



Health Policy  
2022-2023

Berrybrook School | 267 Winter Street | Duxbury, MA 02332



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**Health Care Policy  
Berrybrook School, Inc.**

**EMERGENCY NUMBERS**

<b>Fire Department</b>	<b>911</b>
<b>Police Department</b>	<b>911</b>
<b>Poison Control</b>	<b>800-222-1222</b>
<b>Health Care Consultant</b>	<b>Dr. DiMaria 781-934-9511</b> <b>541 Main Street Weymouth, MA 02190</b>
<b>Duxbury Emergency Management</b>	<b>Chief Rob Reardon 781-934-7159</b>
<b>Beth Israel Deaconess Hospital</b>	<b>508-746-2000</b>
<b>MA Department of Early Education and Care</b>	<b>508-828-5025</b>
<b>Emergency Back-up Person</b>	<b>Thomas Murray 781-820-8940</b>

**Child Health Record**

Berrybrook School maintains an individual health record for each child that includes information required at admission:

**Medical records, including:**

- a physician's, nurse practitioner's, or physician's assistant's certification that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules; no child shall be required to have any such immunization if parents object thereto, in writing, on the grounds that it conflicts with their sincere religious beliefs or if the child's physician, nurse practitioner, or physician assistant submits documentation that such a procedure is contraindicated. For a child who is under-immunized because of a medical condition (documented by a licensed health care professional) or the family's medical beliefs, staff implement a plan to exclude that child promptly if a vaccine preventable disease to which the child is susceptible occurs in the program. For information regarding immunizations go to: [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm).
- a written statement from a licensed health care practitioner that indicates that the child has had a complete physical examination within one year prior to admission.
- a statement signed by a physician or an employee of a health care agency obtained within one month of admission stating that the child has been screened for lead poisoning. Pursuant to Department of Public Health requirements, all children, regardless of risk, must be screened for lead poisoning at least once between the ages of nine and twelve months and annually thereafter at ages two and three. Children must also be screened at age four if they live in a community deemed at high risk for lead poisoning by the Department of Public Health.

**Additional health information including:**

- the name, address, and phone number of the child's physician or other source of health care and health insurance coverage information required for treatment in an emergency.
- information on allergies, special diets, chronic health conditions, and/or any special limitations or concerns, including medications the child is taking at home or school and possible side effects of those medications.
- permission to transport a child to a medical facility and for the child to receive emergency medical treatment, including but not limited to, an epinephrine auto-injection for suspected exposure to a life threatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child.
- permission to administer basic first aid and/or CPR.
- names of individuals authorized by the family to have access to health information about the child.
- written parental consent for staff to apply sun screen of SPF 15 or higher that is applied to exposed skin only when necessary.
- written parental consent for staff to apply insect repellent containing DEET when public health authorities recommend use of repellents due to a high risk of insect borne disease.

A written consent shall be valid for one year from the date of its execution unless such consent is withdrawn, in writing, prior to that time.

**Review of Child Health Record**

Children's records are reviewed and updated as necessary, but no less frequently than once per year. Berrybrook School will notify parents when a child is overdue for a yearly physical or any routine health services. Parents must provide evidence of an appointment before entering the program or as a condition of remaining in the program, except for any immunization for which parents are using religious or medical exemption.

**Release of Child Health Record**

Berrybrook School has forms available for parents to sign allowing for release of child records. The form shall at a minimum contain the following information:

1. child identification information of name, birth date
2. parent information of name, address, telephone number
3. purpose for the release of the child record
4. to whom the child's record may be released
5. any limitations to the release

## **Medical Emergency**

Any medical emergency situations at Berrybrook will be brought to the attention of the Head of School immediately. In the absence of the Head, the designated person serving in the Head of School's absence will be alerted. If a child is injured, the teacher will evaluate the child's condition and isolate the child if necessary. The teacher will reassure the child and administer first aid. If the child's condition is beyond the staff's ability to assess or care for, the Head of School will notify parents and ask them to come to get their child. If the parents cannot be reached, the designated emergency contact will be called. If emergency contacts cannot be reached and the child needs immediate medical attention, the Head of School will call 911 for emergency treatment. The child's health record containing the child's medical record, permission to treat, and health insurance information will travel with the child to the hospital. A Berrybrook staff person will remain with the child until parents arrive.

