COVID19 Specific Health Protocols

In light of the recent coronavirus pandemic, the following information is important to review.

To help keep the students and staff of Ambridge Area safe and healthy, parents/guardians are expected to complete the Daily Health Checklist (below) every day prior to sending their child to school. Please do not administer fever reducing medication to your child prior to sending them to school. **Sick students should not be sent to school**.

Students exhibiting symptoms may return to school after 10 days or when they have been cleared by their doctor OR they have met the current guidelines set forth by the PA Department of Health or CDC. As these guidelines change in response to our understanding of COVID19, the most recent criteria for home isolation and return to school will be available on the school website.

Students who are found to be sick at school will be isolated until they are picked up. **Siblings** of sick students will be dismissed from school as well.

It is essential that families establish a plan to pick up students in a timely manner during the school day, in the event that the student becomes sick. Sick students cannot remain at school.

To avoid potential exposure to other sick students, the health offices will be utilized for emergencies, severe illness, and specific nursing services only. Services that can be provided in the classroom will be provided in the classroom.

We ask that parents anticipate and be understanding of changing policies as they adapt with new information and guidance. We understand that this pandemic has placed undue hardships on students and families. We appreciate your assistance in meeting these expectations so that our school can continue to remain open during this pandemic. Please visit the school website or contact the school nurse for the most current health guidance.

Daily Health Checklist

- Has my child or members of our household been in contact with anyone who has symptoms and/or has tested positive for COVID-19?

 Y/N
- 2. Has my child had any **ONE** of the following in the last 24 hours?: Y/N
 - a. Fever (>99.5)*
 - b. Cough
 - c. Shortness of breath
 - d. Difficulty breathing

(TURN OVER)

3.	Has my	child had ar	y TWO	of the	following	g in	the las	st 24	hours?

Y/N

- a. Sore throat
- b. Runny nose/congestion
- c. Chills
- d. New lack of smell or taste
- e. Muscle pain
- f. Nausea or Vomiting
- g. Headache
- h. Diarrhea

If you answered yes to any of the above, please keep your child home and contact the school nurse.

* The district is using a temperature >99.5, which is consistent with the temperature utilized in the district's Return to Sports Plan, and is based on the <u>UPMC Sports Medicine Playbook: Return to Sports During COVID-19 Minimum Guidelines</u> and is subject to change.