

Brief Statement of Health & Safety Procedures for COVID-19

- ✓ All staff members and children must wear masks at all time while at Preschool.
- ✓ If a child is absent for any reason, the parent must notify the preschool by phone or email and indicate the reason for the absence. Failure to do this could result in dismissal from the program.
- ✓ Total school closures are based on the number of positive cases.
 - 2-4 cases – closed for 3-7 days
 - More than 5 cases – closed for 14 days
- ✓ Rules for traveling: Travelers entering Pennsylvania from other countries and states, as well as Pennsylvanians who are returning home from other countries or states, have a negative COVID-19 test within 72 hours prior to entering the Commonwealth or quarantine for 10 days upon entry into Pennsylvania. If traveler to get tested upon entering the Commonwealth, or is waiting for test results, the traveler must quarantine for 10 days , or until receipt of a negative test result, whichever comes
- ✓ No snacks will be served or eaten by the children while at the Preschool.
- ✓ Parents must provide a full water bottle, labeled clearly with the child's name, on a daily basis.
- ✓ The staff will provide six foot social distancing whenever possible, to the best of their ability.
- ✓ Both staff members and families of the enrolled children must sign, date, and return the Waiver Form before being permitted in a classroom.
- ✓ All children must have the following forms completed and returned to the preschool before being permitted to attend their first class:
 - Emergency Contact Form
 - Child Health Assessment form (dated within a year of March 1st, 2021)
 - Allergy Form (if child's Health Assessment indicates the need)
- ✓ The children must complete and return the following forms within the first week of attendance:
 - Student Information Form – This is for the classroom teacher.
 - `Permission for taking photographs form.
- ✓ Parent and staff members must read and agree to follow the **Exposure Plan for Probable or Positive cases of COVID-19 OR close contact with COVID -19 case.**

Instructions for Symptomatic Individuals

You are being directed to isolate at home because you are sick

If you have symptoms of COVID-19, schedule a test



Testing sites are located throughout the county. For more information and to schedule a test scan this QR code or visit: <https://bit.ly/cchdtesting>



Individuals awaiting test results should:

- Stay home and avoid contact with others
- Contact your healthcare provider if symptoms worsen
- Stay away from others, especially vulnerable individuals
 - Anyone with chronic health conditions
 - Elderly individuals

What is Isolation?



Isolation is used to separate people sick with COVID-19, from people who are not infected.

In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

Returning to Normal Activities



Negative Test Result

Refer to your employer, group, or team's specific illness policies



Positive Test Result OR Not Tested



Isolate for
10 days



24 hours without a fever
(no use of fever-reducing medications)



Symptoms have
improved

Identify and inform close contacts



- Less than 6 feet for 15 minutes or more
- **AND** 48 hours before symptoms began or specimen for test was collected



Additional resources and guidance can be found at Chesco.org/coronavirus
If you have questions, please contact: 610-344-6225

Instructions for Individuals with Close Contact

You are being directed to quarantine because you may have been exposed to someone with COVID-19

Date of Exposure _____

Stay Home for 14 Days from Date of Exposure

Date of exposure is considered Day 0



Watch for fever (100.4 ° F), cough, shortness of breath, loss of taste or smell and other symptoms of COVID-19. If you become sick, call a healthcare provider and get tested for COVID-19.



You should stay away from others, especially vulnerable individuals:

- Anyone with chronic health conditions
- Elderly individuals

COVID-19 Testing



The Chester County Health Department recommends all close contacts get tested when they begin showing symptoms OR get tested 7 days after exposure for those who do not show symptoms.

Testing sites are located throughout the county. For more information and to schedule a test use this QR code or visit: <https://bit.ly/cchdtesting>



+ Positive Test Result +

Isolate for
10 days



24 hours without a fever
(no use of fever-reducing medications)



Symptoms have
improved

Identify and inform close contacts



- Less than 6 feet for 15 minutes or more
- **AND** 48 hours before symptoms began or specimen for test was collected

- Negative Test Result -



Continue quarantine until 14 days from the date of your exposure

Returning to Normal Activities



Individuals must stay home for 14 days after their last contact with a person who has COVID-19. Even if you test negative for COVID-19 or feel healthy, you must stay home (quarantine). Quarantine guidance is important to follow because symptoms may appear 2 to 14 days after exposure to the virus.



