OLSS COVID PROTOCOL AGREEMENT
CHANGES EFFECTIVE 8/15/22

Dear OLSS Families,
 Below are the updated OLSS COVID protocols for the 2022/2023 school year. These protocols are based off our most recent guidance and requirements from ADW, Maryland Department of Health, CDC, and Calvert County Health Department. Our goal is for our students to remain in the school building for learning with minimal interruptions while maintaining a healthy school community. Please review the following and sign and return the last page of this agreement.

COVID TESTING

Students will continue to have access to rapid COVID testing at school related to symptomatic cases. You can email schoolnurse@olsss.org to arrange drive through testing for symptomatic students. **Students/staff are still required to remain home and complete COVID testing for the following symptoms:**

COVID like symptoms include ANY ONE of: New onset cough, Shortness of breath, fever over 100, or loss of taste or smell
OR any 2 of the following: Headache, sore throat, runny nose/congestion, body aches, chills, diarrhea/nausea/vomiting

Proof of testing is required to return to school if symptomatic, testing requirements are as follows:
- **Two** rapid COVID tests **at least 24 hours apart** OR
- **ONE** rapid COVID test **24 hours after symptom onset**

*IF students are sent to school with the above symptoms, parents will be contacted and required to return to pick students up promptly (within 30 minutes of contact). Please have sick students remain home and complete testing prior to return to school.

Persons Who Have Confirmed or Suspected COVID-19 (Isolation)

All persons who test positive for COVID-19 or have suspected COVID-19, **regardless of vaccination status**, will complete isolation as follows:

● Students and staff who test positive for COVID will stay home from the date of symptom onset if symptomatic or the date of the positive test if no symptoms and may return under the following conditions:

- Day 1 is considered the first full day **after** symptoms started in symptomatic persons or the first full day after the person tested positive if asymptomatic.
- For those who are isolating due to infection, they should stay by themselves away from others in the home, **for 5 days at least**.
- Testing thereafter is an option, if opting to test after a 5 day isolation, student/staff should have two sequential negative rapid antigen tests **24 hours apart** to unmask earlier than 10 days and return to school.
- If NOT testing, **students/staff may return on Day 6 if the following conditions are met:**
  ◦ No fever for 24 hours without fever reducing medications.
  ◦ Symptoms must be improved and student/staff must be assessed by school nurse prior to return to school to ensure symptoms are controlled and no fever present.
  ◦ Student/staff **MUST** be able to mask for a full 10 days from symptom onset.

* PLEASE NOTE: If the person is determined by staff to be unable to PROPERLY wear a mask around others, they will remain at home for a full 10 days or until 2 negative rapid tests can be obtained.

Exposure to Someone with COVID-19

ANYONE vaccinated or not vaccinated who are close contacts to a positive COVID case are REQUIRED to wear a mask for 10 days after the exposure. Students/staff should complete a COVID test between days 3-5 after exposure with a rapid test. **There will be no quarantining requirements for exposures as per updated guidance** unless staff/student cannot properly wear a mask or symptoms develop.

*YOU MUST CONTINUE TO REPORT ALL POSITIVE CASES AND EXPOSURES TO SCHOOLNURSE@OLSSS.ORG.

If you have any questions or concerns, please do not hesitate to reach out. I am looking forward to a great school year as we work toward returning to some normalcy.

Sincerely,

Brandi Hutchins, RN, BSN, OLSS School Nurse

PARENT COVID PROTOCOL AGREEMENT

I have read the above OLSS COVID Protocols and agree to abide by the above protocols and

agreements set forth by the school and local health department to promote the health and wellness of our school and surrounding community.

Student Name:_____

Parent Name:_____

Parent signature:_____