

3 DAILY QUESTIONS

ACTION

1

DOES MY CHILD OR ANOTHER MEMBER OF MY HOUSEHOLD HAVE ANY OF THE FOLLOWING SYMPTOMS THAT ARE NEW OR WORSENING?

- FEVER OR CHILLS
- SHAKING OR TREMORS
- COUGH
- NEW LOSS OF SMELL OR TASTE
- SORE THROAT
- HEADACHE
- SHORTNESS OF BREATH
- FATIGUE
- BODY OR MUSCLE ACHES
- NAUSEA OR VOMITING
- DIARRHEA
- RUNNY NOSE
- CONGESTION



IF YES

STAY HOME

FROM SDCDPH: RUNNY NOSE AS A SYMPTOM TO EXCLUDE A CHILD IS STILL THE CORRECT PROTOCOL TO FOLLOW. WE ARE AWARE PARENTS ARE CONCERNED ABOUT THE PERPETUAL RUNNY NOSE THIS WINTER. THE SYMPTOM COULD STILL REPRESENT COVID-19 AND SHOULD STILL BE INCLUDED AS A SYMPTOM OF EXCLUSION. ANY RUNNY NOSE QUALIFIES AS A SYMPTOM. THE COLOR OR THICKNESS OF THE MUCUS DOES NOT MATTER. IF A CHILD IS REPEATEDLY EXPERIENCING A RUNNY NOSE THEIR HEALTHCARE PROVIDER SHOULD BE INVOLVED TO EVALUATE FOR A CHRONIC CONDITION.

2

HAS MY CHILD, ANY MEMBER OF OUR HOUSEHOLD OR ANY REGULAR VISITOR OF THE HOUSEHOLD BEEN CONFIRMED OR SUSPECTED WITH COVID-19 IN THE LAST 14 DAYS?



IF YES

STAY HOME

3

HAS YOUR CHILD OR ANY MEMBER OF YOUR HOUSEHOLD BEEN NOTIFIED THAT THEY ARE A CLOSE CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE FOR OR IS SHOWING SYMPTOMS OF COVID-19 WITHIN THE LAST 14 DAYS?



IF YES

STAY HOME

A CLOSE CONTACT IS DEFINED AS SOMEONE WHO HAS SPENT 15 MINUTES OR MORE TIME WITHIN 6 FEET OR LESSS (EITHER INDOORS OR OUTDOORS) OF A POSITIVE OR SYMPTOMATIC PERSON STARTING FROM 48 HOURS BEFORE THE PERSON STARTED FEELING SICK OR 76 HOURS BEFORE THE PERSON TESTED POSITIVE.

