



COVID-19 Testing:

The NCCS District will comply with CDC guidance and **will not** conduct COVID-19 testing or require testing or antibody testing of students or staff members. A health care provider or the local department of health should determine the decision regarding whether a test needs to be conducted. The district has collaborated with our medical director, Dr. Nicole Cerklewich of Hudson Headwaters-Champlain Family Health. In the event of the need for large-scale testing, Dr. Cerklewich advised that their office is available.

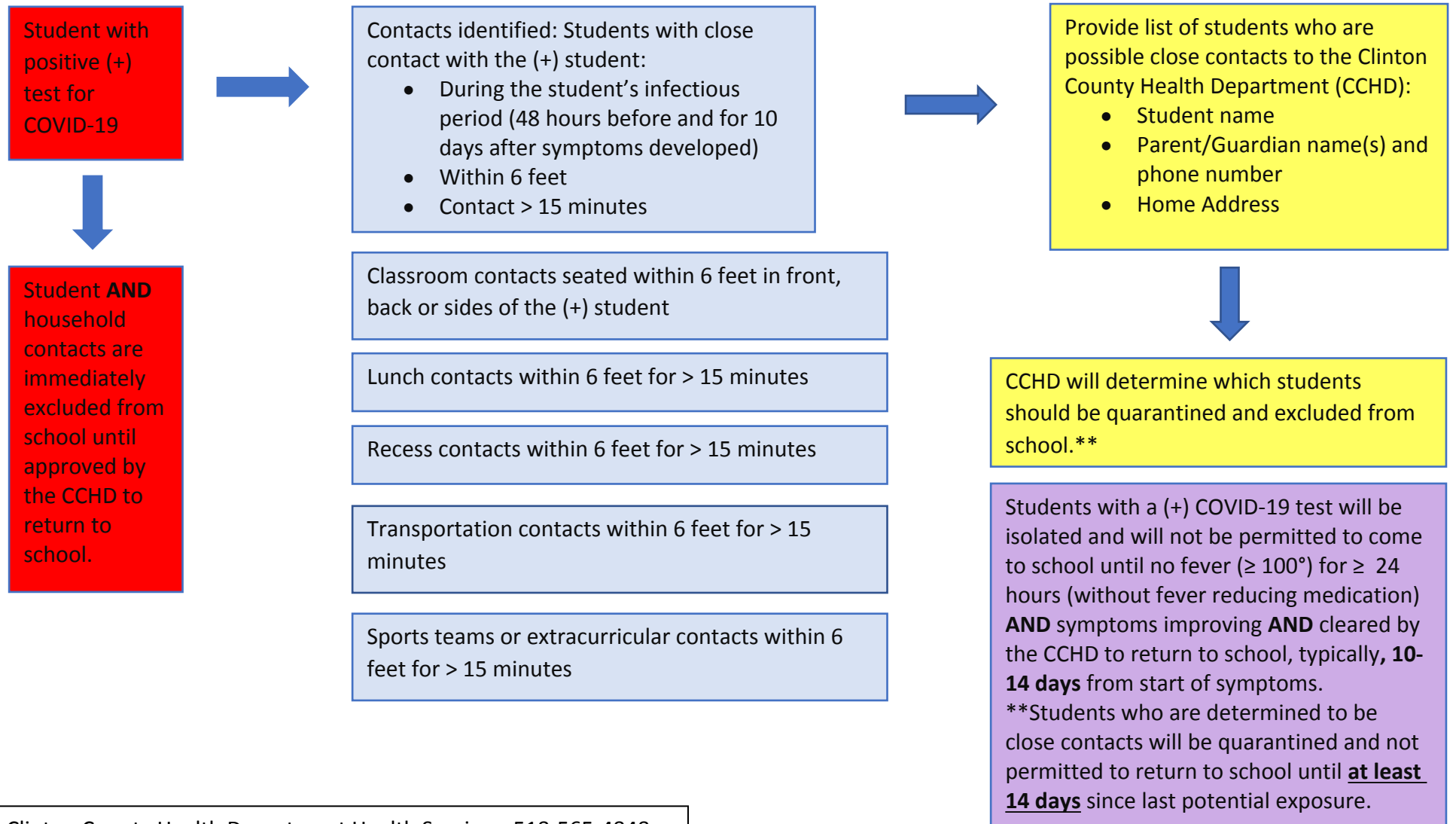
Contact Tracing:

