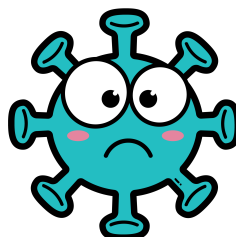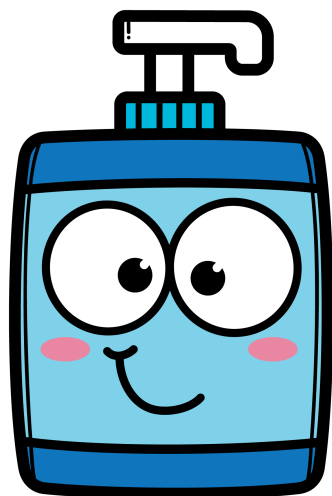# Family and Student Charts

** This protocol should be followed by staff as well **

Can I go to school?

** This protocol should be followed by staff as well **

Do you feel sick or have COVID-19 symptoms*?
*fever (100.0), chills, or shaking, cough, difficulty breathing, loss of taste or smell, sore throat, headache, aches, nausea, vomiting, diarrhea, fatigue, nasal congestion, runny nose)

YES → **NO**

DO NOT GO TO SCHOOL

- **Contact your doctor for guidance**
- **Consider COVID testing**
- **If you have no note or negative test result, you cannot return until:**
  - **You have self-isolated for a full 10 days**
  - **Your symptoms have improved**
  - **You have been fever free for 24 hours with NO fever reducing medication**
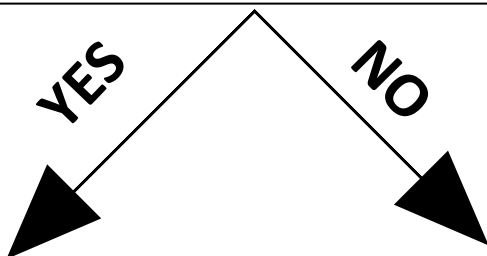
GO TO SCHOOL

I got a Covid-19 Test

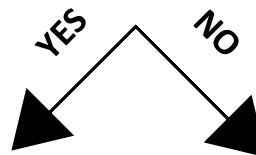**** This protocol should be followed by staff as well ****

Isolate at home while waiting for results of your test

Was your test POSITIVE? (You <u>HAVE</u> COVID-19)

YES

NO

REMAIN HOME

- **Call School Nurse**
- **Call Lowell Health Department: (978) 674-4308 or your local health department.**
- ***Inform close contacts***
    - **Cumulative contact of 15 minutes or more within 6 feet of someone who was infectious over a 24 hour period.**

BEFORE RETURNING:
- SELF ISOLATE for the FULL 10 days
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
- Clearance from the Local Health Department to return

Are you having sick symptoms?

YES

NO

***Stay home until you have <u>NO SYMPTOMS</u> for 24 hours.**

*** If symptoms persist call your doctor.**

Go To School

I have/had Covid-19

** This protocol should be followed by staff as well **

Has it been at least 10 days since a positive test?

YES

NO

Have you had sick symptoms in the last 24 hours?

YES

NO

REMAIN HOME

BEFORE RETURNING:

- **SELF ISOLATE** for the <u>FULL 10 days</u>
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
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BEFORE RETURNING:

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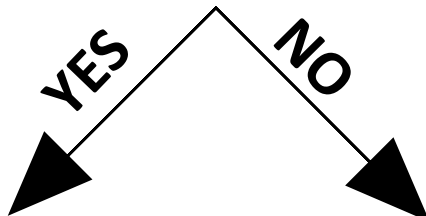- Clearance from the Local Health Department to return

Return to school ***once cleared by the Local Health Department***.

