



# HEALTH PRECAUTION & INFECTION POLICY

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they come into contact with viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. We do, however, want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at Derbyshire Preschool will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful hand-washing by staff and children can eliminate approximately 75% of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the school.

You, the parents, can help us in our efforts to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the *Communicable Disease Reference Chart*, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep them out of school until the symptoms are gone or until your physician says it is all right to return. In our Parent Handbook, it states children should not return to school until 24 hours after a fever, without the use of fever-reducing medications.

The symptoms include:

1. Fever greater than 100 F, or 37.7 C
2. Severe coughing - child gets red or blue in the face
3. High-pitched croupy or whooping sounds after coughing
4. Difficult or rapid breathing - especially in infants
5. Yellowish skin or eyes
6. Pinkeye tears, redness of eyelid lining, followed by swelling and discharge of pus
7. Unusual spots or rashes
8. Sore throat or trouble swallowing

9. Infected skin patches
10. Crusty, bright yellow, dry or gummy areas of skin - possibly accompanied by fever
11. Unusually dark, tea colored urine - especially with a fever
12. Grey or white stool
13. Headache and stiff neck
14. Vomiting
15. Severe itching of body or scalp or scratching of scalp

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

## ADDITIONAL COVID-19 INFORMATION

Over the course of the year, we know that members of our community will catch colds, flu and other illnesses which may cause symptoms that are also mirrored by a COVID-19 patient, leading to scenarios in which it is difficult to determine whether or not your child(ren) are able to attend school. In keeping with guidance from the Virginia Department of Health, we have put together some additional information and explanation for families as they decide whether or not a child should come to school.

A child SHOULD NOT come to school if:

1. They have one primary symptom: fever, persistent cough, shortness of breath, or vomiting.
2. They have two or more secondary symptoms that are new or worsening: chills, muscle pain, fatigue, headache, runny nose and/or congestion (not associated with known allergies), sore throat, diarrhea, nausea, and loss of taste or smell.
3. They have a temperature that is barely under the threshold (100.4 F) and has additional COVID symptoms.
4. A sibling or family member (close contact) has a primary symptom, such as a temperature of 100.4 or above.
5. They have had close contact with someone who is presumed positive, even if testing has not been performed or testing results are pending. *It is safest to stay home if you are a close contact of a "presumed positive" case.*

A child CAN come to school if:

1. They have had third party exposure but not close contact. Third party exposure scenarios include:
  - a. A child's parent, classmate, or babysitter has potentially been exposed to someone with COVID but is not symptomatic (the child is considered the third party in this scenario).
  - b. A child's sibling has potentially been exposed to someone with COVID but is not symptomatic (the child and any other non-exposed siblings are considered the third party in this scenario).
2. They have had mild symptoms of illness but no known COVID exposure and are feeling well enough to fully participate in the school day. Mild symptoms include:
  - a. Mild nasal congestion or runny nose
  - b. A temperature below 100.4 F but no additional symptoms
  - c. A mild sore throat but no additional symptoms
  - d. A headache but no additional symptoms
  - e. Mild upset stomach but no additional symptoms

# SELF-EVALUATION QUESTIONS BEFORE ENTERING CARPOOL

**Has your child had a fever greater than 100.4 F in the past 48 hours without the help of fever-reducing medications?**

*Individuals should not come to school until that person's temperature has been below 100.4 F for at least 48 hours and without the help of fever-reducing medications.*

**Has your child suffered from any of the symptoms of COVID-19 for the past 10 days such as:**

1. Fever/chills
2. Cough (new issue, more than just occasion cough or asthma-related)
3. Shortness of breath/difficulty breathing (new issue, not asthma-related)
4. Unexplained fatigue, unexplained muscle/body aches
5. Headache (usually accompanied by fever)
6. New loss of taste or smell
7. Sore throat
8. Congestion/runny nose (not attributed to allergies)
9. Diarrhea, nausea, or vomiting

**Have any family members exhibited the above symptoms in the past 10 days?**

**Have you been exposed to someone who has tested positive for COVID-19 in the past 14 days?**

*If known exposure has occurred, the individual may not return to school until 14 days following exposure AND no development of virus symptoms OR a negative diagnostic test result is provided, whichever may come first.*

**Do you or a family member have a pending COVID-19 laboratory test?**

**If the answer to any of the above questions is YES, then please stay home until 14 days after your last exposure or at least 10 days have passed since symptoms first appeared.**

## PARTNERSHIP IN HEALTH & SAFETY

As a school and church, we will do our best to maintain a healthy environment, and we ask our families to maintain a partnership with us in this area. We expect our families to abide by all local health and government regulations and to exercise prudence and caution when planning travel, gatherings, and social activities such as parties or playdates so that we can work together to minimize our community's risk of exposure to all illnesses, including COVID-19.

We thank you for your partnership and equally shared responsibility in achieving this goal.

## PARENT AGREEMENT & ACKNOWLEDGEMENTS

1. \_\_\_\_\_ I understand that during the COVID-19 pandemic I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up areas unless there is an emergency involving my child. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform both my at-home child care provider and any Emergency Contact persons of the information contained herein.
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up areas, I MUST enter through the Preschool door and must remain in the Preschool lobby while waiting for my child. While in the facility, I must practice social distancing from all other persons except my own child and be wearing a mask at all times.
3. \_\_\_\_\_ I understand that to enter upon the facility premises my child and our family must be free from COVID-19 symptoms. If, during the school day, my child displays any of the following symptoms, I will be contacted, and my child MUST be picked up from the facility within 30 minutes of notification.
4. \_\_\_\_\_ I understand that my child's temperature will be taken upon arrival and during the day, if needed, while on the premises.
5. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm, running water and rubbing soap for at least 20 seconds.
6. \_\_\_\_\_ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders, and distancing procedures.
7. \_\_\_\_\_ I will immediately notify Derbyshire Preschool if I become aware of any person with whom my child or I have had contact exhibits any symptoms, is advised to self-isolate, quarantine, has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Derbyshire Preschool if anyone from my place of employment tests positive or is presumed positive for COVID-19 whether or not I have had direct contact with that person.
8. \_\_\_\_\_ I understand that while present in the facility each day, my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19. As the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

## PARENT AGREEMENT & ACKNOWLEDGEMENTS

I, \_\_\_\_\_, certify that we have read, understand, and agree to comply with the provisions listed herein. We acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Derbyshire Preschool could result in withdrawal of our child(ren) from the program as deemed necessary by the Board of Trustees and/or the Director of Derbyshire Preschool.

I have read and understand the attached Health Precaution & Infection Policy, and I agree to abide by them for the protection of my child as well as the other children and staff members at Derbyshire Preschool.

Child's Name \_\_\_\_\_

Teacher \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_