Contact tracing is a public health function performed by local public health departments to trace all persons who had contact with a confirmed case of COVID-19. The NCCS District will strive to assist the Clinton County Health Department in knowing who may have had contact at school with a confirmed case by:

- keeping accurate attendance records of students and staff members;
- ensuring student schedules are up to date; and
- keeping a log of any visitors which includes date, time and where in the school they visited.

Documents regarding Testing/Contract Tracing are hereto attached and follow this page.

NCCS Protocol to Assist the Clinton County Health Department (CCHD) in Close Contact Identification for COVID-19



Clinton County Health Department Health Services: 518-565-4848
New York State Department of Health: 1-888-364-3065

Student Name: _____ Grade: _____ Date: _____

Your child presented to the health office with the following symptoms that have been identified as possibly COVID-19 related:

- | | |
|--|---|
| <input type="checkbox"/> Fever of _____ °F or chills | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Cough | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Congestion or runny nose |
| <input type="checkbox"/> Muscle or Body Aches | <input type="checkbox"/> Nausea/Vomiting/Diarrhea |
| | <input type="checkbox"/> Other: _____ |

Returning to School after Illness

The NCCS district must follow the New York State Department of Health and the Clinton County Health Department guidance for allowing a student to return to school after being diagnosed with COVID-19 or exhibiting symptoms consistent with possible COVID-19 infection. Your child may return to school when one of the following is met:

MUST MEET ALL CRITERIA IN ONE BOX TO RETURN:

IF STUDENT IS DETERMINED NOT TO HAVE COVID-19 BY A HEALTH CARE PROVIDER, STUDENT MAY RETURN TO SCHOOL IF:

- ✓ There has been no fever of 100°F or greater, without the use of fever reducing medicines, for at least 24 hours; AND
- ✓ They have been diagnosed with another condition (i.e. strep throat) and have a healthcare provider written note stating they are clear to return to school; AND
- ✓ Has a documented negative COVID-19 test.

IF STUDENT HAS BEEN DIAGNOSED WITH COVID-19 BY A HEALTHCARE PROVIDER BASED ON A TEST OR THEIR SYMPTOMS OR DOES NOT GET A COVID TEST BUT HAS HAD SYMPTOMS THEY SHOULD NOT BE AT SCHOOL AND SHOULD STAY HOME UNTIL:

- ✓ It has been at least TEN days since the student first had symptoms; AND
- ✓ It has been at least THREE days since the student has had a fever without using fever reducing medicine; AND
- ✓ It has been at least THREE days since the individual's symptoms improved, including cough and shortness of breath; AND
- ✓ They have a healthcare provider written note stating they are clear to return to school.

If your child is sent home with one or more of the above noted symptoms, please contact your child's health care provider for guidance. A note from your child's health care provider clearing your child to return is required and must be provided before the student uses school transportation or enters a school building.

****Health Care Provider notes may be dropped off at school, emailed, or faxed to health office.*

Dear Parent/Guardians:

Welcome back to the 2020-2021 school year. Due to the coronavirus (COVID-19) the NCCS District, in conjunction with the New York State Department of Health and the CDC, has developed new guidelines regarding when an ill child must be kept home from school. Symptoms of infection with the coronavirus ranges from mild to severe. Symptoms may appear **2-14 days after exposure to the virus**. If your child has **ANY** of the following symptoms, you are required to keep them home, notify the school, and call your child's health care provider.