An Injury Report Form must be filled out as soon as possible. Copies of the report will be given to the parents, placed in the child's file, and entered in the school's Injury log. Any serious injury will be reported to the Massachusetts Department of Early Education and Care. These procedures will also be followed during field trips.

If an adult is injured, the Head of School will arrange transportation for medical care. In the case of serious injury, an ambulance will be called to transport the injured to the nearest hospital. The Head of School will call the emergency contact listed in the adult's personnel file. All injuries will be documented in an accident report and filed in the office.

## **Administration of First Aid**

All teachers will maintain current First Aid and pediatric CPR certification. At least one staff person who has a certificate showing satisfactory completion of pediatric first aid training, including managing a blocked airway and providing rescue breathing for infants and children is always present with each group of children. A first aid kit will be kept in a clearly marked location in each classroom. Kits will be checked by teachers in September, December, March and May. First Aid Kits will accompany children when they go on walks. First Aid Kits will include the following:

Special items for children with specific health problems including epi-pen inhalers	
Sealed packages of cleaning wipes/waterless antiseptic hand cleaner	
Disposable vinyl gloves – enough to treat each student	
First Aid manual	Thermometer
Flashlight	Tweezers
Instant cool packs	10 4x4 Gauze pads
10-2x2 gauze pads	1 roll 4" flexible gauze bandage
1 roll 2" flexible gauze bandage	1 roll bandage tape
25 assorted small band-aids	Scissors
Packets of sugar (for Diabetics)	Sterile eye wash solution (kept in class wall kits)

Any person administering first aid involving an open wound, blood, or bodily fluids will wear gloves. All surfaces that come in contact with blood or bodily fluids will be disinfected with bleach solution or an EPA approved disinfectant. Bloody clothing will be sealed in a plastic bag, labeled clearly and returned to the child's parent at the end of the day. All reusable first aid equipment will be sanitized after each use. Any first aid administered will be recorded on an injury report. Copies will be given to parents, placed in the child's file, and recorded in the school's Injury Log. Staff will inform parents immediately if any further medical attention is needed.

### **Dental Emergency First Aid**

In the event of an accident to the tongue, lips, cheeks, or teeth, all incidents are handled quietly and calmly.

If child is bleeding:

- Stop bleeding by applying pressure to the area

- Wash the affected area with clean water

- Apply ice, wrapped in clean towel, to prevent swelling

If the tooth is loose, chipped, or knocked out:

- Rinse out child's mouth, clean area gently

- Do not attempt to move a loose tooth

- Apply ice, wrapped in clean towel, to prevent swelling

- Keep a knocked out tooth moist by placing it in wet gauze in a baggie

- Check the tongue, cheek, and lips; rinse out child's mouth and clean area gently

- Apply ice, wrapped in clean towel, to prevent swelling

- Notify the parents

### **Plan for Care of Ill Children**

Berrybrook School notifies a parent or guardian when a child becomes ill while in the program. When a child becomes mildly ill during the school day, teachers will make every attempt to meet the individual needs of the child for food, drink, rest, play materials, and comfort. Each room will have a quiet area where mildly ill children can rest or children may be taken to the school office to rest if it better meets their individual needs. Parents will be notified immediately when a child has any sign or symptom that requires exclusion from the program. If the child is suspected of having a contagious disease, the child will be moved to the school office with a familiar teacher and made comfortable until he or she can be picked up by parents or authorized person.

### **Management of Infectious Illness and Disease**

The School works with families to minimize the spread of illness among children and staff. Parents are notified in writing whenever their child was exposed to any unusual level or type of

communicable disease. Notification includes signs and symptoms of the disease, control measures implemented at school, and any measures that families should implement at home.

