

SOUTH DAKOTA  
DEPARTMENT OF HEALTH

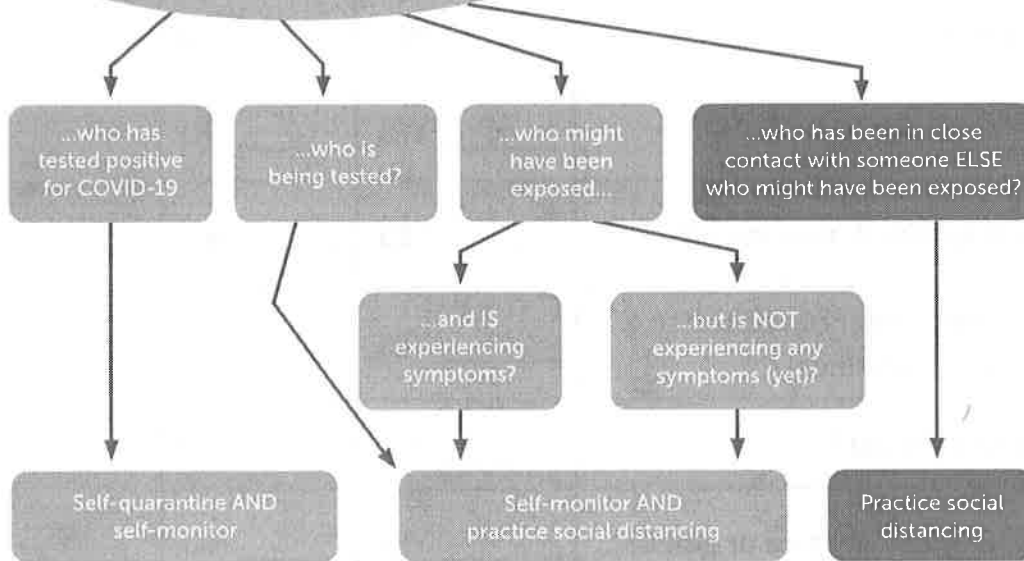
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# COVID-19 PANDEMIC

What should I do if I've  
been in close contact  
with someone...

## CLOSE CONTACT MEANS:

- Spending prolonged periods in same room
- Direct physical contact - kissing, hugging
- Shared eating or drinking utensils
- Contact with respiratory secretions  
(cough, sneeze on you)



**WHAT IF I HAVE SYMPTOMS?** Call your healthcare provider.

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Developed from an infographic by the City of Sioux Falls

## HOW DO I...

### Self-Quarantine

- Stay home for 14 days.
- Avoid contact with other people.
- Don't share household items.

### Self-Monitor

- Be alert for symptoms of COVID-19, including a fever/chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea/vomiting, diarrhea.
- Take your temperature every morning and night and write it down.
- Call your doctor if you have trouble breathing or a fever (100.4°F/38°C).
- Don't seek medical treatment without calling first!



### Practice Social Distancing

- Stay home as much as possible.
- Don't physically get close to people. Try to stay 6 feet away.
- Don't hug or shake hands.
- Avoid groups of people.
- Be aware of frequently touched surfaces, including doorknobs, elevator buttons, service counters, shared pens, touch screens, steering wheels, and cell phones.

## STUDENT SYMPTOM SCREENING CHECKLIST

Parents must complete a daily symptom screening check by answering these questions before sending their child to school.

Has your child had close contact (within 6 feet for at least 15 minutes) with a confirmed case of COVID-19?	_____ YES	_____ NO
Does your child have new or worsening shortness of breath?	_____ YES	_____ NO
Does your child have new or worsening cough?	_____ YES	_____ NO
Does your child have a fever of 100. or greater?	_____ YES	_____ NO
Does your child have chills?	_____ YES	_____ NO
Does your child have diarrhea?	_____ YES	_____ NO
Does your child have unexplained muscle pain?	_____ YES	_____ NO
Does your child have a headache (not related to a known health condition i.e. migraines)?	_____ YES	_____ NO
Does your child have a sore throat?	_____ YES	_____ NO
Does your child have a new loss of taste or smell?	_____ YES	_____ NO
Has your child been vomiting or is experiencing nausea?	_____ YES	_____ NO

	If <b>YES</b> to <b>ANY</b> of the questions <b>DO NOT SEND YOUR CHILD TO SCHOOL</b> . Please seek guidance from your medical provider. Contact your school to inform them of your child's symptoms. You may also contact the South Dakota Department of Health at 1-800-592-1861 with questions.
	If <b>NO</b> to <b>ALL</b> questions go to school.