

**SOUTH WESTERN SCHOOL DISTRICT**  
**District Staff Daily COVID-19 Self-Screening Tool**

**Instructions:** Every day prior to reporting to work, complete the following self-screening questions and follow the directions based on your 'YES' or 'NO' response. **If you are experiencing a fever of 100.4 or higher, do not report to work until you are fever free (without the use of fever reducing medication) for a period of 24 hours, regardless of whether you are considered a "positive screen".**

**Screening Questions:**

1. Are you experiencing a cough, shortness of breath, difficulty breathing, or new loss of taste or smell which is new, or not explained by another pre-existing health condition or other explanation?

**IF YES → Considered a "Positive Screen". Do not report to work, submit for a sick day and contact your immediate supervisor (Sick Day may be removed at a later time if it is determined leave qualifies under FFCRA). Refer to the Protocol for 'Suspected Case' to determine next steps. THERE IS NO NEED TO PROCEED TO QUESTION 2.**

**IF NO → Proceed to Question 2.**

2. Are you experiencing any **two** of the following:
  - a. Fever (100.4 or higher)
  - b. Shaking/Chills
  - c. Muscle Pain
  - d. Headache
  - e. Sore Throat
  - f. Diarrhea (More than 3 x per day)

**IF YES → Considered a "Positive Screen". Do not report to work, submit for a sick day and contact your immediate supervisor (Sick Day may be removed at a later time if it is determined leave qualifies under FFCRA). Refer to the Protocol for 'Suspected Case' to determine next steps. THERE IS NO NEED TO PROCEED TO QUESTION 3.**

**IF NO → Proceed to Question 3.**

3. Have you had personal contact with a person who has tested positive, or is symptomatic, for COVID-19 within the past 14 days?

**IF YES → Proceed to Question 4.**

**IF NO → Considered a "Negative Screen". You are clear to report to work as normal. THERE IS NO NEED TO PROCEED TO QUESTION 4.**

4. Were you within six (6) feet of the positive tested or symptomatic person you had contact with for more than fifteen (15) minutes?

**IF YES → Considered a "Positive Screen". Do not report to work, submit for a sick day and contact your immediate supervisor (Sick Day may be removed at a later time if it is determined leave qualifies under FFCRA). Refer to the Protocol for 'Exposed Case' to determine next steps.**

**IF NO → Considered a "Negative Screen". You are clear to report to work as normal.**