In general, a child is too sick to attend school if:

- The child is too sick to participate comfortably in the program's activities
- The staff cannot adequately care for the needs of the sick child
- The child has unusual lethargy, irritability, persistent crying, difficulty breathing, or other signs of severe illness
- The child has a communicable disease that could spread to children or staff

### **Criteria for Excluding an Ill or Infected Child**

(Adapted from the National Resource Center for Health and Safety in Child Care, STANDARD 3.065 INCLUSION/EXCLUSION/DISMISSAL OF CHILDREN)

- 1) Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility;
- 2) Symptoms and signs of possible severe illness until medical professional evaluation finds the child able to be included at the facility. Symptoms and signs of possible severe illness shall include
  - lethargy that is more than expected tiredness,
  - uncontrolled coughing,
  - inexplicable irritability or persistent crying,
  - difficult breathing,
  - wheezing, or
  - other unusual signs for the child;
- 3) Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by *Salmonella typhi*, *Shigella* or *E. coli 0157:H7*. For *Salmonella typhi*, 3 negative stool cultures are required. For *Shigella* or *E. coli 0157:H7*, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative, need not be excluded;
- 4) Blood in stools not explainable by dietary change, medication, or hard stools;
- 5) Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration;
- 6) Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
- 7) Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;

- 8) Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease;
- 9) Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of nonpurulent pink eye, exclusion shall be required only if the health authority recommends it;
- 10) Pediculosis (head lice), from the end of the day until after the first treatment;
- 11) Scabies, until after treatment has been completed;
- 12) Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;
- 13) Impetigo, until 24 hours after treatment has been initiated;
- 14) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
- 15) Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days);
- 16) Pertussis, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed;
- 17) Mumps, until 9 days after onset of parotid gland swelling;
- 18) Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members;
- 19) Measles, until 4 days after onset of rash;
- 20) Rubella, until 6 days after onset of rash;
- 21) Unspecified respiratory tract illness;
- 22) Shingles (herpes zoster);
- 23) Herpes simplex.

### **Infection Control**

Infection control practices help reduce the spread of illness caused by germs. Universal precautions means using the same infection control practices such as handwashing, using gloves, and cleaning and disinfecting when dealing with the blood or bodily fluids of all children and adults, at all times.

#### **Handwashing**

- Facilities used for handwashing after toileting are separate from areas used for food preparation.
- Staff and children should wash their hands with liquid soap and running water at least at the following times:
  - Upon arrival at school
  - Before eating or handling food
  - After toileting and diapering
  - After coming into contact with bodily fluids or discharges
  - After handling center animals or equipment
  - After cleaning classroom equipment

#### **Gloves** - Disposable gloves are worn when:

- Caring for bloody injuries



- Cleaning surfaces and handling items soiled with blood
- Providing mouth or eye care
- Cleaning large spills of bodily fluids
- Gloves are changed and hands are washed after each individual contact

All staff shall be trained in infection control procedures.

### **Sanitizing**

- All surfaces and objects in the School are cleaned and disinfected on a regular basis with a bleach solution.
- Recipe for a spray solution to be used on surfaces that have been detergent-cleaned and rinsed in bathrooms, diapering areas, countertops, tables, toys, door knobs, and cabinet handles, phone receivers, handwashing sinks, floors, and surface contaminated by body fluids (minimum contact time = 2 minutes):  
1/4 cup bleach + 1 gallon of cool water OR 1 tablespoon bleach + 1 quart of cool water

### **Plan for Meeting Individual Health Care Needs**

Parents are asked about allergies to medication, food, and the environment on the Student Information form. Physical exam forms are checked for other special health issues. Individual Health plans will be developed for children with significant health concerns or needs. Planning will involve parents and appropriate program staff. Parents, with the written permission of the child's health care practitioner, may train staff in the implementation of their child's individual health care plan. These plans will be distributed to other program staff as needed for the health and safety of the child.

