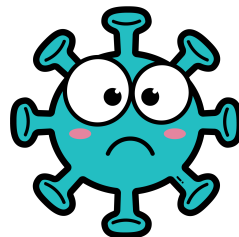
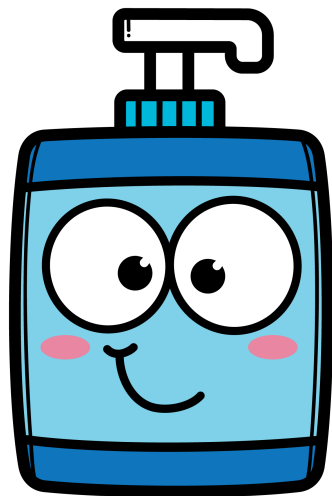


Family and Student Charts



Can I go to school?



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**
Consider COVID
testing



GO TO SCHOOL

If you do NOT test, please contact your doctor for guidance

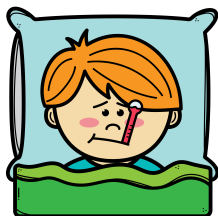
I got a Covid-19 Test



Was your test **POSITIVE**? (You HAVE COVID-19)

YES

NO

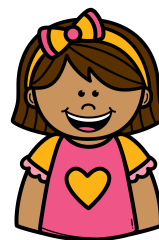


REMAIN HOME

- Call school _____
- Call close contacts

BEFORE RETURNING:

- SELF ISOLATE for the FULL 10 days
- Be fever free for 24 hours with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return



Are you having sick symptoms?

YES

NO

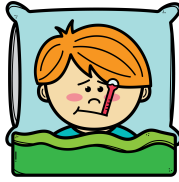


***Stay home until you have NO SYMPTOMS for 24 hours.**



Go To School

I have/had Covid-19



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

- Call school _____
- Call close contacts

BEFORE RETURNING:

- **SELF ISOLATE** for the FULL 10 days
- Be fever free for 24 hours with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

BEFORE RETURNING:

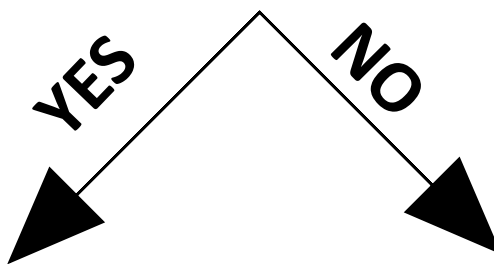
- **SELF ISOLATE** for the FULL 10 days
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- Improvement of symptoms
- Clearance from the local board of health to return

Return to school **once cleared by the local board of health.**

A Close Contact Was COVID-19 Positive

- **GET TESTED 4 to 5 days after exposure**
- **MUST quarantine for 14 days**

Was your test POSITIVE (you have COVID-19)



REMAIN HOME

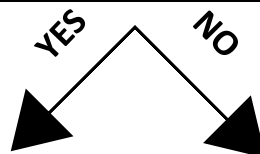
- Call school _____
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BEFORE RETURNING:

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- Be fever free for 24 hours with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return



Are you having sick symptoms?



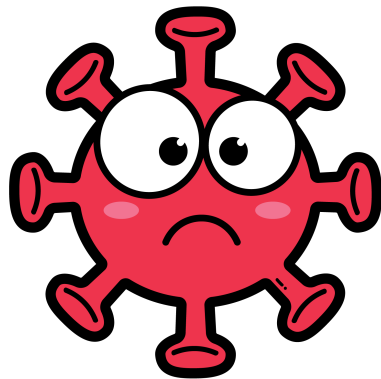
- **MUST quarantine for 14 days**
- **Get clearance from the local board of health to return to school**



MUST quarantine for 14 days



Staff Charts

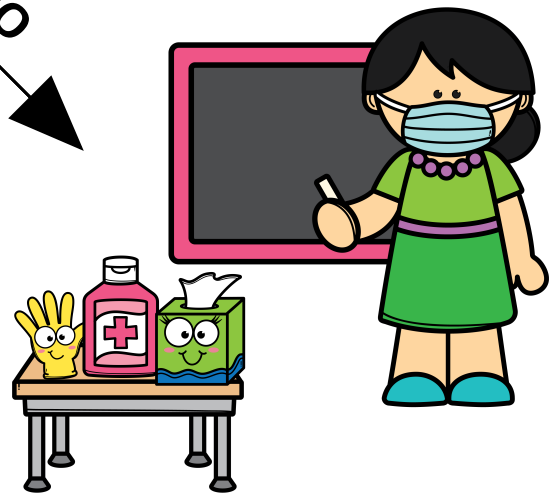
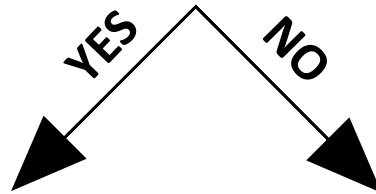
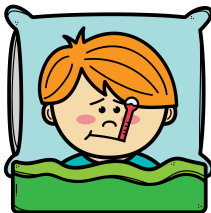
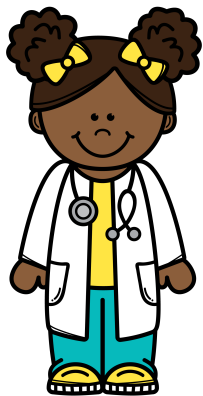


Should a student go to the nurse?



