Dear Parent or Guardian,

Please review the St. Paul School illness policy for the school year 2020-2021. We ask that you please keep the school nurse informed of illness-related absences and/or COVID-19 diagnosis or exposure. Please contact Betsy Johnson, M.S., R.N., L.S.N., School Nurse at 614-882-6892 or bjohnson@stpaulk-8.org. to report your child’s illness. Please keep ill students home.

*Symptoms and conditions requiring absence from school*

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| **Infectious Disease Symptoms** | **Other Conditions:** |
| * Fever or fever-like symptoms
	+ Temperature above 100.0 F or with or without the presentation of fatigue/body aches/chills/rigors.
* Respiratory symptoms
	+ Cough, congestion, runny nose, sore throat, shortness of breath
* Gastrointestinal symptoms
	+ Diarrhea, vomiting, or severe nausea.
* New unexplained loss of taste or smell
* Headache, sore throat
* Student reported or has been notified that they have been in close contact with a positive COVID-19 case
* Conjunctivitis
 | * Confirmed non-COVID viral infectious disease
	+ Ex: influenza or rhinovirus
* Contagious infections requiring antibiotic treatment
	+ Ex: Strep throat or pink eye
	+ If rapid strep is negative, do not return until 24 hour culture results are received.
* Undiagnosed, new, and/or untreated skin rash or condition
* Temperature 100 or greater
* Doctor’s note requiring an individualized plan of care to stay home due to medical concerns.
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*Procedure for Return to School*

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| **Infectious Disease Symptoms** | **Other Conditions:** |
| * If presenting with symptoms, please have student tested for COVID-19 and/or provide doctor’s note for other treatment-specific guidelines.
* If you choose **not** to test student, student must stay home for 10 days minimum and return when symptom & fever-free without fever reducing medication for 24 hours.
* If notified to self-quarantine due to a close exposure to a COVID + case, stay home and monitor symptoms for 14 days. Call your local health department for guidance.
* If cleared by your doctor to return prior to the 10 days, your doctor must provide a signed note stating that you are not contagious and do not have a viral COVID infection or present a risk to others.
* If POSITIVE for COVID-19,you must provide a doctor’s note and letter from public health stating that you may return to school.
 | * If confirmed that student has non-COVID viral illness please provide a doctor’s note to confirm and student may return once 24 hours symptom & fever -free without the use of medication.
* After the first 24 hours of antibiotic treatments for contagious infections (i.e. strep throat, pink eye, etc.) as directed by the physician.
* Doctor’s note requiring an individualized plan of care to stay home due to medical concerns as specified.
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**Resources**

***Ohio Department of Health –(*614)-466-1930**

***Franklin County Public Health –* (614) 525-4717**

***Delaware County Health Department-* (740-368-1700)**

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*CDC Symptom checker*<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> 8/23/2020