Additional resources and guidance can be found at Chesco.org/coronavirus
If you have questions, please contact 610-344-6225

School Response to COVID-19 – Symptom Assessment

Individuals are considered COVID-19 symptomatic if he/she has:

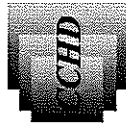
- At least one (1) symptom from Group A

OR

- Two (2) or more symptoms from Group B

Group A 1 or more symptoms	Group B 2 or more symptoms
Lack of smell or taste (without congestion) Cough Shortness of breath Difficulty breathing	Fever (Oral > 100.4, axillary/temporal > 99.5) Sore throat Chills Muscle pain Fatigue Headache Congestion or runny nose Nausea or vomiting Diarrhea

For a current list of symptoms see CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. Individuals with a known chronic condition that presents symptoms like those in either Group A or B may be exempt for those symptoms with documentation from a physician.



10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you have possible or confirmed COVID-19:

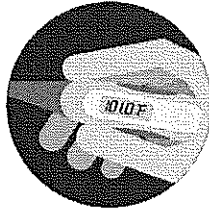
1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



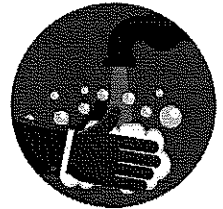
6. **Cover your cough and sneezes** with a tissue or use the inside of your elbow.



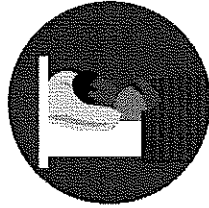
2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a mask.



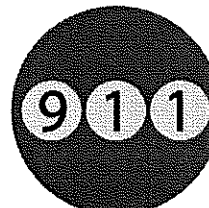
4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