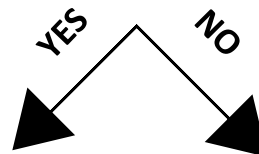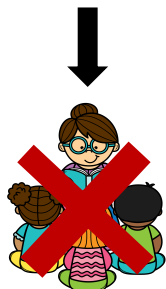# A Close Contact Was COVID-19 Positive

** This protocol should be followed by staff as well **

- **MAKE YOUR DOCTOR AWARE**
- **DISCUSS COVID TESTING WITH YOUR DOCTOR**
- ***MUST quarantine for 14 days or as directed by your local health department***

Was your test POSITIVE (you have COVID-19)

YES → **NO** →

REMAIN HOME

- **Call School Nurse**
- **Call Lowell Health Department: (978) 674-4308 or your local health department.**
- **Inform close contacts**
  - **Cumulative contact of 15 minutes or more within 6 feet of someone who was infectious over a 24 hour period.**

BEFORE RETURNING:

- SELF ISOLATE for the FULL 10 days
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
- Clearance from the Local Health Department to return

Are you having sick symptoms?
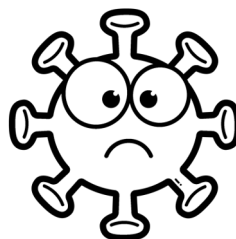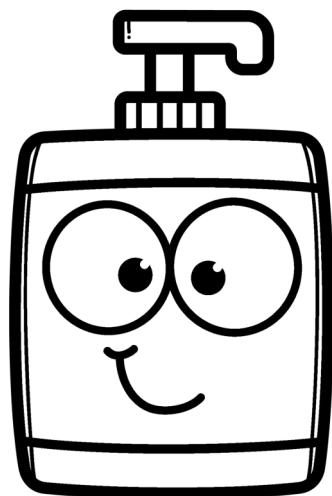
YES → **NO** →

- **MUST quarantine for 14 days**
- **If symptoms persist, call your doctor**
- **Get clearance from the Local Health Department to return to school**

MUST quarantine for 14 days or as directed by your local health department.

Black and White Copies

Family and Student Charts

** This protocol should be followed by staff as well **

Can I go to school?

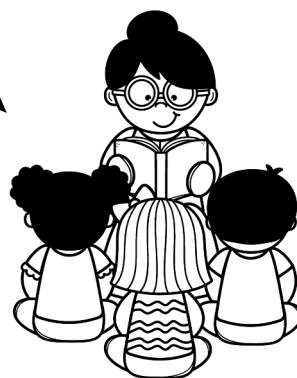**** This protocol should be followed by staff as well ****

Do you feel sick or have COVID-19 symptoms*?

*fever (100.0), chills, or shaking, cough, difficulty breathing, loss of taste or smell, sore throat, headache, aches, nausea, vomiting, diarrhea, fatigue, nasal congestion, runny nose)

YES

NO

DO NOT GO TO SCHOOL

- **Contact your doctor for guidance**
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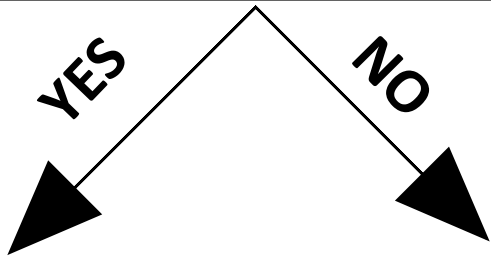
GO TO SCHOOL

I got a Covid-19 Test

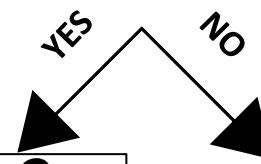**** This protocol should be followed by staff as well ****

Isolate at home while waiting for results of your test

Was your test POSITIVE? (You <u>HAVE</u> COVID-19)

YES

NO

Are you having sick symptoms?

YES

NO

Go To School

<u>REMAIN HOME</u>

- **Call School Nurse**
- **Call Lowell Health Department: (978) 674-4308 or your local health department.**
- ***<u>Inform close contacts</u>***
  - **Cumulative contact of 15 minutes or more within 6 feet of someone who was infectious over a 24 hour period.**

<u>BEFORE RETURNING:</u>
- SELF ISOLATE for the FULL 10 days
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
- Clearance from the Local Health Department to return

*Stay home until you have *<u>NO SYMPTOMS</u>* for 24 hours.

* If symptoms persist call your doctor.

I have/had Covid-19

** This protocol should be followed by staff as well **

Has it been at least 10 days since a positive test?

YES

NO

Have you had sick symptoms in the last 24 hours?

