

STAYING HOME & EXCLUSION POLICIES FOR 2023-2024 SCHOOL YEAR

Dear Parents/Guardians,

The Matheny School policy requires students and staff to STAY HOME if they are experiencing COVID-19 symptoms. This is important to prevent the spread of infection to others and enables the individual time for testing, treatment, rest, and full recovery.

The following are symptoms of COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Present Exposure Guidelines: Students are to stay home when they feel sick or if they test positive for COVID-19. Regardless of their vaccination status, if a student experiences COVID-compatible symptoms, they are to isolate from others, be clinically evaluated, and be tested for SARS-CoV-2. If symptoms occur during school hours, the student will be cared for in an isolation room until the parent/guardian or designated contact is available to pick them up. If unvaccinated students have close contact with a person who tests positive for COVID-19, they are to test, monitor symptoms, and wear a mask indoors and outdoors for ten consecutive days.

Students will not be permitted to attend school if they have a contagious illness such as, but not limited to, the following:

- **FEVER 100.5° F:** May return when they are fever free (under 100 degrees Fahrenheit) for **24 hours without** medication.
- **DIARRHEA/VOMITING:** May return when symptom-free for 24 hours and able to eat a regular diet.
- **STREP THROAT:** May return after 24 hours of antibiotic treatment and no fever for 24 hours.

- CONJUNCTIVITIS (pink eye): May return 24 hours after treatment begins and eyes are free of discharge.
- HEAD LICE: May return after treatment and removal of all [live](#) lice and nits from hair.
- RINGWORM: May return after treatment begins; the area should be covered while in school for the first 48 hours of treatment.
- IMPETIGO / STAPH / MRSA: May return 24 hours after treatment starts; wound must be covered with dressing taped on all 4 sides.
- COMMUNICABLE DISEASES (such as: Influenza, chickenpox, measles, mumps, pertussis, meningitis, mononucleosis, etc.): May return when cleared by their medical provider with the required doctor's note.


It is in your child's best interest to feel well in order to fully benefit from the school program. Keep your child home if they are experiencing a lack of appetite, sleeplessness, sneezing often, earache, and continuous nasal drainage.


It is strongly advised that your child takes the FIRST dose of an antibiotic and remains at home for at least 24 hours afterward. If your child requires antibiotics or any other medication during school hours, a medical provider's note is necessary.

Please remember to obtain a “**return to school note**” from your medical provider if the student is out for 3 or more days when excluded for communicable symptoms. **Medical clearance to return to school** (inclusive of prescriptions to resume all therapies and/or changes in medications) is required for any visit to the **Emergency Room** or **inpatient hospitalizations**. Bring the note to the student health office on or before the day your child returns to school. Medical providers may **directly fax to the School Nurse at Fax # (908) 375-7342 or attach and sent via email to veldridge@matheny.org and ahousel@matheny.org.**


Reminder: all medical orders that are new or have changed, require a new prescription signed by the doctor for the school nurse to administer.

If you have questions or require additional information, please contact the School Nurse at 908-234-0011 x1217

Approved by:  MD Date: 09/05/2023
Surbparkash Singh MD

School Principal:  Date: 09/05/2023
Sean P. Murphy M.A. T.O.H

Certified School Nurse:

 Date: 09/05/2023

Angela Housel MSN, RN, CSN

Substitute School Nurse:

 Date: 09/05/2023

Vanica Eldridge BSN RN

Parent/Guardian: _____ Date: _____

Students Name (please print): _____

Reference: State of New Jersey Department of Health, 5/23/2023 Guidelines