickness)?• Could this child be hungry?<ul style="list-style-type: none">◦ When and what did they last eat?	
--	--	--	--

**** Mask Break:**

- Mask breaks are best outside.
- Physical distancing must be maintained when masks are off.
- If unable to physically distance, masks must be kept on.
- Proper hand hygiene to be done before taking mask off and before putting mask back on.

Your lifetime partner in healthy living.
Votre partenaire à vie pour vivre en santé.
myhealthunit.ca

Call Toll Free: 1-800-563-2808

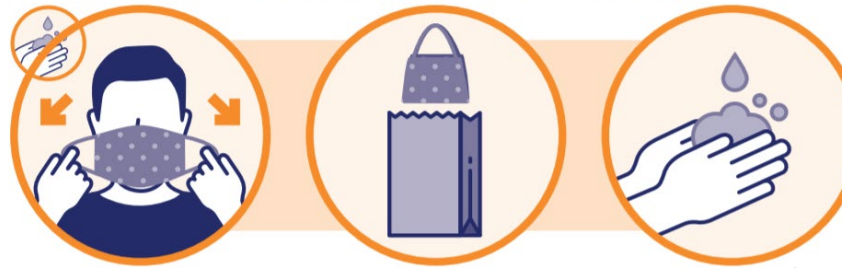
 345 Oak Street West,
North Bay, ON P1B 2T2
 705-474-1400
 705-474-8252

 70 Joseph Street, Unit 302
Parry Sound, ON P2A 2G5
 705-746-5801
 705-746-2711

How to Wear a Face Covering



How to Remove & Store a Face Covering



Your lifetime partner in healthy living.
Votre partenaire à vie pour vivre en santé.
myhealthunit.ca

Call Toll Free: 1-800-563-2808

📍 345 Oak Street West,
North Bay, ON P1B 2T2
☎ 705-474-1400
📄 705-474-8252

📍 70 Joseph Street, Unit 302
Parry Sound, ON P2A 2G5
☎ 705-746-5801
📄 705-746-2711