COVID
CORONAVIRUS DISEASE **19**

WHAT TO DO IF YOUR CHILD HAS BEEN EXCLUDED FROM SCHOOL DUE TO COVID-LIKE SYMPTOMS OR ACTUAL/POTENTIAL EXPOSURE

IF YOUR CHILD IS EXPERIENCING THE FOLLOWING - SEEK EMERGENCY CARE (911)

- **Trouble breathing**
- **Persistent pain/pressure in chest**
- **New confusion**
- **Inability to wake or stay awake**
- **Blue lips or face**
- **Uncontrolled fevers**

- **Healthcare Provider visit:** CALL AHEAD to schedule an appointment to avoid large groups waiting

- **Free COVID-19 Testing:** Call Public Health Department or check Department of Health Services (DHS) website for locations and times

- **Follow Public Health/School guidelines for quarantine/isolation periods for household members**

Symptoms of COVID-19

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
FEVER	✓		✓		
COUGH		✓	✓	✓	✓
SORE THROAT	✓	✓	✓		✓
SHORTNESS OF BREATH				✓	
FATIGUE		✓	✓	✓	✓
DIARRHEA OR VOMITING	✓		✓		
RUNNY NOSE		✓	✓		✓
BODY/ MUSCLE ACHES	✓	✓	✓		

✓ Symptom of illness

CDC

cdc.gov/coronavirus

THE RICHLAND HOSPITAL, INC. "Serving Since 1924"

The Richland Hospital and Clinics strive to keep our patients, staff and community healthy and safe. We ask that you cooperate with school nurses and Public Health as we work together to provide consistent, safe care. This document is based on guidance from the CDC, Wisconsin Department of Health Service and the Department of Public Instruction.

01 **POSITIVE for COVID-19** • Will receive a call from Public Health Department.
Follow the guidance provided and seek medical care anytime needed.

02 **KNOWN EXPOSURE (Contact Public Health for any quarantine/isolation questions)**
o May return to school when the following are met:

TEST NEGATIVE FOR COVID

• **All:** Quarantine for 14 days after last day of contact with COVID-19 positive person (or per Public Health guidelines)
• **IF SYMPTOMS:**
   o 24 hours fever-free with no fever reducing medicine
   o **IF diagnosed** with OTHER illness (i.e. Strep) – also follow provider instructions specific to that illness (Need Provider note)
• Proof of NEGATIVE COVID test. **(SEE OPTIONS BELOW)**
• **Test result is only accurate for the date you were tested**

NOT TESTED FOR COVID

• **All:** Quarantine for 14 days after last day of contact with COVID-19 positive person (or per Public Health guidelines)
• **IF SYMPTOMS:**
   o It has been 10 days since symptoms first appeared **AND**
   o Symptoms have improved **AND**
   o 24 hours fever-free with no fever reducing medicine
   o **IF diagnosed** with OTHER illness (i.e. Strep) – also follow provider instructions specific to that illness (Need Provider note)

03 **NO KNOWN EXPOSURE – (Sent home due to symptoms/illness)**
o May return to school when the following are met:

TEST NEGATIVE FOR COVID

• **All:**
   o 24 hours fever-free without fever reducing medication
   o Symptoms have improved
   o **IF diagnosed** with OTHER illness (i.e. Strep) – also follow provider instructions specific to that illness (Need Provider note)
• Proof of NEGATIVE COVID test. **(SEE OPTIONS BELOW)**
• **Test result is only accurate for the date you were tested**

NOT TESTED FOR COVID

• **All:**
   o It has been 10 days since symptoms first appeared **AND**
   o Symptoms have improved **AND**
   o 24 hours fever-free with no fever reducing medicine
   o **IF diagnosed** with OTHER illness (i.e. Strep) –also follow provider instructions specific to that illness (Need Provider note)

Physician note will not be provided for COVID test results. Obtain a copy of results by one of the following methods:
•Give Public Health Department permission to share results with school
•IF tested at FREE TESTING SITE: Check email for results or call National Guard Hotline: **866-419-6988**
• IF tested by Healthcare provider: Print results from PATIENT PORTAL or complete a release of information request form through medical records department