

NYSDOH COVID-19 In-Person Decision Making Flowchart for Student Attendance

Can My Child Go To School Today?

In the past 10 days, has your child been tested for the virus that causes COVID-19, also known as SARS-CoV-2?

YES

Was the test result **positive** OR are you still waiting for the result?

YES

Your child **cannot** go to school today. They must stay in isolation (at home and away from others) until the test results are back and are **negative** OR if **positive**, the local health department has released your child from isolation.

NO

In the last 14 days, has your child:

- Traveled internationally to a **CDC level 2 or 3 COVID-19 related travel health notice country**; or
- Traveled to a state or territory on the **NYS Travel Advisory List**; or
- Been designated a contact of a person who tested positive for COVID-19 by a local health department?

YES

Your child **cannot** go to school today. They must stay at home until your local health department releases your child from quarantine, at least 14 days. A negative diagnostic COVID-19 test does not change the 14-day quarantine requirement.

NO

Does your child currently have (or has had in the last 10 days) one or more of these new or worsening symptoms?

- A temperature greater than or equal to 100.0° F (37.8° C)
- Shortness of breath or trouble breathing
- Feel feverish or have chills
- Nausea, vomiting, diarrhea
- Cough
- Muscle pain or body aches
- Loss of taste or smell
- Headaches
- Fatigue/feeling of tiredness
- Nasal congestion/runny nose
- Sore throat

YES

Your child **cannot** go to school today. Your child should be assessed by their pediatric healthcare provider (HCP). Call your child's HCP before going to the office or clinic to tell them about your child's COVID-19 symptoms. If your child does not have a HCP, call your local health department.

NO

Your child **CAN** go to school today. **Make sure they wear a face covering or face mask, practice social distancing, and wash their hands!**

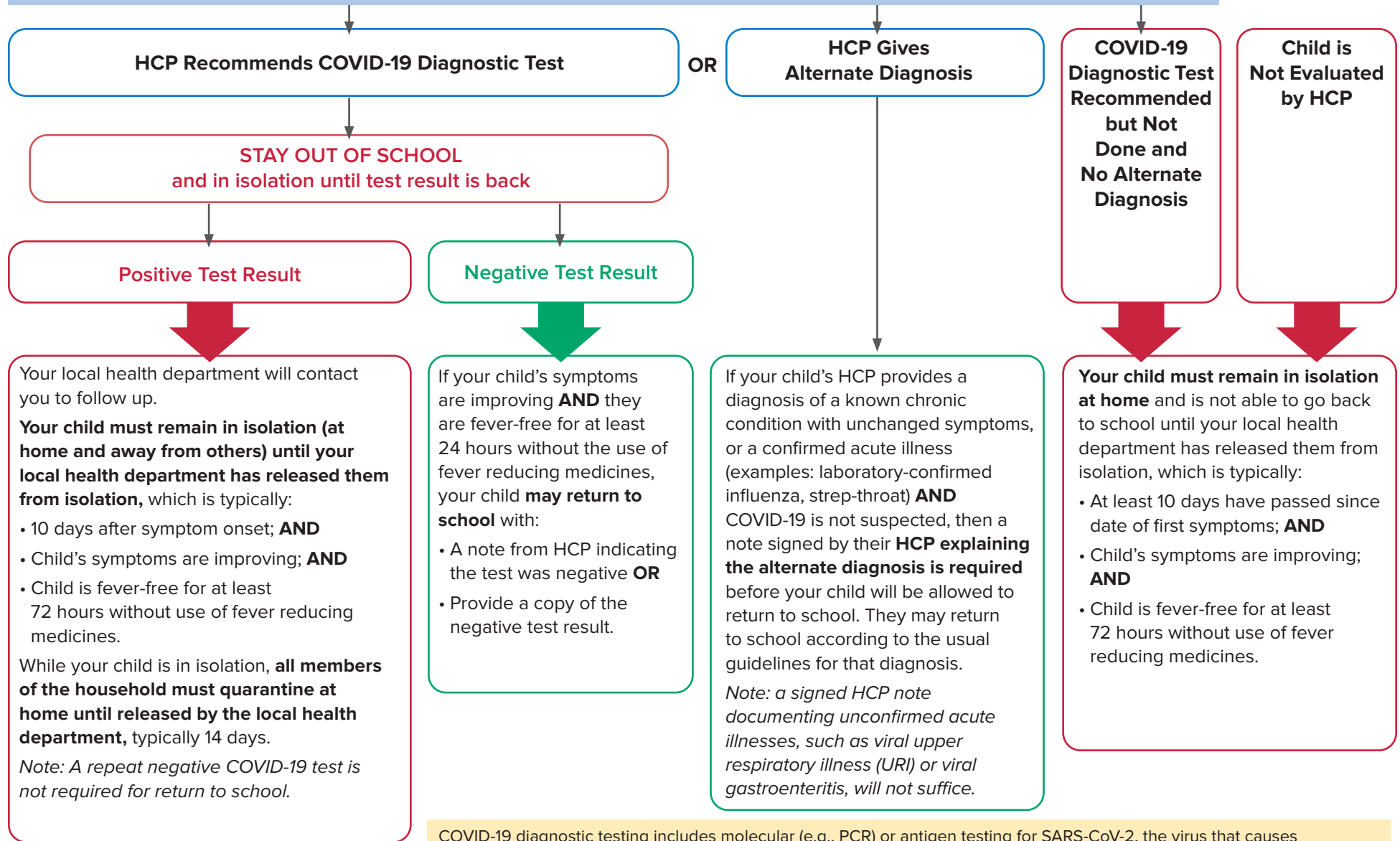
Report absences, symptoms, and positive COVID-19 test results to your child's school.