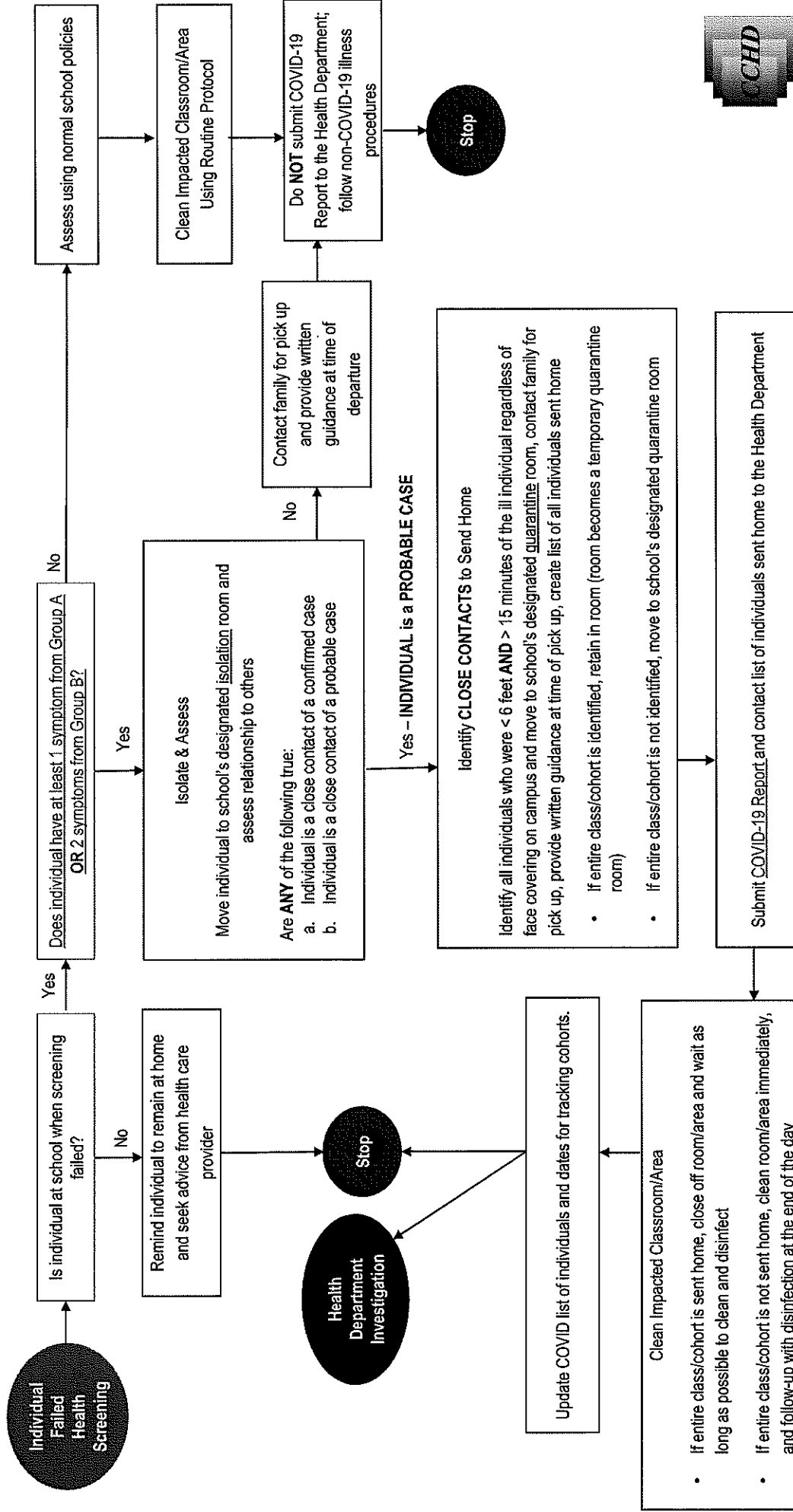


10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

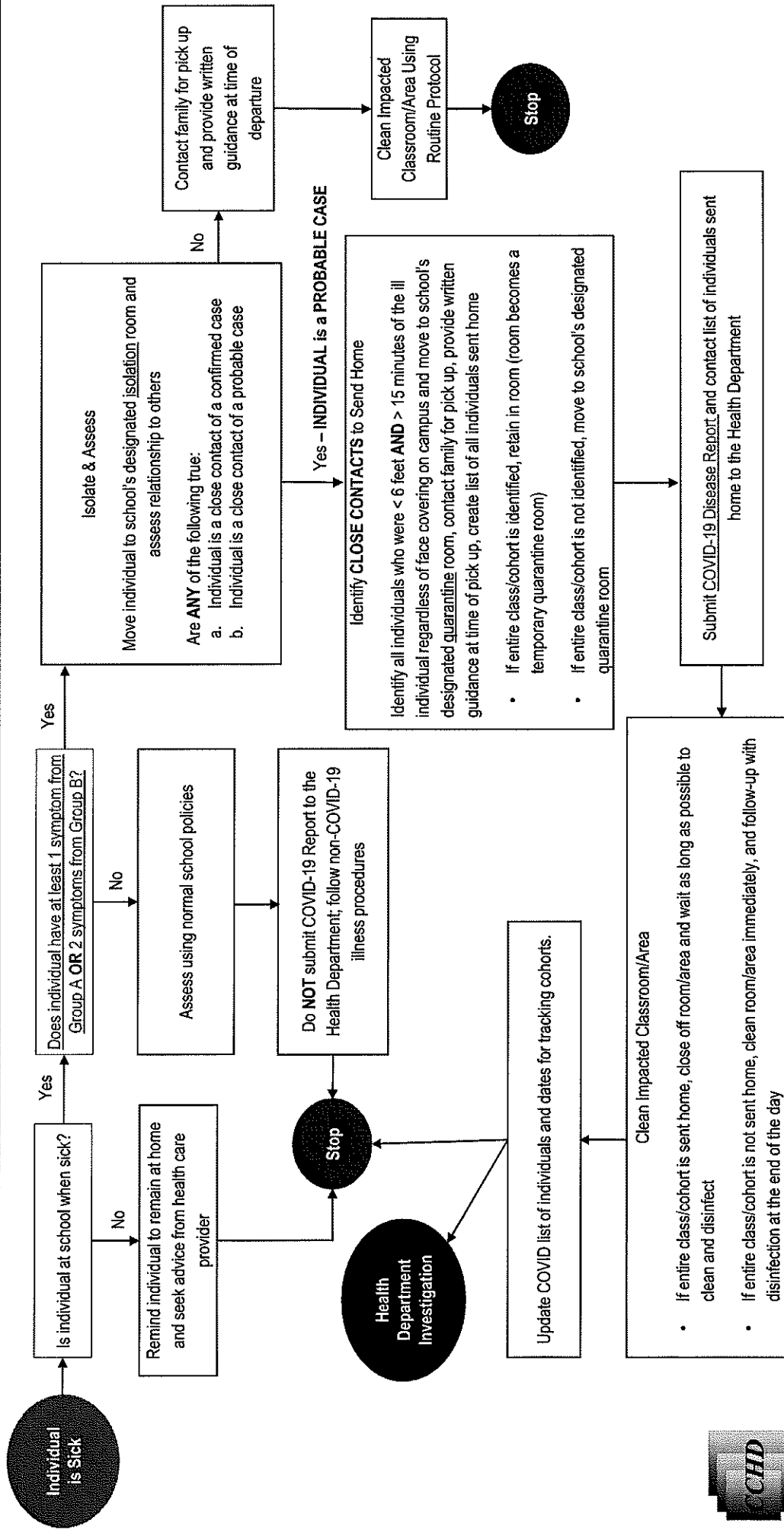


