



**LONG BEACH ISLAND
CONSOLIDATED SCHOOL DISTRICT**

Ethel A. Jacobsen Elementary School
200 South Barnegat Avenue, Surf City, New Jersey 08008 | Grades PreK-2 | P: 609-494-2341
Long Beach Island Grade School
201 20th Street, Ship Bottom, New Jersey 08008 | Grades 3-6 | P: 609-494-8851

Dear Parent or Guardian,

8/03/2020

Attached please find the LBICSD updated illness policy, as of 8/03/2020. We ask that you keep the School Nurse informed of illness-related absences and/or COVID-19 diagnosis or exposure. For any questions call the Health Office in your building.

Symptoms and conditions requiring absence from campus:

Infectious Disease Symptoms	Other Conditions:
<ul style="list-style-type: none"> ● <u>Fever or fever-like symptoms</u> <ul style="list-style-type: none"> ○ Temperature equal to or greater than 100.0 F or with or without the presentation of fatigue/body aches/chills/shivering. ● <u>Respiratory symptoms</u> <ul style="list-style-type: none"> ○ Cough, congestion, runny nose, sore throat, shortness of breath unrelated to allergies or asthma. ● <u>Gastrointestinal symptoms</u> <ul style="list-style-type: none"> ○ Diarrhea, vomiting, or severe nausea. ● <u>New unexplained loss of taste or smell</u> ● <u>Student reported or has been notified that they have been in close contact with a positive COVID-19 case</u> 	<ul style="list-style-type: none"> ● <u>Confirmed non-COVID viral infectious disease</u> <ul style="list-style-type: none"> ○ Ex: influenza or rhinovirus ● <u>Contagious infections requiring antibiotic treatment</u> <ul style="list-style-type: none"> ○ Ex: Strep throat or pink eye ● <u>Undiagnosed, new, and/or untreated skin rash or condition</u> ● <u>Health Care Provider’s note requiring an individualized plan of care to stay home due to medical concerns.</u>

Procedure for Return to School

Infectious Disease Symptoms	Other Conditions:
<ul style="list-style-type: none"> ● If <u>presenting</u> with COVID-19 symptoms, please test student for COVID-19 and provide a health care provider’s note including treatment-specific guidelines. If you choose not to test student, student must stay home for a minimum of 10 days and return when symptom-free for 3 days and a note from your health care provider. ● If notified to self-quarantine due to a <u>close exposure to a COVID + case</u>, stay home and monitor symptoms for 14 days. Call the LBIHD 609-492-1212 or the COVID-19 hotline at: 800-962-1253 for guidance and contact tracing. ● If <u>NEGATIVE</u> for COVID-19, please remain home for 24 hours symptom-free without the use of medication. If symptoms worsen, please contact your health care provider ● If <u>POSITIVE</u> for COVID-19, student must stay home for 10 days minimum and return when symptom-free for 3 days 	<ul style="list-style-type: none"> ● If confirmed that student has non-COVID viral illness please provide a health care provider’s note to confirm and student may return once 24 hours symptom-free without the use of medication. ● After the first 24 hours of various antibiotic treatments for other contagious infections (i.e. strep throat, pink eye, etc.) ● Doctor’s note requiring an individualized plan of care to stay home due to medical concerns as specified.