

BEXLEY HEALTH PLEDGE 2021-2022

Anything included in this Health Pledge is subject to change based on changes in conditions, policies, or guidance from various public authorities.

8/10/21

All members of the Bexley City School District Learning Community have an important role to keep themselves and others safe while stopping the spread of COVID-19. Because of this, I pledge to take responsibility for my own health and help stop the spread of the COVID-19. It is my Bexley Health Pledge to protect myself, my peers, and the Bexley City School District community by doing the following:

1. I will timely report any known or potential exposures to COVID-19 to my supervisor or school office and complete the BCSD confidential reporting system at [BCSD COVID Reporting Link](#). If I am notified that someone I had close physical contact with was diagnosed with COVID-19, I will follow the current Franklin County Public Health quarantine guidance: [What To Do If You Have Been Exposed or If You Are Sick – Franklin County Public Health – COVID-19](#)
2. If I have **ONE** or more of these COVID-19 related symptoms, I will notify my health care provider and complete the BCSD confidential reporting system at [BCSD COVID Reporting Link](#). I will separate myself from other people as much as possible, stay in a specific room and away from other people in my home. If I need to be around other people I will wear a mask and maintain a 6-foot distance as much as possible :
 - Chills or Fever at least 100.4°F
 - New cough or worsened chronic cough
 - Shortness of breath or difficulty breathing
 - New loss of sense of smell or taste
 - Upper Respiratory Symptom--sore throat, congestion, runny nose
 - Headache
 - Muscle or body aches
 - Fatigue
 - Gastrointestinal symptoms--nausea, vomiting, diarrhea
3. I will look for emergency warning signs for COVID-19. If I or someone I know is showing any of these signs, I will seek emergency medical care immediately:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

4. If I test positive for COVID-19, I will isolate according to the guidance of Franklin County Public Health.
5. If I have COVID symptoms, I will seek testing through my personal physician or using kits provided by Bexley City Schools. If I test negative for COVID-19, I will return to school 24-hours after the resolution of symptoms.
6. In addition, to keep myself and others safe, I pledge to:
 - Wear a face mask or the appropriate PPE while indoors in a public space or while on school transportation.
 - Practice physical distancing of at least 3 feet, when possible, as required by the District.
 - Frequently wash and/or sanitize my hands.
 - Keep my personal space, shared common space, and my belongings clean
 - Practice cough and sneeze etiquette