[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

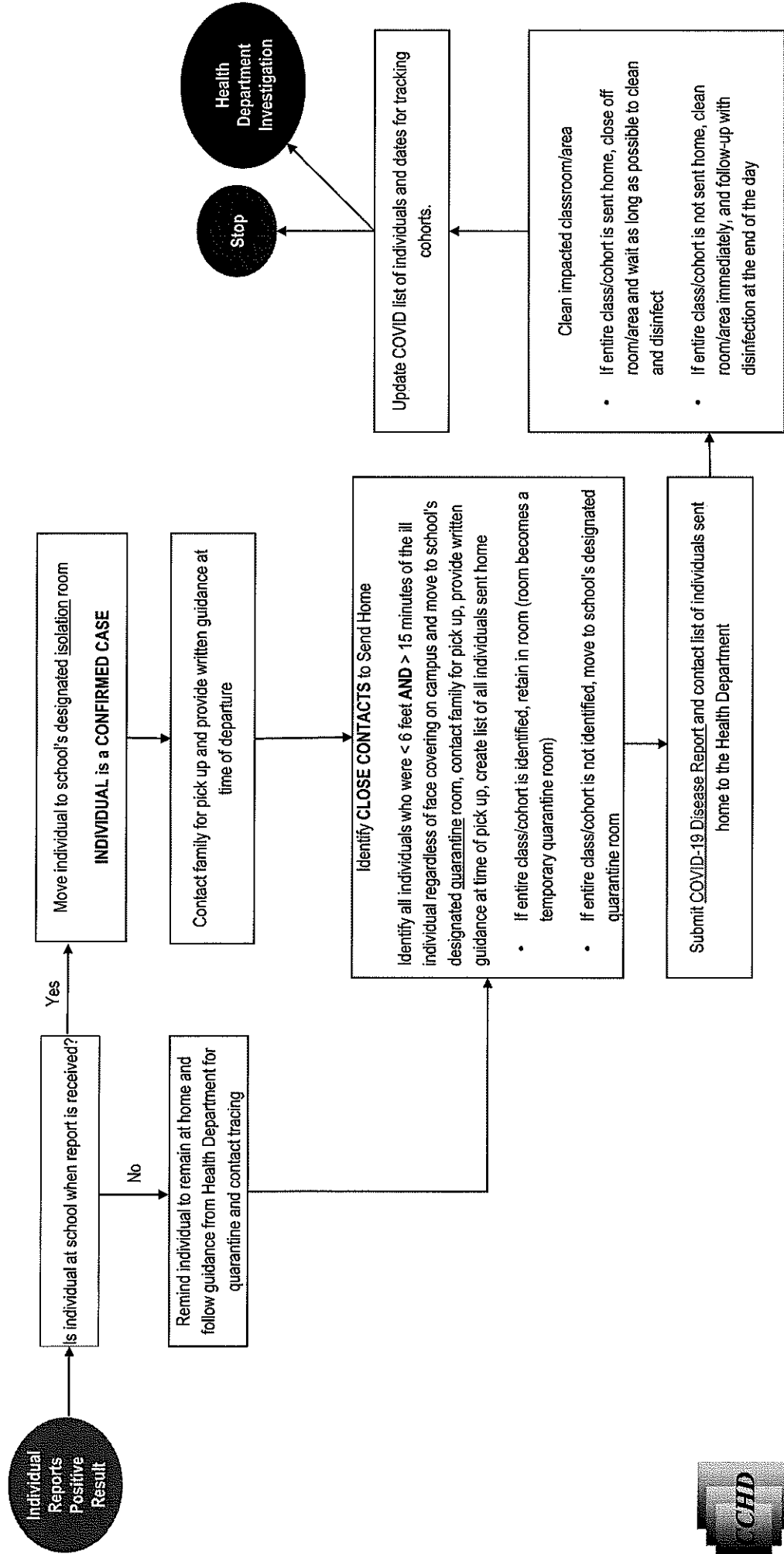
School Response to COVID-19 – FAILED HEALTH SCREENING