### **Medication Policy**

Strict policies must be followed regarding medication administration. There will be no exceptions. The policy on administering medication will be provided to parents prior to admitting a child to the program. **It is the policy of the Berrybrook school that if a child requires medication that must be administered during the school day, the licensed prescriber and the parent must fill out, date, and sign a Medication Authorization Form. This policy covers both prescription and non-prescription medications.**

Medication will be transported by a responsible adult. Prescription medications must be in their original container with the licensed prescriber's written directions on it. The label must state the child's name, the frequency and amount of each dosage, and the number of days the medication is to be administered. The staff will not administer medication contrary to the directions on the original container. Medications will be stored out of children's reach, and under proper conditions for sanitation, preservation, security, and safety. Any unused medication will be returned to the parent.

Non-prescription medication will be administered with written permission from the physician and the parent. It will be administered only as directed on the label. Written parental authoriza-

tion for administration of non-prescription medication with the written order of the physician will be valid for one year. The parent will be contacted each time a non-prescription medication is given.

Topical medications such as petroleum jelly, ointments, and anti-bacterial ointments if they are applied to rashes, broken skin, or wounds also need written parental and prescriber permission. However, parents need not be notified each time they are applied. We recommend other ointments such as sunscreen and insect repellent be applied by parents before children come to school. However, staff will apply insect repellent with written permission from the parent provided the skin has no wounds, rashes or broken skin.

**All medications must be in the original container and clearly labeled with the child's name.**

**All staff authorized to administer medication are evaluated on their ability to follow the medication administration procedures specified in CMR 7.11(2) by successfully completing the Massachusetts DEEC - "*Medication Training - The Five Rights*" annually.**

#### **Child Abuse and Neglect Policy and Procedure**

Berrybrook School shall require as a condition of an offer of employment the satisfactory completion of a complete Background Record Check investigation, including CORI, DCF, SORI, and fingerprint-based checks. Berrybrook School shall confirm an offer of employment only after the hiring authority receives written confirmation of the following:

- (a) that the CORI investigation and the DCF Background Record Check investigation have resulted in a finding of "no record" or after the hiring authority has granted discretionary approval to hire the candidate in accordance with the provisions of 606 CMR 14.00;
- (b) that the individual has been approved for hire by EEC following a SORI check. The hiring authority shall not permit any candidate to commence employment in a position with the potential for unsupervised contact with children until after the candidate is cleared as a result of a SORI Check.
- (c) that the individual has been approved for hire by EEC following a fingerprint-based check of state and national criminal history databases, in accordance with 606 CMR 14.00.

The Child Abuse and Neglect Policy will be given to all staff and discussed at the first staff meeting of the year. The policy will state that sexual activity with children is illegal. This policy will also apply to volunteers in our classrooms. The policy will be posted on the main Policy Board in the School and will also be included in the Parent Handbook.

The Head of School will verbally report any suspected or alleged incident of abuse by a staff member to the Massachusetts Department of Children and Families Plymouth Office by calling 508-732-6200, pursuant to M. G. L. c. 119, 51A. Within 48 hours, a written 51A report of the incident will be sent to DCF. The Head of School shall notify the DEEC immediately after filing a 51A report, or learning that a 51A report has been filed alleging abuse or neglect of a child while in the program or during a program related activity. The Berrybrook School will cooperate in all investigations of abuse and neglect, including

identifying parents of children currently or previously enrolled in the program: providing consent for disclosure to the DEEC, and allowing the DEEC to disclose information to any person and/or agency the DEEC may specify as necessary to the prompt investigation of allegations and protection of children.

The staff member in question will be removed immediately from working with the children until the DCF investigation is completed and for such further time as the DEEC requires. Staff members who are subjects of substantiated 51A reports are terminated from employment.

All Berrybrook staff by state law are considered to be “mandated reporters”. Therefore, any staff person who suspects child abuse, neglect, or sexual abuse must report the incident to the Head of School. If it is felt that child abuse, neglect, or sexual abuse has taken place, the Head of School will inform the parent or guardian that a 51A has been filed with the Massachusetts Department of Children and Families, and will provide the parent or guardian with “a parents guide” published by the Massachusetts DCF Child Protective Services.

