

Health & Safety Updates

PARENT INFORMATION NIGHT

MAY 6, 2021

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Actualizaciones de salud y seguridad

NOCHE DE INFORMACIÓN
PARA PADRES

6 DE MAYO DE 2021

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Daily Health Screening

1. Do you feel sick today?
(Symptoms include: fever, sore throat/congestion/runny nose, Cough/shortness of breath, loss of taste/smell, nausea/vomiting/diarrhea, muscle pain/chills/fatigue or headache)
2. Are you waiting for a COVID-19 test result?
3. Have you tested positive for COVID-19 or had recent close contact with a person with COVID-19?

- ▶ Complete each morning at home.
- ▶ Paper copy only required on first day of the month.
- ▶ Any questions on the screening, call/email me.
- ▶ When in doubt, keep your child home.



COVID-19 HEALTH SCREENING AND EMERGENCY CONTACT FORM COMPLETE AND SEND WITH CHILD ON FIRST DAY BACK TO SCHOOL AND FIRST SCHOOL DAY OF EACH MONTH.

Daily Health Screening for Students & Staff

Every student and staff member must undergo a daily health screening for COVID-19 symptoms before coming to school. If the answer is 'Yes' to ANY of the questions below, please stay home and seek medical attention:

- **Do you feel sick today? COVID-19 symptoms include:**
 - Fever of 100 degrees Fahrenheit (37.8 Celsius) or higher
 - Sore throat, congestion or runny nose
 - New onset or worsening of cough, shortness of breath or difficulty breathing
 - New loss of taste and or smell
 - Nausea, vomiting or diarrhea
 - Muscle pain, chills or extreme tiredness
 - New or severe headache
- **Are you waiting for a COVID-19 test result?**
- **Have you tested positive for COVID-19 or had recent close contact with a person diagnosed with COVID-19?**

I understand that it is my responsibility, as parent/guardian of _____ (student's name), to conduct the above health screening on a daily basis before sending my child to school. If the answer to any of the questions is YES, I will keep my child home. I have reviewed the BCPS COVID-19 safety practices with my child and agree that my child will follow these practices.

Signature of Parent/ Guardian: _____ Date: _____

Emergency Contacts

Students who develop symptoms of illness at school will be removed from the classroom and must be picked up immediately. Please indicate the best way to contact you and persons who could pick up your child if you are not immediately available.

Parent/Guardian 1 Name: _____ Contact Number(s): _____
Parent/Guardian 2 Name: _____ Contact Number(s): _____

Persons to whom student may be released other than parent:
Name: _____ Contact Number(s): _____
Name: _____ Contact Number(s): _____

Examen de salud diario

1. ¿Te sientes mal hoy?
- 2.
2. (Los síntomas incluyen: fiebre, dolor de garganta / congestión / secreción nasal, tos / dificultad para respirar, pérdida del gusto / olfato, náuseas / vómitos / diarrea, dolor muscular / escalofríos / fatiga o dolor de cabeza)
- 3.
3. 2. ¿Está esperando el resultado de la prueba COVID-19?
- 4.
4. 3. ¿Ha dado positivo en la prueba de COVID-19 o ha tenido contacto cercano con una persona con COVID-19?

- ▶ Completa cada mañana en casa.
- ▶ Solo se requiere copia en papel el primer día del mes.
- ▶ Cualquier pregunta sobre la proyección, llámeme / envíeme un correo electrónico.
- ▶ En caso de duda, mantenga a su hijo en casa.



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Early Dismissal Due to Illness



- ▶ Please keep child home if sick, will likely be sent home if symptoms are not due to *diagnosed* chronic condition
- ▶ Please be timely in picking up your child- limited space in health suite
- ▶ Please update your emergency contact names & numbers