YES

NO

REMAIN HOME

BEFORE RETURNING:

- **SELF ISOLATE** for the <u>FULL 10 days</u>
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
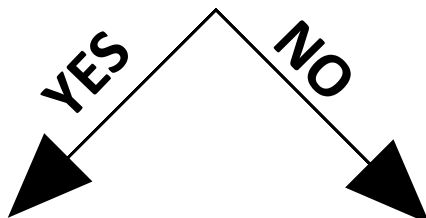- Clearance from the Local Health Department to return

BEFORE RETURNING:

- **SELF ISOLATE** for the <u>FULL 10 days</u>
- Be fever free for 24 hours with <u>no fever reducing medication</u>
- Improvement of symptoms
- Clearance from the Local Health Department to return

Return to school ***once cleared by the Local Health Department.***

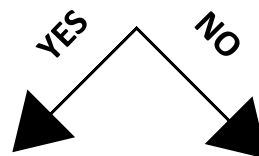# A Close Contact Was COVID-19 Positive

** This protocol should be followed by staff as well **

- **MAKE YOUR DOCTOR AWARE**
- **DISCUSS TESTING WITH YOUR DOCTOR**
- _**MUST quarantine for 14 days or as directed by your local health department**_

Was your test POSITIVE (you have COVID-19)

YES

NO

Are you having sick symptoms?

YES

NO

REMAIN HOME

- **Call School Nurse**
- **Call Lowell Health Department: (978) 674-4308 or your local health department**
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BEFORE RETURNING:

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- Improvement of symptoms
- Clearance from the Local Health Department to return

- **MUST quarantine for 14 days**
- **If symptoms persist, call your doctor**
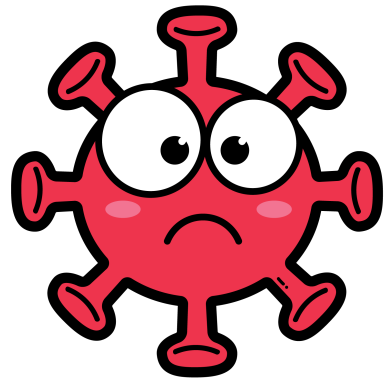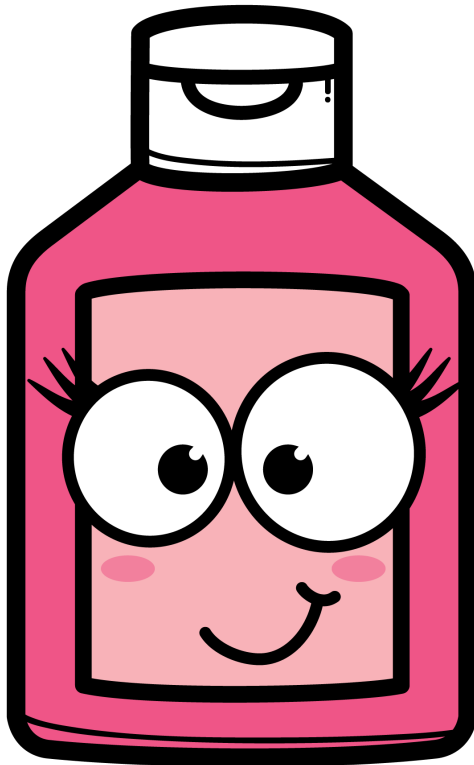- **Get clearance from the Local Health Department to return to school**

MUST quarantine for 14 days or as directed by your local health department.

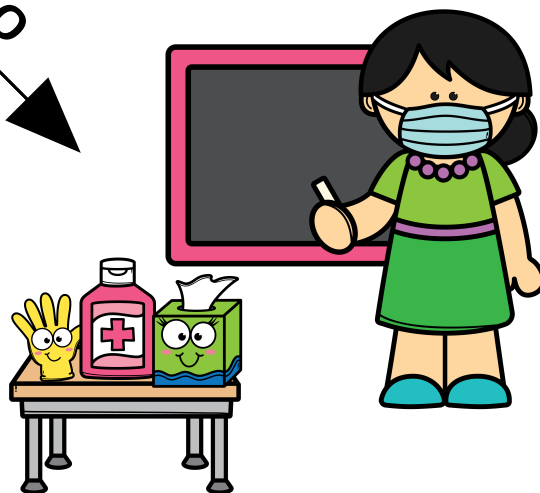# Staff Charts

*IN PERSON LEARNING
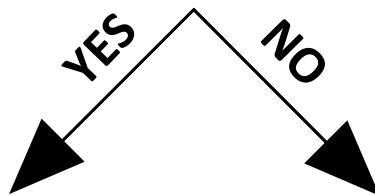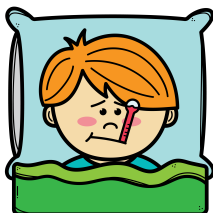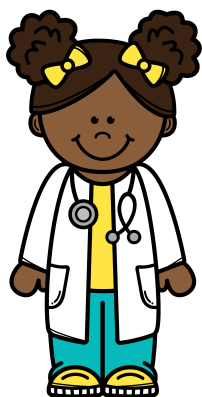
Should a student go to the nurse?

