

### School Health Screening Assessment Options

For the health and safety of school communities, the Health Department requires school personnel and students to be screened for symptoms of COVID-19 before entering their school.

Schools may use any one of these options or have all three options available for their families. If none of these options meet the need of the school, they can seek a different tool and have it reviewed by the Health Department.

Schools that wish to take advantage of the Health Department’s Electronic Tool to assist with student/staff screening should reach out as soon as possible to Steve Lane at [steve.lane@kentcountymi.gov](mailto:steve.lane@kentcountymi.gov).

| Types of Screenings                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1. Electronic Tool to Assist with Student/Staff Screening (Patient Education Genius) (PEG)</b></p> <ul style="list-style-type: none"> <li>• Before leaving for school, parents/ guardians will receive a text and complete the virtual screening for their student(s) via an online portal.</li> <li>• The information collected will be sent to the school, the District, and KCHD.</li> <li>• HIPAA Compliance offered by KCHD.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |
| Who is responsible?                                                                                                                                                                                                                                                                                                                                                                                                                                | Pros                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cons                                                                                                                                                                                                              |
| Parent/Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Free to Kent County schools provided by KCHD.</p> <p>This portal will provide customizable articles/messages for parents/students during the COVID-19 pandemic.</p> <p>Puts responsibility on parents/guardians to complete screening, reduces burden on schools.</p> <p>Allows many students to be screened all at once and faster entry into the building.</p> <p>Data is available to KCHD so Contact Tracing can be streamlined with the shared data. It also provides reporting capabilities to the school including who did or did not fill out the screening tool.</p> | <p>Technology may not be available to all families to participate in this screening.</p> <p>Parents/guardians may forget to screen before dropping student off at school or prior to them getting on the bus.</p> |

**2. Paper Form Screening (See next page for sample.)**

- This type of screening would be completed at home and need to be brought to school.
- A parent/guardian will fill out a paper form and either the student (depending on their age) will turn in the screening questionnaire for their student.

| Who is responsible? | Pros                                                                  | Cons                                                                                  |
|---------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Parent/Guardian     | Allows for school to know student passed/fail screening in real time. | Student/staff will have arrived at the school in the building and may fail screening. |

**3. In-person Screening**

- This screening would take place either outside the school building or in a room towards the front of the building to avoid sick students and staff from exposing others.
- Consent to screening is acquired through a paper form.

| Who is responsible? | Pros                                                                | Cons                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| School personnel    | Allows for screener to visually inspect staff/student for symptoms. | <p>Student/staff will have arrived at the school in the building and may fail screening.</p> <p>Time consuming.</p> <p>Requires staff trainings and personal protective equipment and could possibly expose screener to COVID+ staff/students.</p> <p>Could lead to lines outside of the school due to many people being checked in all at once.</p> <p>The parent/guardian must provide consent for the school to take the child's temperature.</p> |

Some school districts prefer to have parents and staff sign a one-time agreement at the beginning of the school year stating that they will not send their child to school if they have certain symptoms. The Kent County Health Department acknowledges that this meets the requirement as stated in the Return to School Roadmap, page 24. Since this is not a robust prevention method, schools that utilize this as their screening protocol will need to be diligent to monitor for symptoms during the school day. Additionally, schools are encouraged to send periodic reminders to parents in order to maintain adherence to the in-home screening.



**School Health Paper Screening Sample**

|                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------|--|
| <b>Symptom Check:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Name of Child / Staff:</b>                                  |  |
| Does your child / staff member have <b>ANY</b> of the following symptoms?                                                                                                                                                                                                                                                                                                                                                      |  |                                                                |  |
| <input type="checkbox"/> <b>YES</b> <ul style="list-style-type: none"> <li>• Temperature 100.4 degrees Fahrenheit or higher <b>OR</b> feels warm to touch <b>OR</b> feels feverish or has chills</li> <li>• Sore throat</li> <li>• New cough or change in cough for a child who often has a cough</li> <li>• Diarrhea, vomiting, or belly pain</li> <li>• New severe headache</li> <li>• New loss of taste or smell</li> </ul> |  | <input type="checkbox"/> <b>NO</b> , do not have any symptoms. |  |
| <b>Close Contact Check:</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                |  |
| Has your child / staff member had close contact (within 6 feet of someone for 15 minutes or more) with a person who has been confirmed to have COVID-19?                                                                                                                                                                                                                                                                       |  |                                                                |  |
| <input type="checkbox"/> <b>YES</b>                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> <b>NO</b>                             |  |
| <b>If your child / staff member has answered YES to either of the questions above, your child cannot attend school today.</b>                                                                                                                                                                                                                                                                                                  |  |                                                                |  |
| <b>Symptom Check:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Name of Child / Staff:</b>                                  |  |
| Does your child / staff member have <b>ANY</b> of the following symptoms?                                                                                                                                                                                                                                                                                                                                                      |  |                                                                |  |
| <input type="checkbox"/> <b>YES</b> <ul style="list-style-type: none"> <li>• Temperature 100.4 degrees Fahrenheit or higher <b>OR</b> feels warm to touch <b>OR</b> feels feverish or has chills</li> <li>• Sore throat</li> <li>• New cough or change in cough for a child who often has a cough</li> <li>• Diarrhea, vomiting, or belly pain</li> <li>• New severe headache</li> <li>• New loss of taste or smell</li> </ul> |  | <input type="checkbox"/> <b>NO</b> , do not have any symptoms. |  |
| <b>Close Contact Check:</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                |  |
| Has your child / staff member had close contact (within 6 feet of someone for 15 minutes or more) with a person who has been confirmed to have COVID-19?                                                                                                                                                                                                                                                                       |  |                                                                |  |
| <input type="checkbox"/> <b>YES</b>                                                                                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> <b>NO</b>                             |  |
| <b>If your child / staff member has answered YES to either of the questions above, your child cannot attend school today.</b>                                                                                                                                                                                                                                                                                                  |  |                                                                |  |