- Fever of 100°F or greater and/or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or Body Aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea/Vomiting/Diarrhea
- Other: _____

Returning to School after Illness

After illness, your child may return to school when one of the following is met:

MUST MEET ALL CRITERIA IN ONE BOX TO RETURN:

IF STUDENT IS DETERMINED NOT TO HAVE COVID-19 BY A HEALTH CARE PROVIDER, STUDENT MAY RETURN TO SCHOOL IF:

- ✓ There has been no fever of 100°F or greater, without the use of fever reducing medicines, for at least 24 hours; AND
- ✓ They have been diagnosed with another condition (i.e. strep throat) and have a healthcare provider written note stating they are clear to return to school; AND
- ✓ Has a documented negative COVID-19 test.

IF STUDENT HAS BEEN DIAGNOSED WITH COVID-19 BY A HEALTHCARE PROVIDER BASED ON A TEST OR THEIR SYMPTOMS OR DOES NOT GET A COVID TEST BUT HAS HAD SYMPTOMS THEY SHOULD NOT BE AT SCHOOL AND SHOULD STAY HOME UNTIL:

- ✓ It has been at least TEN days since the student first had symptoms; AND
- ✓ It has been at least THREE days since the student has had a fever without using fever reducing medicine; AND
- ✓ It has been at least THREE days since the individual's symptoms improved, including cough and shortness of breath; AND
- ✓ They have a healthcare provider written note stating they are clear to return to school.

Thank you for your cooperation to keep the students and staff of NCCS healthy!



Confirmation of Daily Home Screening for Students



Dear Parent/Guardian,

Welcome to the 2020-21 school year! Due to the novel corona virus we have new guidelines that must be followed from New York State. Therefore, it is a requirement that every student be screened **before they get on the bus in the morning or before they enter the school building**. This will be the responsibility of parents and guardians. Please complete this short check of your child each morning. By signing this form, you are verifying that you will screen your child daily at home before leaving for school. This will remain in effect for the entire 2020-21 school year.

If you answer yes to any of the following, you need to keep your child at home and call the main office or health office at school, as well as your child’s primary health care provider.

Does your child have any of the following symptoms or potential for exposure?

	Temperature 100 degrees Fahrenheit or higher when taken by mouth;
	Sore throat;
	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
	Diarrhea, vomiting or abdominal pain
	New onset of severe headache, especially with fever
	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
	Have been instructed to quarantine by the local health department
	Traveled to or lived in an area where the local or state health department is reporting large numbers of COVID-19 cases

By signing below, I agree that I will complete this screening on my child each morning before he/she leaves for school for the entire 2020-21 school year and will notify the school of any “yes” answers.

Student’s name: _____

Grade/Teacher: _____

Parent/Guardian Signature: _____

Date: _____



Attestation of Daily Home Screening for Faculty & Staff



Dear NCCS employees,

Welcome to the 2020-21 school year! Due to the novel corona virus we have new guidelines that must be followed from New York State. Therefore, it is a requirement that every staff member complete this short self-check each morning at home **before entering the school building**. By signing this form, you are verifying that you will screen yourself daily at home before leaving for work. This will remain in effect for the entire 2020-21 school year.

If you answer yes to any of the following, you need to remain at home and call the main office or health office at school, as well as your primary health care provider.

Do you have any of the following symptoms or potential for exposure?

	Temperature 100 degrees Fahrenheit or higher when taken by mouth;
	Sore throat;
	New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline;
	Diarrhea, vomiting or abdominal pain
	New onset of severe headache, especially with fever
	Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
	Have been instructed to quarantine by the local health department
	Traveled to or lived in an area where the local or state health department is reporting large numbers of COVID-19 cases

By signing below, I agree that I will complete this screening each morning at home for the entire 2020-21 school year and will notify the school of any “yes” answers. In the event that I forget to do so, I will check my temperature immediately upon entering the school building at the designated area. If I answer “yes” to any of the questions above, I will leave the school building and contact my building principal.

Employee’s name (please print): _____

Employee’s Signature: _____

Date: _____