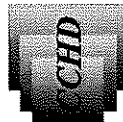
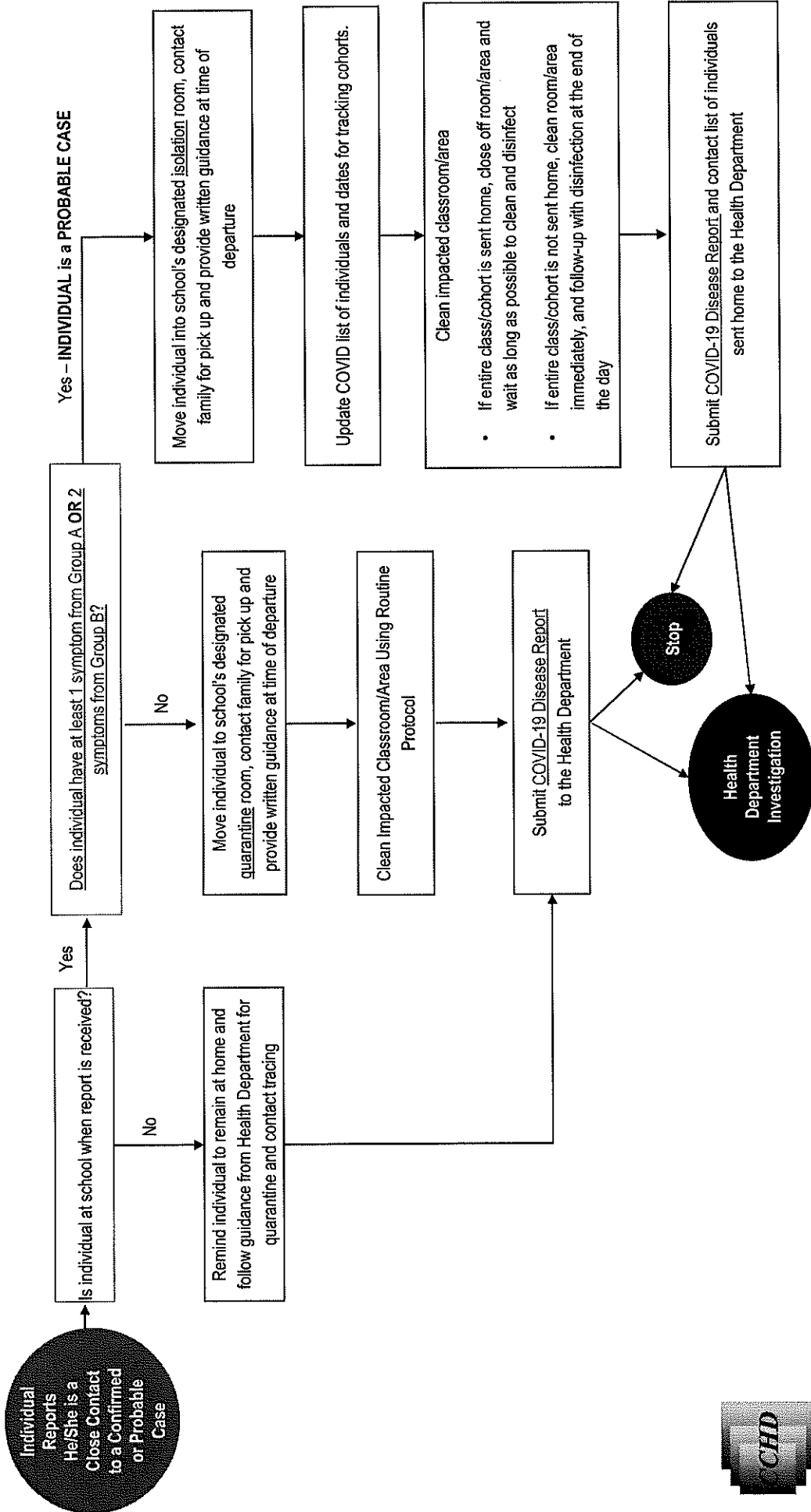
School Response to COVID-19 – SYMPTOMS PRESENTING



School Response to COVID-19 – POSITIVE TEST REPORTED



School Response to COVID-19 – CLOSE CONTACT REPORTED



Use this document to help identify close contacts that may have been exposed to COVID-19.