Children are only released to authorized parent/guardian or person authorized in writing. Parents must inform the Head of School of any changes in the following:

- Legal/physical custody

- Home address or phone numbers

- Emergency contact person or emergency phone numbers

- People authorized to take children from the school

### **Injury Prevention Plan**

Teachers inspect outdoor and classroom environments and equipment daily and report any hazards to the Head of School.

All hazardous substances, poisonous plants, and sharp objects are out of children’s reach and secured.

All medication is kept out of reach of children. If medication must be available for a student in a classroom it is kept in a locked cabinet. The only exception being Epinephrine which is kept out of the reach of children, but in a place easily accessible by teachers in case of an emergency.

Outside, a teacher monitors the boundary areas for each playground at all times. Playground rules are presented to the children at the beginning of the year and are reinforced daily. All play areas are checked for any hazardous materials or conditions before children enter the playground.

An injury log is maintained by the School. The log is reviewed periodically by the Head of School to ascertain any repeated problem areas or equipment that may be contributing to injuries. All injuries are reported to parents on an Injury Report form with 24 hours. A copy of the Injury Report form is kept in the child’s file.

**There is No Smoking allowed on school premises including all Berrybrook buildings playgrounds and parking areas.**

## **Emergency Procedure in Case of Fire**

Upon discovery of fire or suspicion of fire, the Head of School will alert all teachers. The teacher will alert children to line up at the safest door to exit. Teachers will take the attendance list, Emergency file with contacts and hospital consent forms, and First Aid Box including all child medications with them.

The teachers will escort the children out of the building and proceed to the play area. Teachers will gather the children in designated areas and take attendance. The children will remain outdoors until the emergency is over and the fire department gives permission to re-enter the school. In the event that the children may not return to classrooms, Duxbury Public Safety personnel will coordinate transportation to a safe location if necessary, and parents will be contacted to pick up children.

## **Emergency Evacuation Drills**

Explanation and diagrams of 2 exit routes are posted in the classroom. Instruction is given to children on the meaning of fire drills and the importance of fire safety. Children are informed that in the event that the class had to leave the school in an emergency, we all leave together and all areas, including the bathroom is checked by a teacher to make sure all children are together.

Teachers provide clear directions to children in a calm voice. The teachers alert children to line up at the safest door to exit. Teachers take the attendance list, class binder with contacts and hospital consent forms, and First Aid Box including all child medications with them.

The teachers escort the children out of the building and proceed to the play area. Teachers gather the children in designated areas and take attendance.

The first Emergency drill takes place in September and drills are repeated every month.

Teachers log the time, date, and effectiveness of Emergency Evacuation Drill in attendance book.

## **Emergency Evacuation Procedure**

In the event of a fire, natural disaster, or other situation requiring evacuation of the building, the Head of School will alert all teachers. The teachers will alert children to line up at the safest door to exit. The Head of School will assist with evacuation and make sure that everyone has left the building. Teachers will take the attendance list, class binder with contacts and hospital consent forms, and First Aid Box including all child medications with them.

The teachers will escort the children out of the building and proceed to the designated gathering locations on the playground. Teachers will gather the children and take attendance. The children will remain outdoors until the emergency is over. In the event that the children may not return to classrooms, Duxbury Public Safety personnel will coordinate transportation to a safe location if necessary, and parents will be contacted to pick up children. In the event of an ALERT at the Pilgrim Nuclear Power Station, the Head of School will contact Duxbury Police to assist in implementing the evacuation procedures established by the Duxbury office of Emergency Management.

### **Duxbury Emergency Management Emergency Contingency Plan**

Duxbury Emergency Management officials in cooperation with Berrybrook School have developed detailed plans and procedures for use during a public emergency. The plans dictate that you will be contacted by the school to pick up your child well before any danger to the general public.

