



Health Policy 2026-2027

Berrybrook School | 267 Winter Street | Duxbury, MA 02332



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

EMERGENCY NUMBERS

Fire Department	911
Police Department	911
Poison Control	800-222-1222
Health Care Consultants	Emily Murray, PA-C 781-635-3129
Duxbury Emergency Management	Chief Rob Reardon 781-934-7159
Beth Israel Deaconess Hospital	508-746-2000
MA Department of Early Education and Care	508-828-5025
Emergency Back-up Person	Thomas Murray 781-820-8940

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.
- 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 30 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;

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;

2) 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;

3) Blood in stools not explainable by dietary change, medication, or hard stools;

4) 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;

5) Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;

6) Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;

7) Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease;

8) 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;

9) Pediculosis (head lice), from the end of the day until after the first treatment;

10) Scabies, until after treatment has been completed;

11) Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;

12) Impetigo, until 24 hours after treatment has been initiated;

13) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;

- 14) Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days);
- 15) Pertussis, until 5 days of appropriate antibiotic treatment (currently Azithromycin for 5 days or erythromycin for 14 consecutive days) has been completed;
- 16) Mumps, until 9 days after onset of parotid gland swelling;
- 17) 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;
- 18) Measles, until 4 days after onset of rash;
- 19) Rubella, until 6 days after onset of rash;
- 20) Unspecified respiratory tract illness;
- 21) Shingles (herpes zoster), until all blisters have crusted over and no new lesions have appeared for at least 24 hours. If rash can be covered with a bandage or clothing, the child can attend school;
- 22) Herpes simplex (cold sores), ulcers and vesicles inside the mouth and does not have control of drooling.

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 and scrub for at least 20 seconds:
 - 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 authorization 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 Strong Start Training -“*Medication Administration 2.0*” annually.

Disposal of Medications

Where possible, all unused, discontinued or outdated medications shall be returned to the caregiver and the return appropriately documented. In extenuating circumstances, with caregiver consent when possible, such medications may be destroyed by the school nurse in accordance with any applicable policies of the Massachusetts Department of Public Health, Drug Control Program.

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

Children with Disabilities

Berrybrook School must accept applications and make reasonable accommodations to welcome or continue to serve any child with a disability. In determining whether accommodations are reasonable and necessary, Berrybrook School must, with parental consent and as appropriate, request information about the child from the Local Education Agency (LEA), Early Intervention Program or other health or service providers. (a) Based upon available information Berrybrook School must, with the parent’s input, identify in writing the specific accommodations, if any, required to meet the needs of the child at the program, including, but not limited to: 1. any change or modifications in the child’s participation in regular program activities; 2. the size of the group to which the child may be assigned and the appropriate staff/child ratio; and 3. any special equipment, materials, ramps or aids needed to serve the child. (b) Berrybrook School must provide written notification to the parent within 30 days of the receipt of the authorized and requested information, if, in Berrybrook School’s judgment, the accommodations required by 606 CMR 7.04(13) to serve the child are not reasonable or would cause an undue burden to the program. This notification must include, but is not limited to: 1. the reasons for the decision; 2. notification to the parent(s) that they may request that the Department review Berrybrook School’s decision and determine if Berrybrook School is in compliance with 102 CMR 1.03(1) and 606 CMR 7.04(13). (c) Berrybrook School must maintain a copy of this notification in its records. (d) The accommodations related to the toileting needs of a child with a disability who is not toilet trained must not be considered an undue burden. (e) In determining whether the accommodations required by 606 CMR 7.04(13) are reasonable or would cause an undue burden to the program, Berrybrook School must consider at least the following factors: 1. the nature and cost of the accommodations needed to provide care for the child at the program; 2. the ability to secure funding or services from other sources; 3. the overall financial resources of Berrybrook School; 4. the number of persons employed by Berrybrook School; 5. the effect on expenses and resources, or the impact otherwise of such action upon Berrybrook School; 6. whether the required accommodation alters the fundamental nature of the program. (f) Berrybrook School

must, with parental permission, contribute to the development and review of the child's program plan in cooperation with the LEA, Early Intervention Program and/or other health and service providers. (g) Berrybrook School must identify at least one educator to serve as the liaison for each child with a disability. The liaison must be responsible for coordinating care in the program and with service providers and communicating with the child's parents, service providers and educators.