WHAT COUNTS AS A CLOSE CONTACT?

- You were within 6 feet of someone who has COVID-19 for 15 minutes or more over 24 hours
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)

Close contacts are at risk of becoming infected if you had contact with them **2 days before you developed symptoms or 2 days before your test was performed** if you did not have symptoms.

Use the first table below to identify the days you may have contact with individuals and write down any individuals you had close contact with in the second table.

Asymptomatic individuals should enter the date they were tested

Date symptoms began or the date the test was collected (whichever came first)	Identify Close Contacts During this Time Period	
	1 Day Before	2 Days Before
A.) ___/___/___		
The date above is the date when your isolation begins	B.) ___/___/___	C.) ___/___/___

STEP 2: MAKE A LIST OF WHO YOU CAME INTO CLOSE CONTACT WITH BETWEEN DATE A AND DATE C

Who were you in close contact with?

Did you visit a doctor's office? Did you go to work or school? Did you visit a business (gym, restaurant, etc.)? Did you attend a mass gathering (religious gathering, party, sporting event, etc.)?

Date of contact	Name (of person, facility, or event)	Contact Number	Call Result (left voicemail, spoke to person, etc.)

STEP 3: IF YOU TEST POSITIVE, CALL THOSE YOU CAME INTO CLOSE CONTACT WITH AND TELL THEM TO:



Stay home for 14 days from date of last contact



Stay away from others, especially people who are at higher risk for getting very sick from COVID-19



Watch for fever (100.4 °F), cough, shortness of breath, and other symptoms of COVID-19



The Chester County Health Department recommends all close contacts get tested 7 days after exposure, or if you notice symptoms



Inform workplace or school of quarantine

For more information visit: [Chesco.org/coronavirus](https://chesco.org/coronavirus)

@ChesterCountyHealthDepartment

@ChescoHealth

COVID19 Report Form

Chester County Health Department
Disease Investigation & Surveillance
601 Westtown Rd., Ste. 290
P.O. Box 2747
West Chester PA, 19380



Date: 02/07/2021

Patient Information

Name _____ Age _____ DOB //
First Last

Gender _____ Pregnant? _____ Race _____ Ethnicity _____

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____ Parent/Guardian if patient is <18 yrs _____

Occupation _____ Workplace/School _____ Last Day of Work/School //

Reportable Condition (COVID19)

Failed health screening Sick individual
 Reporting positive result Close contact to a case Name of case _____ Date of Last Exposure: //

Date of Diagnosis: //

Traveled to an area with COVID-19-related travel restrictions: If yes: Location _____ Dates: _____

Lives in or had exposure to a congregate setting Name and location within congregate setting (room, wing, unit, etc) _____

Experienced homelessness or lived in a homeless shelter/area Attended a mass gathering

Hospital admission If checked, name of Hospital _____

Date of admission // Date of discharge // ICU admission Ventilator use Date of death //

Received 1st dose of COVID-19 vaccine Date // Manufacturer (if known) _____

Received 2nd dose of COVID-19 vaccine Date // Manufacturer (if known) _____

Symptoms

Date of First Symptom Onset: //

Symptoms experienced:

Fever, highest temp (f) _____ Cough Shortness of Breath Headache Diarrhea Muscle aches

Runny Nose Nausea Vomiting Sore throat Asymptomatic Other _____

Epidemiological Linkage

One or more of the following exposures in the 14 days before onset of symptoms:

Close contact with a confirmed case of COVID-19 disease

Close contact with a probable case of COVID-19 disease

No epidemiological link

Potential Risk Factors

Diabetes Heart Disease High Blood Pressure Chronic Pulmonary Disease Chronic Kidney Disease Obesity

Current smoker Previous Smoker Chronic Liver Disease Immunocompromised Other _____

Laboratory (Check all POSITIVE Results)

Performing Laboratory Name _____ SARS-CoV-2, RT-PCR SARS-CoV-2 Serology (IgM/IgG)

Specimen collection date: // SARS-CoV-2 Rapid Molecular Assay Other SARS-CoV-2 Assay (specify)

Source (if not nasopharynx) _____ SARS-CoV-2 Rapid IgM/IgG Assay SARS-CoV-2 Rapid Antigen Assay

Name of person completing form _____ Agency _____ Phone _____

Comments:

Or print and fax to 610-344-5405
Questions: 610-344-6225