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



STUDENT NEEDS TO SEE THE NURSE

- Call nurse to pick up student
- Make sure the student has a facemask on
- Facemask **MUST** fully cover nose and mouth

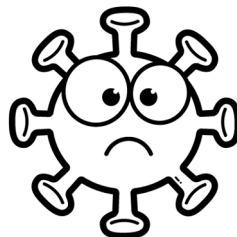
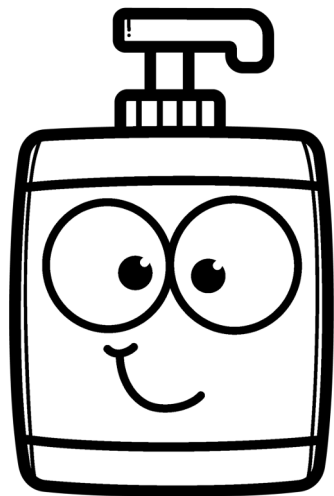
Teacher tends to minor issues in class using kit

These may include:

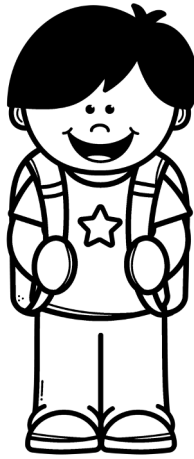
- Minor bumps
- Paper cuts
- Chapped lips
- Scratches

**Black
and
White
Copies**

Family and Student Charts



Can I go to school?

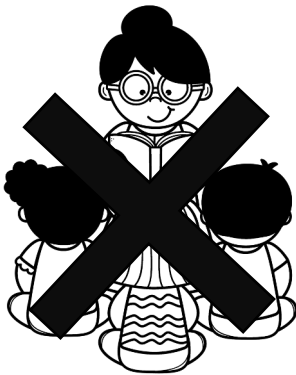


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YES

NO



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YES

NO



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Are you having sick symptoms?

YES

NO



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Go To School

I have/had Covid-19



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

YES

NO



Have you had sick symptoms in the last 3 days?

YES

NO



REMAIN HOME

- Call school _____
- Call close contacts

BEFORE RETURNING:

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BEFORE RETURNING:

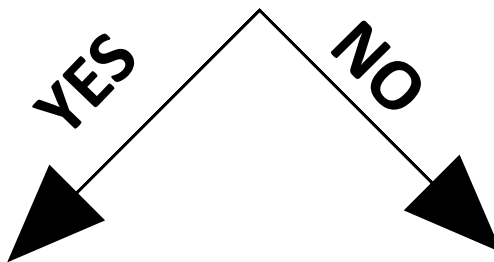
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REMAIN HOME

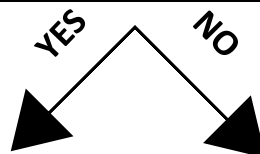
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Are you having sick symptoms?



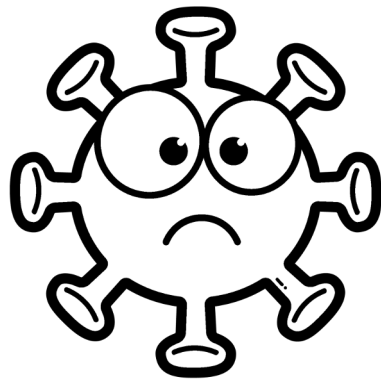
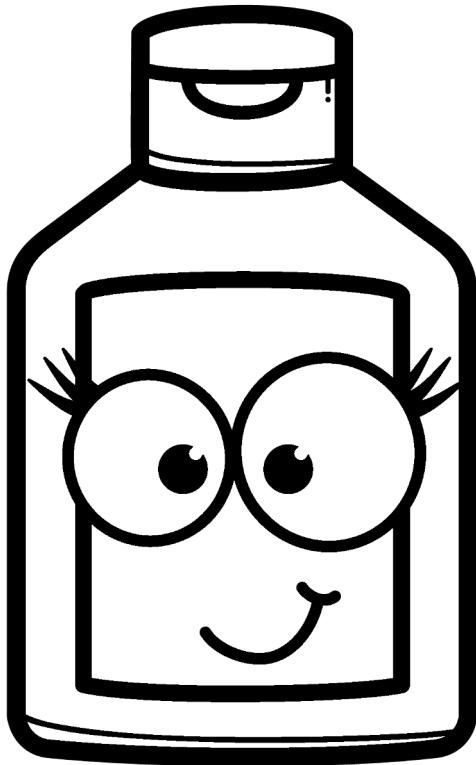
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MUST quarantine for 14 days



Staff Charts

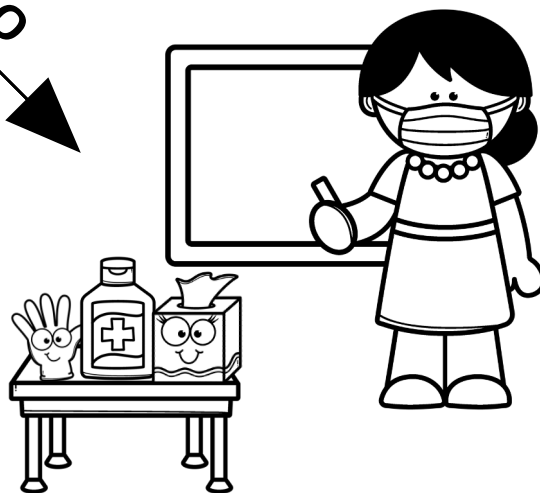
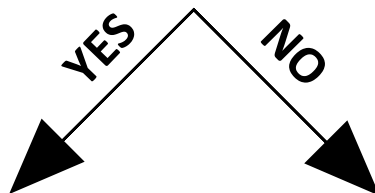


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