

# PINNACLE

**AN INTEGRATED PRESCHOOL PROGRAM**

NYS Forward  
COVID-19  
Testing  
Plan

**FALL 2020**

To ensure Pinnacle and its students, employees and visitors a safe environment, Pinnacle will do the following:

1. **Require Students and Employees who are Sick to Stay Home or Return Home Immediately**, if they become ill at work, with appropriate notice to administration.
  2. **Implement and Document Daily Mandatory Health Screening**, along with temperature checks for staff and students, and assessment questionnaire (required by all employees at the start of each shift, with signage posted at entrances reminding employee of this requirement), asking about:
    - i. *COVID19 symptoms in past 14 days (i.e.: New onset or worsening cough and shortness of breath, plus two or more of: fever over 100.0°F , chills, muscle aches, headache, sore throat, loss of taste or smell, or diarrhea)*
    - ii. *Positive COVID-19 test in past 14 days, and/or*
    - iii. *Close contact with confirmed or suspected COVID-19 case in past 14 days.*
- **Employees who Screen Positive for COVID-19** should be sent home and advised to contact their health care provider for medical assessment and COVID-19 testing. If employee tests positive or does not receive a test, employee may only return after completing a 14-day self-quarantine and clearance from OCHD. If a physician assessed and found no testing was needed, then a return to work slip will be required.
    - *Employees who Present No Symptoms but have Tested Positive in the Past 14 Days*  
may return to work after completing a 14-day self-quarantine and clearance from OCHD.
    - *Employees who had Close Contact with a Person with COVID-19 and are*
      - i. **Experiencing Symptoms** must follow the protocol for a positive case, including testing, and may only return to work after completing a 14-day self-quarantine and clearance from OCHD.
      - ii. **Not Experiencing Symptoms** should seek COVID-19 testing and can return to work in the event of a negative test or should complete a 14-day self-quarantine.
    - **Any Person who Screens Positive for COVID-19** should

not be allowed to enter the location and should be sent home with instructions to contact their healthcare provider for assessment and testing.

- **Workers and Visitors Must Inform the Building Nurse or Administrator** if they later are experiencing COVID19- related symptoms, as noted in the questionnaire.
3. **Positive Case Cleaning/Disinfecting Plan**; In the event of a positive case/exposure, close off rooms/areas where persons with COVID-19 had been. Wait 24 hours before cleaning and disinfecting. If 24 hours are not feasible, wait as long as possible. Clean/disinfect following CDC and DOH guidelines.

### **Children who show symptoms or test positive for Covid-19**

1. a. If any combination of these symptoms is observed: persistent cough, shortness of breath or difficulty breathing, fever of 100.0°F or higher, chills, muscle pain, sore throat and/or new loss of taste or smell, nausea, vomiting and diarrhea.
  - b. Child must submit evidence of a negative COVID19 test before returning or documentation determining testing is not necessary and/or the child is not contagious by a physician.
  - c. If symptomatic child tests positive, they may return to care after:
    - At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; AND
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath);
    - It has been 14 days since symptoms first appeared.
    - If retesting is completed: the child must receive two consecutive negative results within a 24 hours period.
  - d. If asymptomatic child tests positive they may return to care after:
    - 14 days have passed since date of positive results AND has no subsequent illness;
    - If retesting is completed: the child must receive two consecutive negative results within a 24 hours period.

Oswego County Health Department will be notified of any employee or child that tests positive in accordance with CDC guidelines.

**Pinnacle Preschool / Daily Home Screening**

Child: \_\_\_\_\_

Date: \_\_\_\_\_

Please **initial** the appropriate box. If you answer yes to any of these, your child **MUST** stay home.

Temperature 100 or higher	Yes	No
Symptoms: Sore Throat, New uncontrolled cough that causes difficulty breathing, diarrhea, vomiting, or abdominal pain, New onset of severe headache, especially with fever	Yes	No
Had close contact with a person confirmed with COVID-19	Yes	No
Traveled to or lived in an area on the New York State Restrictive list.	Yes	No

**Pinnacle Preschool / Daily Home Screening**

Child: \_\_\_\_\_

Date: \_\_\_\_\_

Please **initial** the appropriate box. If you answer yes to any of these, your child **MUST** stay home.

Temperature 100 or higher	Yes	No
Symptoms: Sore Throat, New uncontrolled cough that causes difficulty breathing, diarrhea, vomiting, or abdominal pain, New onset of severe headache, especially with fever	Yes	No
Had close contact with a person confirmed with COVID-19	Yes	No
Traveled to or lived in an area on the New York State Restrictive list.	Yes	No