### **Integrated Pest Management Plan**

Massachusetts regulations require that schools and child care programs must ensure that their facility ("school property") has an Integrated Pest Management (IPM) plan on file with the Department of Agricultural Resources. They are also required to ensure standard written notification of parents and staff whenever a pesticide application is being made outdoors on school property. Emergency situations may require an exemption from the conditions of the law. Exemptions are granted by their local Board of Health or Department of Agricultural Resources. The Berrybrook School IMP plan can be obtained in the school office or on the web at [massnrc.org/ipm/](http://massnrc.org/ipm/).

### **Mental Health Consultant**

Berrybrook School engages a mental health consultant to be available to teachers and staff in the event of a mental health concern.

Mental Health Consultant    Lauren Dargan, LICSW    917-439-1388  
Lvdargan@yahoo.com

Lauren Dargan is a Licensed Clinical Social Worker providing individual, couples, and family counseling on the South Shore.

## COVID19

Effective August 15, 2022, children and staff in child care, K-12, out-of-school time (OST) and recreational camp settings should follow the below guidance.<sup>1</sup>

- A rapid antigen test, such as a self-test, is preferred to a PCR test in most situations.
- To count days for isolation, Day 0 is the first day of symptoms OR the day the day positive test was taken, whichever is earlier.
- Contact tracing is no longer recommended or required in these settings, but schools or programs must continue to work with their Local Board of Health in the case of outbreaks.
- The Commonwealth is not recommending universal mask requirements, surveillance testing of asymptomatic individuals, contact tracing, or test-to-stay testing in schools. While masks are not required or recommended in these settings except for in school health offices, any individual who wishes to continue to mask, including those who face higher risk from COVID-19, should be supported in that choice. For those who need or choose to mask, masking is never required in these settings while the individual is eating, drinking, sleeping or outside.
- All individuals are encouraged to stay up-to-date with vaccination as vaccines remain the best way to help protect yourself and others.

Isolation and exposure guidance and protocols:

- Quarantine is no longer required nor recommended for children or staff in these settings, regardless of vaccination status or where the exposure occurred. All exposed individuals may continue to attend programming as long as they remain asymptomatic. Those who can mask should do so until Day 10, and it is recommended that they test on Day 6 of exposure. If symptoms develop, follow the guidance for symptomatic individuals, below.
- Children and staff who test positive must isolate for at least 5 days. If they are asymptomatic or symptoms are resolving and they have been fever free without the use of fever-reducing medicine for 24 hours, they may return to programming after Day 5 and should wear a high-quality mask through Day 10:
  - If the individual is able to mask, they must do so through Day 10.
    - If the child has a negative test on Day 5 or later, they do not need to mask.
    - If the individual is unable to mask, they may return to programming with a negative test on Day 5 or later.
- Symptomatic individuals can remain in their school or program if they have mild symptoms, are tested immediately onsite, and that test is negative. Best practice would also include wearing a mask, if possible, until symptoms are fully resolved. For symptomatic individuals, DPH recommends a second test within 48 hours if the initial test is negative.
  - If the symptomatic individual cannot be tested immediately, they should be sent home and allowed to return to their program or school if symptoms remain mild and they test negative, or they have been fever-free for 24 hours without the use of fever-reducing medication and their symptoms are resolving, or if a medical professional makes an alternative diagnosis. A negative test is strongly recommended for return.

Note: At this time, the US Food and Drug Administration (FDA) has not approved or authorized any at-home rapid antigen test for use in children under 2 years of age. However, at-home rapid

antigen tests may be used off-label in children under 2 years of age for purposes of post-exposure, isolation, and symptomatic testing. It is recommended that parents or guardians deciding to test children under 2 years of age administer the at-home rapid antigen test themselves.

#### COVID-19 Symptoms for Child Care, K-12, OST, and Recreational Camps:

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Muscle aches or body aches
- Cough (not due to other known cause, such as chronic cough)
- Sore throat, *when in combination with other symptoms*
- Nausea, vomiting, *when in combination with other symptoms*
- Headache, *when in combination with other symptoms*
- Fatigue, *when in combination with other symptoms*
- Nasal congestion or runny nose (not due to other known causes, such as allergies), *when in combination with other symptoms*