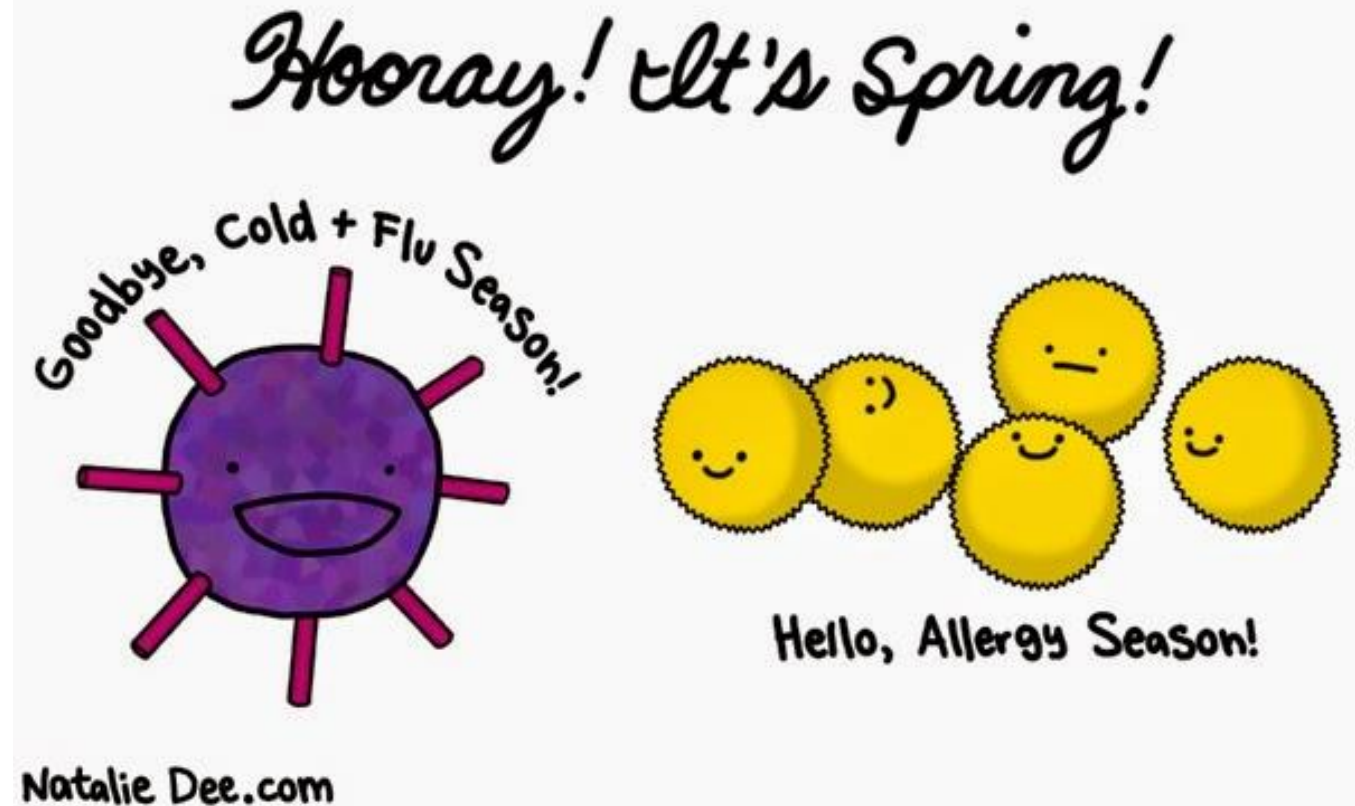
Salida anticipada debido a enfermedad



- ▶ Mantenga al niño en casa si está enfermo, es probable que lo envíen a casa si los síntomas no se deben a una afección crónica diagnosticada
- ▶ Por favor sea puntual al recoger a su hijo (espacio limitado en la sala de salud)
- ▶ Actualice los nombres y números de sus contactos de emergencia

