Dear Families,

Welcome Back to School!! It feels good to be back in the swing of things. It certainly has been an adjustment for us all. That said, we wanted to share with you some things that will help us keep everyone as healthy and safe as possible this school year. There have been changes to our sick protocol as well as our asthma protocol. Please know that any changes that have been made, are based on our local health department’s recommendation, our medical director’s guidance, and are in accordance with the CDC recommended guidelines. We have attached a self- screening form that families can use as a tool at home to help guide you in determining if your child should come to school.

As many of you know, many of the symptoms of COVID-19 are shared with other conditions such as allergies, the common cold, asthma, the flu, gastroenteritis, and strep throat. Due to this, it can be difficult to know what is causing the symptoms. One way families can help the school nurses triage students, is to communicate any chronic medical problems that may share symptoms with COVID-19. Additionally, if you know your child has seasonal allergies, we recommend having a conversation with your pediatrician to see if treating them might be necessary. In the event your child needs to be picked up from school due to illness, please have a conversation with the school nurse about your child’s return to school criteria and date. We will be using the School Nurse Screening Protocol provided by the Department of Health as our guideline. This has been provided to you as well. We recommend you familiarize yourself with it, as it is very different than our return to school previous policy. Please ensure that parents or emergency contacts are available to pick sick students up within an hour of receiving the phone call from the school.

If your child has asthma, there have been some changes in our treatment protocols. We are asking parents to send spacers in with their child’s inhaler. This helps reduce droplet production, which in turn decreases the risk of potential COVID-19 spread. In addition, the spacer has the added benefit of improved introduction of medication into the lungs. Spacers require an MD order so we ask that you reach out to your treatment provider and request a spacer. Upon recommendation by our medical advisor, maintenance nebulizer treatments will not be performed within the school building due to the risk of spreading the COVID-19 virus. Aerosolizing procedures such as this put everyone at risk within the building. Only in life threatening emergencies will they be used. If your child is requiring nebulizer treatments, it is recommended that you contact your pediatrician for an alternative order for the use of a MDI inhaler. You may also consider having your child instructed 100% virtually until well.

If you have any questions or concerns related to any of these changes, please reach out to your school RN. They will be happy to answer any questions you may have. Please know your children’s health and safety is our top priority, and if we work together we can help keep all students, their families, and staff, healthy.

Sincerely,

Torrington Public School Nurse
The following procedures are a guide to assist school nurses in screening students and staff for potential COVID-19 symptoms. Decisions regarding school exclusion need to be made using clinical judgement and by considering the level of COVID19 community spread at the time of presentation, as well as CSDE and DPH Addendum 5 guidance and updates.

### Symptoms
People with COVID-19 have a broad range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.

#### 1: Student presents with ANY of the following:

**Measured** Fever of 100.4 or more

**And/or**
- Feeling feverish
- Chills
- Uncontrolled New Cough
- Shortness of Breath
- Difficulty Breathing
- New Loss of taste and smell

**Action:** Student sent home and should be encouraged to be tested for COVID-19.

<table>
<thead>
<tr>
<th><strong>Student</strong></th>
<th><strong>Action</strong></th>
<th><strong>Notes</strong></th>
</tr>
</thead>
</table>
| Tests **NEGATIVE** for COVID19 and has **NO** 
known travel history or close contact to known COVID positive individual | Return to school once there are no symptoms for 24 hours | |
| Tests **NEGATIVE** for COVID19 and has a 
known travel history or close contact to known COVID positive individual | **Isolate at home** for at least 10 days since onset of symptoms and until 24 hours have passed with no fever (without fever reducing medications) and with improvement of other COVID-19 symptoms | |
| Tests **POSITIVE** for COVID19 | **Isolate at home** for at least 10 days since onset of symptoms and until 24 hours have passed with no fever (without fever reducing medications) and with improvement of other COVID-19 symptoms | |
| Is NOT TESTED | **Isolate at home** for at least 10 days since onset of symptoms and until 24 hours have passed with no fever (without fever reducing medications) and with improvement of other COVID-19 symptoms | |
| Is NOT TESTED but medical providers provides an alternate diagnosis | Return to school once there are no symptoms for 24 hours | |

#### 2: Student presents with other known COVID19 symptoms
(as per CDC guidance)

Muscle Pain
Sore Throat
Fatigue
Nausea/Vomiting
Diarrhea
Congestion/Runny Nose

**Action:** Since the symptoms of COVID-19 are also the symptoms of common conditions such as allergies, asthma and colds, the school nurse may gather additional information about the person’s general health, pre-existing conditions **AND** consult with student’s Dr to confirm your findings and advise in relation to COVID19 school protocols.

**Are there preexisting conditions that explain the clinical presentation of the student/staff member?**

**YES** / **NO**

If **YES** explain __________________________

Has student’s Dr confirmed this finding? **YES**/**NO**

**Doctors Name:** __________________________
Please take into consideration the travel history and close contact to a COVID19 positive individual:

<table>
<thead>
<tr>
<th>Student has <strong>NO KNOWN</strong> travel history or close contact to known COVID positive individual</th>
<th>Return to school once there are no symptoms for 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has <strong>KNOWN</strong> travel history or close contact to known COVID positive individual</td>
<td><strong>Isolate at home</strong> for at least 10 days since onset of symptoms and until 24 hours have passed with no fever (without fever reducing medications) and with improvement of other COVID-19 symptoms</td>
</tr>
</tbody>
</table>

**Action:** There is an increased risk of developing COVID-19 if an individual has traveled to any of the locations outlined in the most current CT Travel Advisory AND/OR has had close contact (closer than 6 feet for 15 minutes or more) with an individual who is COVID-19 positive

<table>
<thead>
<tr>
<th>Student tests <strong>NEGATIVE</strong> for COVID19</th>
<th><strong>Quarantine for 14 days</strong> from return date to CT from a travel location on CT Travel Advisory or from last contact with individual diagnosed with COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student tests <strong>POSITIVE</strong> for COVID19</td>
<td><strong>Isolate at home</strong> for at least 10 days since positive COVID19 test</td>
</tr>
</tbody>
</table>

| Student is **NOT TESTED** | **Quarantine for 14 days** from return date to CT from a travel location on CT Travel Advisory or from last contact with individual diagnosed with COVID-19 |

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3: **Student is ASYMPTOMATIC** but has a positive travel history to a current location on the CT Travel Advisory or/and has a close contact to a COVID19 POSITIVE individual
COVID-19 Protocols

Every morning before you send your child to school please check the following:

✅ Does your child have a temperature of **100.4 degrees** or greater?
✅ Any other signs of illness such as:

- Congestion or Runny Nose
- Cough or Shortness of breath or difficulty breathing
- Nausea or vomiting or diarrhea
- Sore Throat
- Headache
- Muscle pain or Fatigue or chills
- New Loss of taste or smell

Keep child home and seek medical advice

✅ Was your child in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with COVID-19 within the last 2 weeks?

✅ Has your child travelled out of state/country to any of the locations on the COVID-19 Travel Advisory?

❌ If the answer is **YES** to any of these questions, **DO NOT** send your child to school.
Instead, begin quarantine of your child and contact your healthcare provider. Strongly consider COVID-19 testing.

These health protocols, as related to COVID-19, incorporate recommendations from the Center for Disease Control (CDC), the State of Connecticut and the Department of Education School Reopening 2020 recommendations.