Does the student feel sick or have COVID-19 symptoms*?

*fever (100.0), chills, or shaking, cough, difficulty breathing, loss of taste or smell, sore throat, headache, aches, nausea, vomiting, diarrhea, fatigue, nasal congestion, runny nose

YES   **NO**

STUDENT NEEDS TO SEE THE NURSE

- **Call nurse or COVID point person to pick up student**

- **Make sure the student has a facemask on**

- **Facemask MUST fully cover nose and mouth**

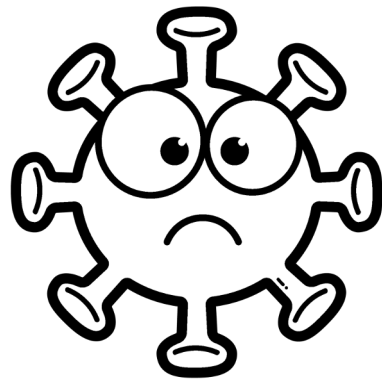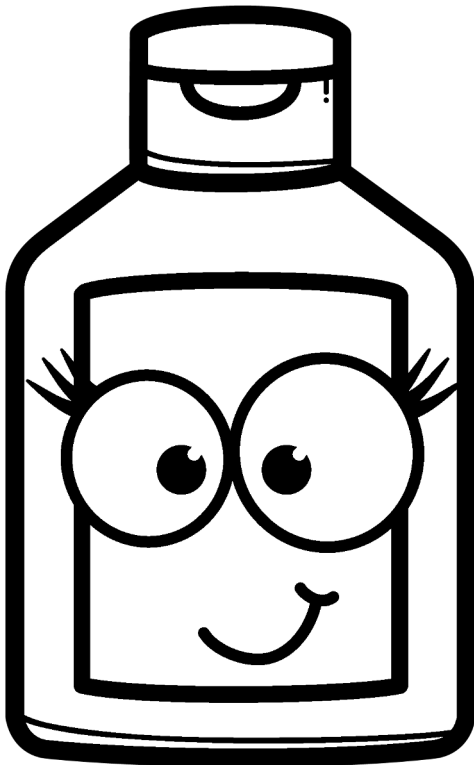**Teacher tends to minor issues in class using kit**

These may include:
- **Minor bumps**
- **Paper cuts**
- **Chapped lips**
- **Scratches**

Black and White Copies

Staff Charts
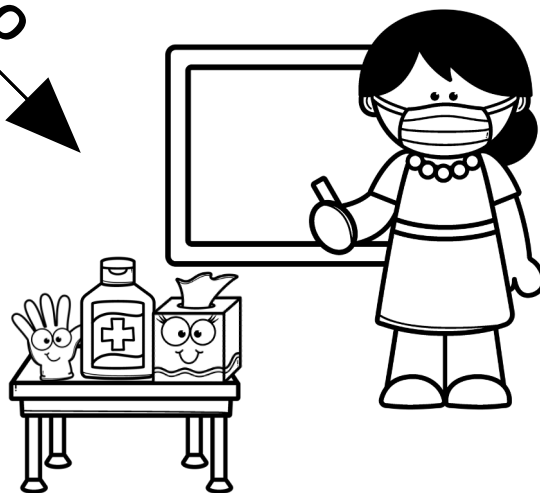
*IN PERSON LEARNING

Should a student go to the nurse?

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*fever (100.0), chills, or shaking, cough, difficulty breathing, loss of taste or smell, sore throat, headache, aches, nausea, vomiting, diarrhea, fatigue, nasal congestion, runny nose

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STUDENT NEEDS TO SEE THE NURSE

- **Call nurse or COVID point person to pick up student**

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Teacher tends to minor issues in class using kit

These may include:
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