



ISD #283 Health Offices:

Aquila Elem. (952) 928-6505
 Peter Hobart (952) 928-6605
 Susan Lindgren (952) 928-6693
 Park Spanish (952) 928-6554
 Middle School (952) 928-6311
 High School (952) 928-6108
 Central CC (952) 928-6716

DATE: _____

Your student _____ has been sent home today with the following symptoms. Due to the community spread of COVID-19 in our area, we are following the Minnesota Department of Health's recommendations for exclusion from school. We understand how difficult this time can be. Our top priority is to promote the health and safety of all our students and staff. Thank you for helping us protect all members of our community. Please call the school health office if you have any questions.

"MORE COMMON" Symptoms Consistent with COVID-19	"LESS COMMON" Symptoms Consistent with COVID-19
<ul style="list-style-type: none"> ○ Fever greater than or equal to 100.4 F ○ New onset and/or worsening cough ○ Difficulty breathing ○ New loss of taste or smell 	<ul style="list-style-type: none"> ○ Sore throat ○ Nausea ○ Vomiting ○ Diarrhea ○ Chills ○ Muscle pain ○ Excessive fatigue ○ New onset of severe headache ○ New onset of nasal congestion or runny nose
If <u>ONE</u> or more symptoms are checked, follow Pathway #1	If <u>ONE</u> symptom is checked, follow Pathway #2 If <u>TWO</u> or more symptoms are checked, follow Pathway #1

Pathway #1	Pathway #2
<ul style="list-style-type: none"> ⇒ Student must stay at home in isolation for at least 10 days from the time symptoms began until symptoms improve AND no fever for 24 hours (without fever reducing medicine). ⇒ Siblings and household contacts must stay home and quarantine from all activities for at least 14 days. ⇒ Follow the appropriate Box (A, B, or C) on reverse page for further details 	<ul style="list-style-type: none"> ⇒ Student should stay home and consider evaluation from a health care provider. ⇒ Student may return to school 24 hours after symptom improvement or as directed by a health care provider. ⇒ Siblings and household contacts do not need to stay home or quarantine. ⇒ Follow the appropriate Box (B or C) on reverse page for further details.

When there are high levels of community transmission, defined by the Minnesota Department of Health as greater than 10 cases per 10,000, students with one less common symptom will follow Pathway # 1. Hennepin County currently has _____ cases per 10,000.

Medical Evaluation and/or COVID-19 Testing

Box A: No medical evaluation	<ul style="list-style-type: none"> ⇒ Student must stay at home in isolation for at least 10 days from time symptoms began until symptoms improve AND no fever for at least 24 hours (without fever reducing medicine) ⇒ Siblings/household members must stay home and quarantine for 14 days and stay away from all activities during the time the person with symptoms is infectious (10 days) plus the amount of time it would take for household members to get sick (14 days).
Box B: Alternate diagnosis received (an established medical diagnosis obtained through evaluation by a health care provider and/or diagnostic test)	<ul style="list-style-type: none"> ⇒ Student may return to school 24 hours after symptom improvement or as directed by a health care provider. ⇒ Siblings and household contacts do not need to stay home once the alternate diagnosis is known. ⇒ Pathway #1: Written documentation from a health care provider is <u>REQUIRED</u> in order for student to return to school earlier than the 10-day isolation period. ⇒ Pathway #2: Written documentation from a health care provider is <u>REQUESTED</u> upon student's return to school following 24-hour exclusion ⇒ Regardless of alternate diagnosis, if the student is also being tested for COVID-19, the student, siblings, and all household contacts must stay home until results are received.
Box C: Tested for COVID-19	<p>** Student and all household contacts must stay home until results are received.</p> <p>NEGATIVE COVID-19 Test received</p> <ul style="list-style-type: none"> • Student may return to school 24 hours after symptom improvement or as directed by a health care provider. • Siblings and household contacts do not need to stay home once the negative result is known. • Written documentation from a health care provider is <u>REQUIRED</u> in order for student and siblings to return to school earlier than the 10-day isolation period. <p>POSITIVE COVID-19 Test received</p> <ul style="list-style-type: none"> • Student must continue to isolate at home for 10 days from time symptoms began until symptoms improve AND no fever for 24 hours (without fever reducing medicine) • Siblings and household contacts are considered 'close contacts' and must continue to quarantine from all activities until at least 14 days AFTER the positive COVID-19 household member completes their 10 day isolation period <p>CLOSE CONTACTS</p> <ul style="list-style-type: none"> • Close Contacts should seek COVID-19 testing 5-7 days after their last contact with the positive person. • If a Close Contact develops symptoms and/or tests positive for COVID-19, they must stay at home in isolation for 10 days from time symptoms began until symptoms improve AND no fever for 24 hours (without fever reducing medicine) • If a second household contacts begins showing symptoms, siblings and household contacts are again considered 'close contacts' and must continue to quarantine from all activities for at least 14 days starting with the day they were last in contact with the second positive person.