The policy should include a plan to ensure that the health, safety, and developmental requirements of children with disabilities are met when such children are enrolled. Specifically:

- Applications from children with disabilities must be accepted, with reasonable accommodations provided whenever possible.
- Families, with written consent, will collaborate with the program to identify and plan accommodations.
- A written accommodation plan will address modifications to program activities, staffing ratios, and use of adaptive equipment or materials as needed.
- A designated Disability Services Liaison will coordinate care and communication between parents, service providers, and staff.
- Accommodations will be made unless they impose an undue burden. In such cases, parents will receive written notification, including reasons and information on their right to request Department review.
- Staff will receive training in emergency medications (e.g., inhalers, anti-epileptics, glucagon, epinephrine).

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/.

Mental Health Consultant

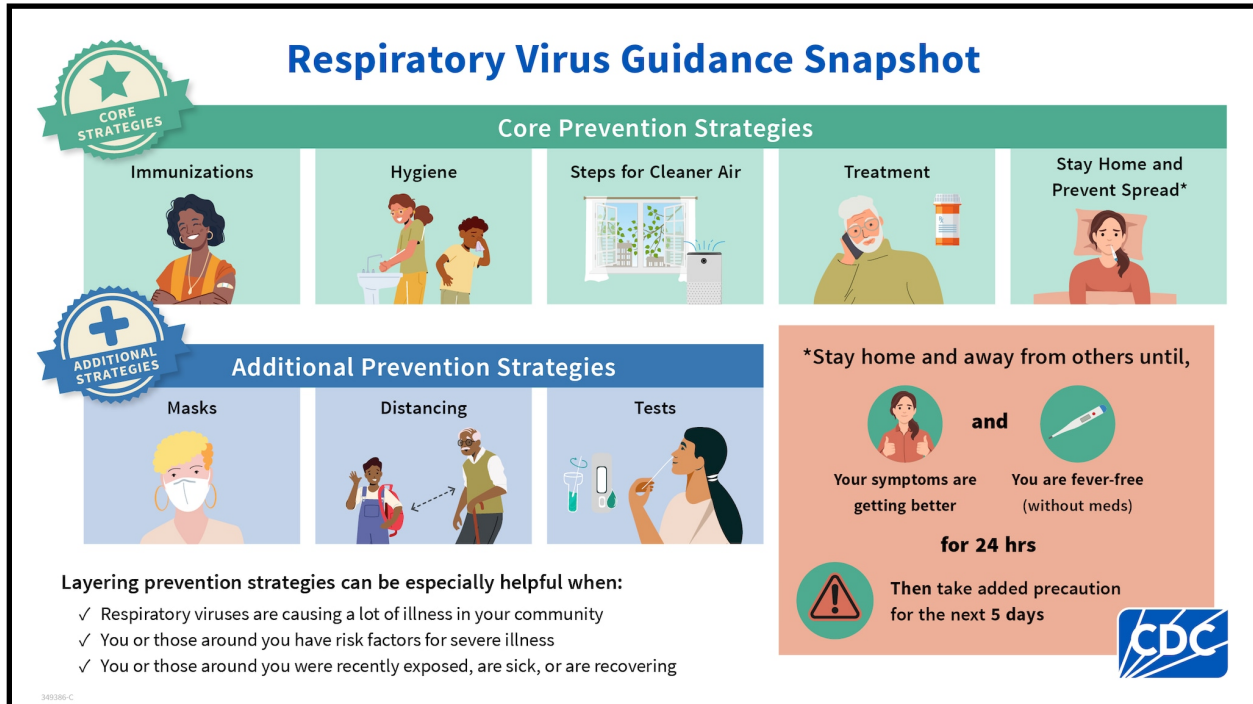
Berrybrook School engages a mental health consultant to be available to teachers and staff in the event of a mental health concern.

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.

Respiratory Viruses

Each year, respiratory viruses are responsible for millions of illnesses and thousands of hospitalizations and deaths in the United States. In addition to the virus that causes COVID-19, there are many other types of respiratory viruses, including flu and respiratory syncytial virus



(RSV).

Staying home to prevent the spread of respiratory viruses Recommendations for the general public

Stay home when you have symptoms of any respiratory illness, like flu COVID-19, and RSV. Staying home when sick helps prevent the spread of germs.

