

South Shore Educational Collaborative

75 Abington Street
Hingham, MA 02043
www.ssec.org



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Student and Family COVID Protocol and Testing for the 2022-2023 School Year

- Students should not come to school if they are feeling sick while at home.
- If a student becomes ill at school a staff member will call nursing and bring the student to the nursing office for evaluation.
- If the nurse determines that the student has COVID symptoms, they will be brought to a separate area for assessment.
- Nursing may perform a COVID test **provided the parent/guardian has completed the COVID testing form for the 2022-2023 school year (please see attachment).**
- If a student has minimal symptoms and tests negative, they may remain at school.
- If a student **tests positive** for COVID-19, they will remain in the separate room, monitored by staff. **They must be picked up by their parent/guardian/emergency contact in a timely manner and isolate at home for 5 days (beginning the day after their first symptoms).**

Students may return to school on **day 6 if fever free x 24 hours, have improving symptoms and are able to wear a well-fitting mask at all times through day 10 of illness (other than while eating or drinking and then they should stay at least 6 feet away from others).**

- If unable to wear a mask, the student may test again on day 6 and **if they test negative they may return to school. If they test positive on day 6 they should remain in isolation through day 10.**

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COVID Symptoms to monitor for each morning include:

- ☐ **Fever (100 degrees Fahrenheit or higher), chills, or shaking chills**
- ☐ **Difficulty breathing or shortness of breath**
- ☐ **New loss of taste or smell**
- ☐ **Muscle or body aches**
- ☐ Cough (*not due to other known cause, such as chronic cough*)
- ☐ Sore throat (*when in combination with other symptoms*)
- ☐ Nausea, vomiting, or diarrhea (*when in combination with other symptoms*)
- ☐ Headache (*when in combination with other symptoms*)
- ☐ Fatigue, (*when in combination with other symptoms*)
- ☐ Nasal congestion or runny nose, (*not due to other known causes, such as allergies*) (*when in combination with other symptoms*).

If your child has any of these symptoms or combination of symptoms as stated above, **Do not send them to school.** Contact their program director and/or school nurse and consider testing for COVID-19 using a rapid antigen test.

IF NEGATIVE: If they do not have COVID-19, they may return to school based upon guidance from their healthcare provider and necessary management of **another diagnosis**. Students may return to school once their symptoms have improved and you are fever free for 24 hours without the use of fever reducing meds.

Thank you for your support, it is our hope that these measures will work together to keep our schools safe for everyone. Please contact your program nurse with any questions or concerns.

Paula Allen BSN, RN, NCSC

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The South Shore Educational Collaborative serves Braintree, Cohasset, Hingham,
Hull, Marshfield, Milton, Norwell, Quincy, Randolph, Scituate and Weymouth

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Student Consent Form for Symptomatic COVID -19 Testing at School

Parent/Guardian Name (print): _____

Parent/Guardian Cell Ph. # _____

Parent/Guardian Email Address: _____

Student Name (print): _____

Student Date of Birth: _____ Student Grade Level: _____

Student Address: _____

- ☐ Yes, I give permission for my child to be COVID tested if they present with symptoms at school.
- ☐ No, I do not give permission for my child to be COVID tested if they present with symptoms at school.

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

I authorize collection and testing of a sample from my student for COVID-19 at school with an individual rapid antigen test if they are presenting with symptoms while at school (I acknowledge that my child should not go to school if exhibiting COVID symptoms while at home).

Testing consists of a shallow nasal swab to both nostrils and takes 15 minutes to complete.

I realize that I can change my mind and cancel testing at any time, but that such cancellation is forward looking only, and will not affect information previously released.

To cancel this permission for COVID-19 testing or to ask additional questions, contact your program nurse.

Parent Signature: _____ Date: _____

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