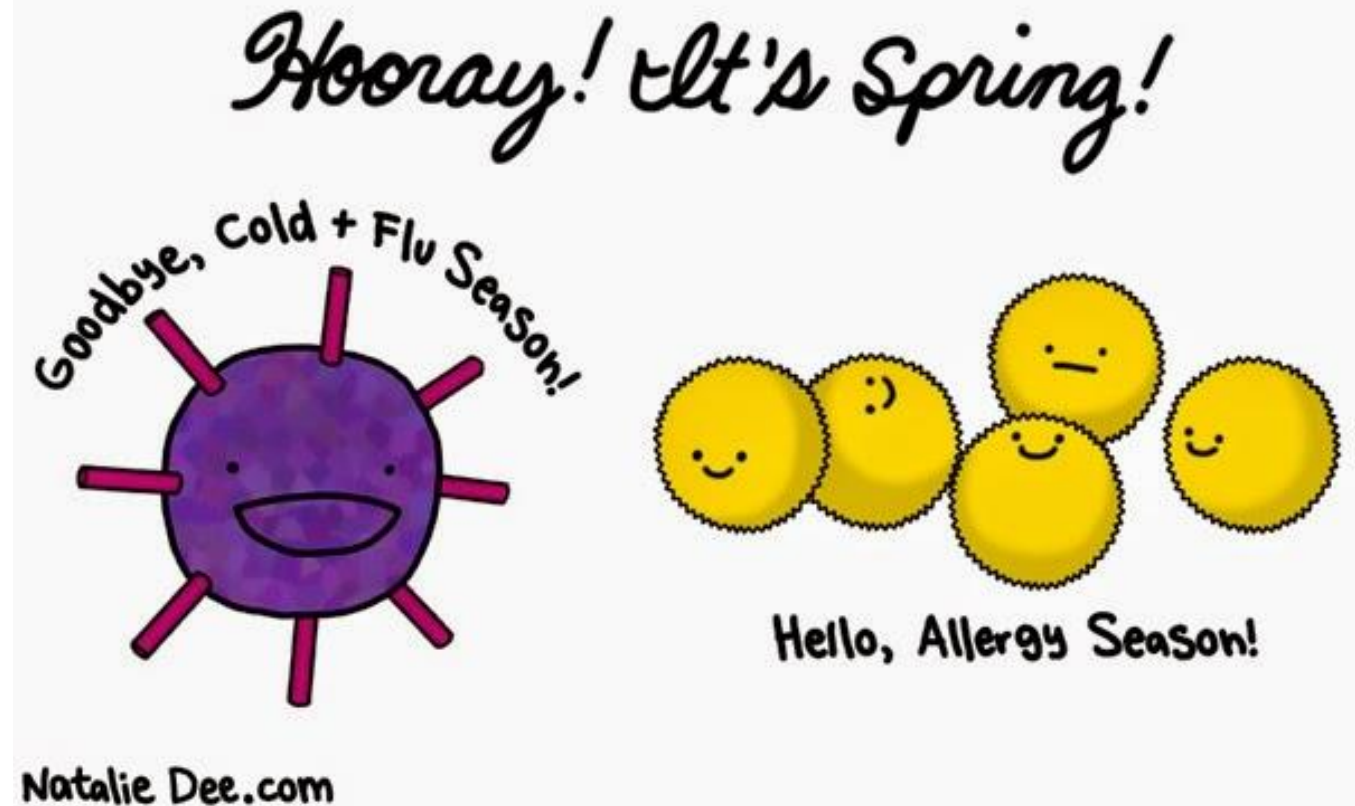
Chronic Conditions

- ▶ Seasonal allergies, asthma, anxiety etc that cause COVID symptoms will need documentation from provider
- ▶ Please give allergy medications at home, I cannot provide them without physician's order



Condiciones crónicas

- ▶ Las alergias estacionales, el asma, la ansiedad, etc. que causan síntomas de COVID necesitarán documentación del proveedor.
- ▶ Por favor, dé medicamentos para la alergia en casa, no puedo proporcionarlos sin la orden del médico.



COVID Isolation Procedures

- ▶ COVID-like Illness:
 - ▶ One symptom: New onset cough, shortness of breath, loss of taste/smell, difficulty breathing
- OR**
- ▶ Two or more symptoms: Fever (100.4 or higher), chills, muscle aches, sore throat, headache, nausea or vomiting, diarrhea, fatigue, congestion or runny nose
- ▶ **Exclude at home until:**
 - ▶ 10 days after 1st symptom and symptom improvement OR
 - ▶ Negative PCR test OR
 - ▶ Alternate diagnosis with medical note

Procedimientos de aislamiento de COVID

- ▶ Enfermedad similar a COVID:
 - ▶ Un síntoma: nueva aparición de tos, dificultad para respirar, pérdida del gusto / olfato, dificultad para respirar
 - o
 - ▶ Dos o más síntomas: fiebre (100,4 o más), escalofríos, dolores musculares, dolor de garganta, dolor de cabeza, náuseas o vómitos, diarrea, fatiga, congestión o secreción nasal.