Overview of things you can do to help prevent the spread of respiratory viruses:

- Get vaccinated for flu and COVID-19
- Stay home when you are sick (follow the recommendations below)
- Use hand and respiratory hygiene
- Wear a well fitting disposable mask around others
- Get tested for flu and COVID-19 so you can get treated
- Avoid crowded areas and maintain physical distance
- Increase fresh air

If you have symptoms of a respiratory virus (isolation)

If you have new symptoms of a respiratory virus, such as a fever, sore throat, cough or a runny or stuffy nose, you should stay home and stay away from others in your household.

While you are staying at home:

- Get tested for COVID-19 and flu. Talk to your healthcare provider about getting treatment if you test positive.
- Stay away from others in your household. Wear a well fitting disposable mask when you have to be around them.
- Wash your hands often with soap and warm water. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
- Cover your mouth when you cough or sneeze. Use a tissue or your inner elbow, not your hands.
- Clean high-touch surfaces (such as countertops, handrails, and doorknobs) often.

You should stay home even if you don't know what virus is making you sick.

When you start to feel better:

You may begin to resume normal activities with precautions if:

1. You have not had a fever for at least 24 hours without the use of fever reducing medicines;
AND
2. Your other symptoms are improving

You may still be able to spread the virus that made you sick, even if you are feeling better.

For at least the first 5 days after you resume normal activities, take these extra precautions:

- Avoid crowded indoor spaces. Wear a well fitting disposable mask anytime you are indoors around other people
- Wash your hands often with soap and warm water. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
- Avoid spending time with people who are at increased risk for severe disease

If your symptoms get worse again:

If your fever comes back or any other symptoms start to get worse, you should go back home until you are better again. Wait to resume normal activities until you have not had a fever for at least 24 hours without the use of fever reducing medicines AND your symptoms are improving again. When you resume normal activities, take the recommended additional precautions during the next 5 days:

- Avoid crowded indoor spaces
- Wear a well fitting disposable mask indoors around other people
- Wash your hands often
- Cover your coughs and sneezes

If you have tested positive for a respiratory virus but do not have any symptoms

You can still spread the virus. Take additional precautions to protect others from getting sick.

For at least the first 5 days, take these extra precautions:

- Avoid crowded indoor spaces. Wear a well fitting disposable mask anytime you are indoors around other people.
- Wash your hands often with soap and warm water. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
- Avoid spending time with people who are at increased risk for severe disease.
- Although not required, choosing to stay home for about 72 hours may help reduce the chances that you spread the virus to others. While you stay home you should:
 - Stay away from others in your household. Wear a well fitting disposable mask when you have to be around them.
 - Wash your hands often with soap and warm water. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.
 - Cover your mouth when you cough or sneeze. Use a tissue or your inner elbow, not your hands.
 - Clean high-touch surfaces (such as countertops, handrails, and doorknobs) often.

If you develop any respiratory symptoms:

If you get a fever, or any other symptoms of respiratory illness, you should go home. You may begin to resume normal activities with some precautions when:

1. You have not had a fever for at least 24 hours without the use of fever reducing medicines;
AND
2. Your symptoms are improving again

Then, take the recommended extra precautions during the next 5 days:

- Avoid crowded indoor spaces
- Wear a well fitting disposable mask indoors around other people
- Wash your hands often
- Cover your coughs and sneezes

If you were exposed to someone with a respiratory virus illness (exposure precautions)

If you have been exposed to someone with a respiratory virus, you do not need to stay home as long as you remain asymptomatic. You may be able to spread a respiratory virus before developing symptoms.

To protect others, especially those with risk factors for severe illness, take precautions:

- Wash your hands often
- Consider wearing a well fitting disposable mask and avoiding crowded places
- Monitor yourself for symptoms carefully

Stay home if you start to develop any signs of illness.

Protecting people with risk factors for severe illness from respiratory viruses

When you are sick from a respiratory virus, you may spread germs for about 10 days after your symptoms start or after a positive test, even if you don't have symptoms.

Be aware that some people around you may have risk factors for more severe disease. Masking, physical distancing, hand hygiene, and covering your coughs and sneezes helps protect them.

People at increased risk can include:

- Older adults
- Individuals with chronic underlying medical conditions, for example heart, lung, liver or kidney disease
- Young children, especially those under 2 years old
- People with weakened immune systems
- People with disabilities
- Pregnant people

Schools and childcare settings

Schools and childcare settings should follow the recommendations for the general population. Recognize that young children may not always be able to wear a mask effectively. Children under 2 years are not asked to mask when they return to normal activities.