

## School/Child Care Screening Support Tool

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

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When completing the screening, choose any or all symptoms that are **new, worsening** and **not related to other known causes or conditions**.

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

In the table below are some 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 have questions related to COVID-19 testing and isolation guidelines, please call the **Provincial Testing and Isolation Information Line** at **1-888-777-0730**.

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SYMPTOM	WHEN TO SEND STUDENT/CHILD HOME	ADDITIONAL QUESTIONS OR CONSIDERATIONS	THINGS TO TRY WHEN UNSURE
<b>FEVER AND/OR CHILLS</b>	<p><b>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher.</b></p> <p>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"> <li>• Is this child overdressed, did they just finish gym or recess?</li> <li>• Is it unusually hot outside or in the room?</li> </ul>	<ul style="list-style-type: none"> <li>• Was the child at rest and comfortable (~20min) after returning from outside/activity before the temperature was reported?</li> <li>• Consider a second temperature to confirm.</li> </ul>
<b>COUGH OR BARKING COUGH (CROUP)</b>	<p><b>Cough that is new or worsening (e.g., continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing).</b></p> <ul style="list-style-type: none"> <li>• Is this child's chronic condition worsening? <ul style="list-style-type: none"> <li>◦ If <u>yes</u>, they should be sent home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does this child have a history of asthma or increased production of mucus?</li> </ul>	<ul style="list-style-type: none"> <li>• Does the child have an inhaler?</li> </ul>
<b>SHORTNESS OF BREATH</b>	<p><b>Out of breath, unable to breathe deeply:</b></p> <ul style="list-style-type: none"> <li>• Can the child carry on a conversation? <ul style="list-style-type: none"> <li>◦ If <u>no</u>, they should be sent home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does this child have a history of asthma or other known breathing issues, especially after exertion?</li> </ul>	<ul style="list-style-type: none"> <li>• Is the child at rest and comfortable after returning from outside/activity?</li> <li>• Does the child have an inhaler?</li> </ul>

<p><b>DECREASE OR LOSS OF SENSE OF TASTE OR SMELL</b></p>	<ul style="list-style-type: none"> <li>• Not related to other known causes or conditions they already have.</li> <li>• Is this child’s chronic condition worsening?                             <ul style="list-style-type: none"> <li>○ If <u>yes</u>, they should be sent home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does this child have a history of seasonal allergies, neurological disorder, known nasal issues, etc.?</li> </ul>	
<p><b>EXTREME TIREDNESS OR MUSCLE ACHES</b></p>	<p><b>Unusual, fatigue, lack of energy, poor feeding in infants:</b></p> <ul style="list-style-type: none"> <li>• Not related to other known causes or conditions they already have.</li> <li>• Is this child’s chronic condition worsening?                             <ul style="list-style-type: none"> <li>○ If <u>yes</u>, they should be sent home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does this child have a history of depression or anxiety?</li> <li>• Is this child having issues with sleep (e.g., insomnia)?</li> <li>• Does this child have a thyroid condition?</li> <li>• Did the parent report the child was up frequently during the night?</li> <li>• Could this child be hungry?                             <ul style="list-style-type: none"> <li>○ Are you concerned this family might be food insecure?</li> </ul> </li> <li>• Does this child have a muscle injury or post-exercise strain?</li> </ul>	<ul style="list-style-type: none"> <li>• If the fatigue has a reasonable cause (see column to the left) could this child go home to rest today and return tomorrow?</li> </ul>
<p><b>SORE THROAT OR DIFFICULTY SWALLOWING</b></p>	<p><b>Painful swallowing:</b></p> <ul style="list-style-type: none"> <li>• Not related to other known causes or conditions they already have.</li> <li>• Is this child’s chronic condition worsening?                             <ul style="list-style-type: none"> <li>○ If <u>yes</u>, they should be sent home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Has this child been yelling or crying (e.g., at recess or gym)?</li> <li>• Has this child recently choked or have a history of swallowing issues?</li> </ul>	<ul style="list-style-type: none"> <li>• Offer a glass of water.</li> <li>• Allow the child to have a mask break and rest.*</li> </ul>
<p><b>RUNNY OR STUFFY/CONGESTED NOSE</b></p>	<ul style="list-style-type: none"> <li>• Not related to other known causes or conditions they already have.</li> <li>• Is this child’s chronic condition worsening?                             <ul style="list-style-type: none"> <li>○ If <u>yes</u>, they should be sent home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does the child have a history of seasonal allergies?</li> <li>• Has the child just come in from outside in cold weather?</li> <li>• Has this child recently been doing heightened activity, laughing, or crying?</li> </ul>	<ul style="list-style-type: none"> <li>• Allow the child to have a mask break and rest.*</li> </ul>

<p><b>HEADACHE</b></p>	<p><b>That is unusual or long-lasting:</b></p> <ul style="list-style-type: none"> <li>• Not related to other known causes or conditions they already have.</li> <li>• Is this child’s chronic condition worsening?             <ul style="list-style-type: none"> <li>◦ If <u>yes</u>, they should be sent home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does this child have a history of headaches?</li> <li>• Have there been any issues with peers that could result in feelings of heightened stress?</li> <li>• Is there a supply teacher in the classroom and/or increased noise in the class?</li> <li>• Has this child had a recent head injury?</li> <li>• Does this child wear glasses and/or were the glasses left at home?</li> <li>• Could there be eye strain from a sunny day or the lighting in the classroom?</li> <li>• Is the headache related to a menstrual cycle?</li> <li>• Is this child on a Return to Learn plan for a concussion?</li> <li>• Has this child recently gotten off the bus (e.g., motion sickness)?</li> <li>• How much has the child had to drink today? Is it really warm out (e.g., Dehydration)?</li> </ul>	<ul style="list-style-type: none"> <li>• Offer a glass of water.</li> <li>• Offer a snack.</li> <li>• Allow the child to have a mask break and rest.*</li> </ul>
<p><b>NAUSEA, VOMITING, AND/OR DIARRHEA</b></p> <p><b>Diarrhea:</b> Bowel movements that are less formed and more watery than usual.</p>	<ul style="list-style-type: none"> <li>• Not related to other known causes or conditions they already have.</li> <li>• Is this child’s chronic condition worsening?             <ul style="list-style-type: none"> <li>◦ If <u>yes</u>, they should be sent home.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Does this child have a history of irritable bowel syndrome?</li> <li>• Is there a history of anxiety or a recent stressful peer interaction, trouble at home, or other school/childcare-related stress?</li> <li>• Is this child experiencing menstrual cramps (if applicable)?</li> </ul>	<ul style="list-style-type: none"> <li>• Offer sips of water.</li> <li>• Allow the child to use the bathroom.</li> </ul>

		<ul style="list-style-type: none"><li>• Does this child have gas or constipation?<ul style="list-style-type: none"><li>○ When was the child’s last bowel movement?</li><li>○ Was the bowel movement healthy? <a href="#">A Guide to Healthy Bowel Movements (video)</a></li></ul></li><li>• Could the pain be related to something this child ate (food sensitivity)?</li><li>• Has this child recently gotten off the bus (e.g., motion sickness)?</li><li>• Could this child be hungry?<ul style="list-style-type: none"><li>○ When and what did they last eat?</li></ul></li></ul>	
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\* Mask Break:

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

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