- ▶ Excluir en casa hasta:
 - ▶ 10 días después del primer síntoma y mejoría de los síntomas o
 - ▶ Prueba de PCR negativa o
 - ▶ Diagnóstico alternativo con nota médica

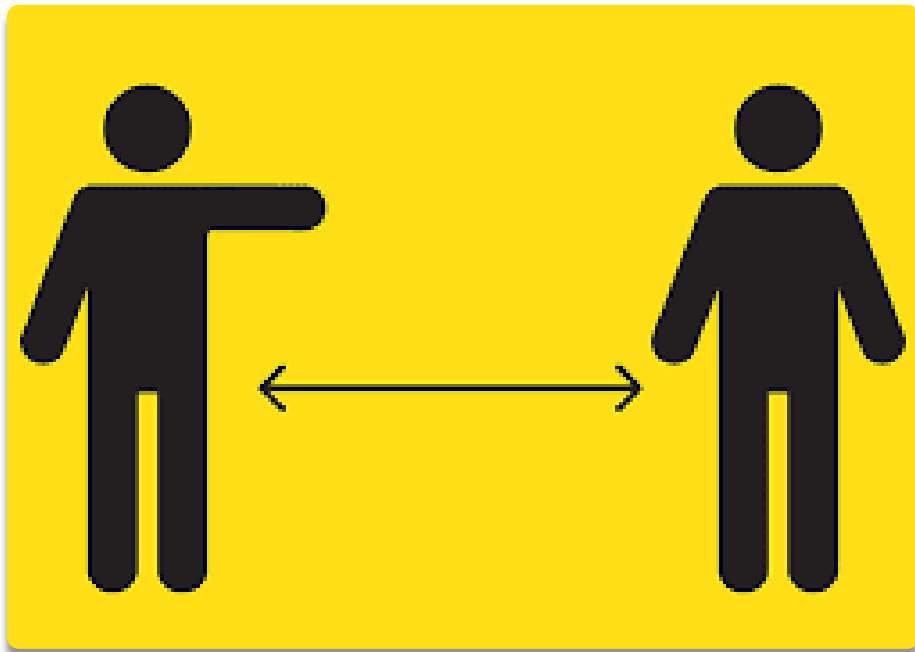
COVID Quarantine Procedures

- ▶ Quarantine is needed when a student is identified as a close contact of a confirmed case of COVID-19
- ▶ Quarantines usually are 10 days
- ▶ May be longer if unable to separate student from confirmed case
- ▶ Cannot test out of quarantine