SEEK IMMEDIATE MEDICAL CARE IF YOUR CHILD HAS:

- Trouble breathing or is breathing very quickly
- Change in skin color - becoming pale, patchy and/or blue
- Prolonged fever
- Racing heart or chest pain
- Is too sick to drink fluids
- Decreased urine output
- Severe abdominal pain, diarrhea or vomiting
- Lethargy, irritability, or confusion

My child has COVID-19 symptoms. When can they go back to school?

HEALTHCARE PROVIDER (HCP) EVALUATION FOR COVID-19 (can be in-person or by video/telephone as determined by HCP)



COVID-19 diagnostic testing includes molecular (e.g., PCR) or antigen testing for SARS-CoV-2, the virus that causes COVID-19. Diagnostic testing may be performed with a nasopharyngeal swab, nasal swab, or saliva sample, as ordered by the health care provider and per laboratory specifications. At times, a negative antigen test will need to be followed up with a confirmatory molecular test. Serology (antibody testing) cannot be used to rule in or out acute COVID-19.

Covid Testing Sites

CityMd Urgent Care – no appt., no referral needed

305 North Central Ave.
Hartsdale NY 10530 8am-8pm
914-219-0161

Urgent Care of NY – Tarrytown

155 White Plains Road, Suite 201
Tarrytown, NY 10591
914-372-7171

Northwell Health – Go Health Urgent Care - no appt. no referral needed

650 White Plains Road
Tarrytown, NY
914-266-3102
M-F 8-8
S-S 9-5

Urgent Care of NY Thornwood

Rose Hill Shopping Center
660 Columbus Ave
Thornwood, NY
914-741-0040

CityMD of White Plains – no appt, no referral needed

222 Mamaroneck Ave.
White Plains, NY 10605
914-401-4282

MEDICAL PROVIDER CLEARANCE TO RETURN TO SCHOOL

Please have your medical provider sign this document and return it to the school nurse BEFORE sending your child back to school

Student: _____ Grade: _____ Date sent home: _____

This child has presented to the School Nurse with the following symptoms that are consistent with COVID-19

Fever of _____ Time: _____ Cough _____ Shortness of breath or difficulty breathing _____ Fatigue/Tired _____

Muscle/Body Aches _____ Headache _____ New loss of taste or smell _____ Sore throat _____ Congestion or runny nose _____

Nausea/vomiting/Diarrhea _____ Other: _____

Returning to School after Illness
Schools must follow CDC, NYSDOH and Local Health Departments for "Return to School" guidance.

Dear Medical Provider,

Please indicate your diagnosis for this child who was sent home from school with *possible* COVID-19 symptoms.

Diagnosis _____

This child was **tested/not tested** for COVID-19 and may return to school on _____
Date

SIGNATURE _____ **DATE** _____

Additional comments including COVID-19 test results _____

Per NYSDOH Interim Guidance for in-person instruction at Pre-k to grade 12 schools during the COVID-19 public health emergency, page 3.

This return to school protocol shall include, *at minimum*, documentation from a health care provider following evaluation, negative COVID-19 diagnostic test result, and symptom resolution, or if COVID-19 positive, release from isolation.