Procedimientos de cuarentena de COVID

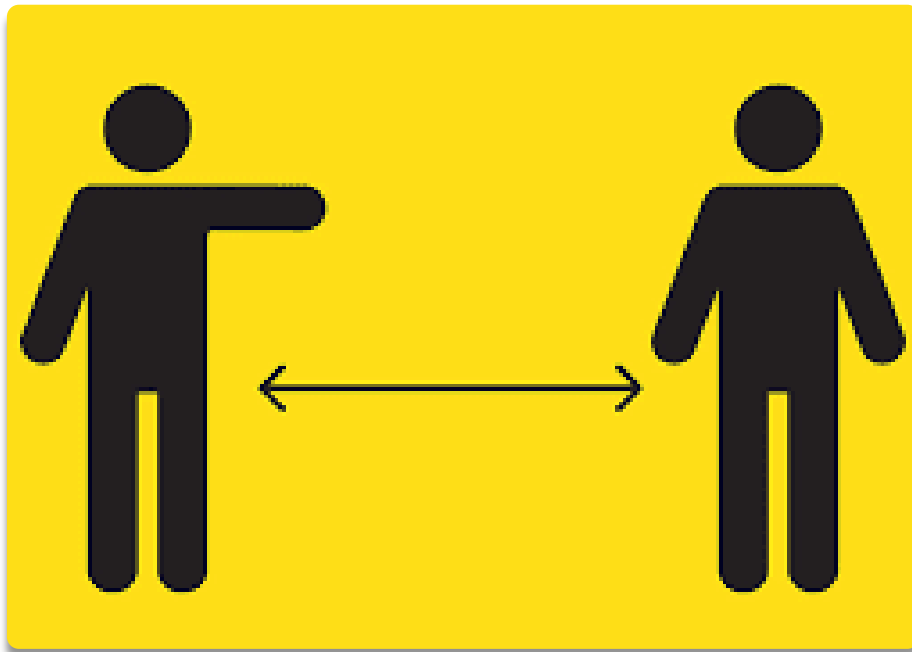
- ▶ La cuarentena es necesaria cuando un estudiante es identificado como un contacto cercano de un caso confirmado de COVID-19
- ▶ Las cuarentenas suelen ser de 10 días.
- ▶ Puede ser más largo si no se puede separar al estudiante del caso confirmado
- ▶ No se puede realizar la prueba fuera de la cuarentena

Social Distancing in School Building



- ▶ BCPS has adopted the Maryland Department of Health's guidance of 3 feet between students in the classroom
- ▶ 6 feet remains the guidance between students & adults and adults & adults.
- ▶ Exceptions to the 3 feet guidance:
 - ▶ Students must remain in their cohort (class)
 - ▶ When maskless (breakfast and lunch)
 - ▶ During activities of increased exhalation (recess, gym, singing)

Distanciamiento social en el edificio de la escuela



- ▶ BCPS ha adoptado la guía del Departamento de Salud de Maryland de 3 pies entre los estudiantes en el aula
- ▶ 6 pies sigue siendo la guía entre estudiantes y adultos y adultos y adultos.
- ▶ Excepciones a la guía de 3 pies:
 - ▶ Los estudiantes deben permanecer en su cohorte (clase)
 - ▶ Sin máscara (desayuno y almuerzo)
 - ▶ Durante actividades de mayor exhalación (recreo, gimnasia, canto)

Contact Tracing

- ▶ School nurse will handle all contact tracing of students that may be close contacts while in the school building
- ▶ Not community based
- ▶ Close contact is still considered less than 6 feet away from a positive case for greater than 15 minutes



Seguimiento de contactos

- ▶ La enfermera de la escuela se encargará de la localización de contactos de los estudiantes que puedan ser contactos cercanos mientras se encuentren en el edificio de la escuela.
- ▶ No basado en la comunidad
- ▶ El contacto cercano todavía se considera a menos de 6 pies de distancia de un caso positivo durante más de 15 minutos.

ESPAÑOL



Final Reminders

- ▶ Remember to send your child to school with a water bottle each day.
- ▶ Report all positive COVID-19 tests and identified close contacts ASAP
- ▶ When in doubt, keep your child home and have them log in virtually
- ▶ Put an extra face mask in a Ziploc bag in their backpack
- ▶ Reach out if you have any concerns



Recordatorios finales

- ▶ Recuerde enviar a su hijo a la escuela con una botella de agua todos los días.
- ▶ Informe todas las pruebas COVID-19 positivas y los contactos cercanos identificados lo antes posible
- ▶ En caso de duda, mantenga a su hijo en casa y haga que inicie sesión virtualmente
- ▶ Pon una mascarilla extra en una bolsa Ziploc en su mochila.
- ▶ Comuníquese si tiene alguna inquietud



Contact Information

LET ME KNOW



Mrs. Sarah Stiltner, RN

ssiltner@bcps.org (Best way to
contact for non-urgent matters)

(443) 809-5820 (Health Suite)

(443) 579-5583 (Text messaging
via google voice)

Información del contacto

Hágamelo saber

LET ME KNOW



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ssiltner@bcps.org (La mejor forma de contactar para asuntos no urgentes)

(443) 809-5820 (Suite de salud)

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