



November 19th, 2020

Hello Bruin Families!

As mentioned last week, the need to review this criteria is essential before we have our first big holiday break - Thanksgiving! We want to make sure our kiddos can stay in-person after we return, but we need consistency in our prevention in order to do so. Below are guidelines to follow while on break - staying home, virtual family time, mask-wearing and 6 ft distance if having a get together, being mindful to stay-in if you have any cold symptoms, washing your hands, doing a fall cleaning on the house, and avoid buffet style dinners...just to name a few! Our school was able to hand out **KN95** masks this week, as donated by the Hamilton County Board of Health! I recognize that some masks don't fit all faces, but then again - many haven't been. We have the ability to provide students with extra protection and we plan to arm them accordingly. If you choose to not allow your child to wear one, that is absolutely fine and a conversation you may have with them personally. I also have plenty of paper and cloth masks accessible to students, as well! Our goal, when reopening schools, was and is to be transparent and resourceful.

As usual, I strive to keep your family safe and healthy. Continuing school is keeping our children feeling normal, even with masks on. In order to do this we have to keep them healthy and safe during the holidays - even when family gatherings and holiday parties are some of the most exciting events of the year! Just remember, we are all in this together.

I am thankful for each and every one of your kiddos and for St. Teresa of Avila. This has been the most chaotic time in my nursing career, yet I am finding the blessings in it every day just working with the individuals at this school. I am also sending out information regarding vision and hearing screenings coming up in December - please see attached letter!

In health and wellness,  
Kate Gross  
School Nurse

See below CDC guidelines for holidays at home!

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/thanksgiving.html>

Traditional Thanksgiving gatherings with family and friends are fun but can increase the chances of getting or spreading [COVID-19](#) or the [flu](#). Follow these tips to make your Thanksgiving holiday safer.

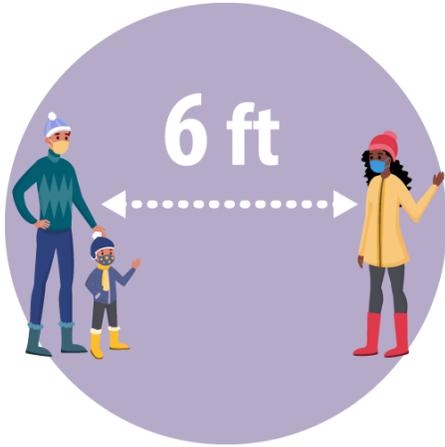
The safest way to celebrate Thanksgiving this year is to celebrate with people in your household. If you do plan to spend Thanksgiving with people outside your household, take steps to make your celebration safer.

## Everyone Can Make Thanksgiving Safer

### Wear a mask



- Wear a mask with two or more layers to stop the spread of COVID-19.
- Wear the mask over your nose and mouth and secure it under your chin.
- Make sure the mask fits snugly against the sides of your face.



Stay at least 6 feet away from others who do not live with you.

- Remember that some people without symptoms may be able to spread COVID-19 or flu.
- Keeping 6 feet (about 2 arm lengths) from others is especially important for [people who are at higher risk of getting very sick](#).

## Wash your hands



- Wash hands often with soap and water for at least 20 seconds.
- Keep [hand sanitizer](#) with you and use it when you are unable to wash your hands.
- Use hand sanitizer with at least 60% alcohol.

## Attending a Gathering



Make your celebration safer. In addition to following the steps that everyone can take to make Thanksgiving safer, take these additional steps while attending a Thanksgiving gathering.

- Bring your own food, drinks, plates, cups, and utensils.
- Wear a mask, and safely [store your mask](#) while eating and drinking.
- Avoid going in and out of the areas where food is being prepared or handled, such as in the kitchen.
- Use single-use options, like salad dressing and condiment packets, and disposable items like food containers, plates, and utensils.

## Hosting a Thanksgiving Gathering



If having guests to your home, be sure that people follow the steps that everyone can take to make Thanksgiving safer. Other steps you can take include:

- Have a small [outdoor meal](#) with family and friends who live in your community.
- Limit the number of guests.
- Have conversations with guests ahead of time to set expectations for celebrating together.
- [Clean and disinfect](#) frequently touched surfaces and items between use.
- If celebrating indoors, make sure to open windows.
- Limit the number of people in food preparation areas.
- Have guests bring their own food and drink.
- If sharing food, have one person serve food and use single-use options, like plastic utensils.

## Thanksgiving Travel

Travel increases your chance of getting and spreading COVID-19. Staying home is the best way to protect yourself and others.

### If you do travel



- Check travel restrictions before you go.
- Get your [flu shot](#) before you travel.
- Always wear a mask in public settings and on [public transportation](#).
- [Stay at least 6 feet apart](#) from anyone who is not in your household.
- Wash your hands often or use hand sanitizer.
- Avoid touching your mask, eyes, nose, and mouth.
- Bring extra supplies, such as masks and hand sanitizer.

## Consider Other Thanksgiving Activities

Host a virtual Thanksgiving meal with friends and family who don't live with you



- Schedule a time to share a meal together virtually.
- Have people share recipes and show their turkey, dressing, or other dishes they prepared.

## Watch television and play games with people in your household

- Watch Thanksgiving Day parades, sports, and movies at home.
- Find a fun game to play.

## Shopping

- Shop online sales the day after Thanksgiving and days leading up to the winter holidays.
- Use contactless services for purchased items, like curbside pick-up.
- Shop in open air markets staying 6 feet away from others.

## Other Activities

- Safely prepare traditional dishes and deliver them to family and neighbors in a way that does not involve contact with others (for example, leave them on the porch).
- Participate in a gratitude activity, like writing down things you are grateful for and sharing with your friends and family.



Last Updated Nov. 10, 2020 Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\)](#), [Division of Viral Disease](#)

## Vision and Hearing Screening Information Letter

To: Parent or Caregiver

Date Hearing Screenings will be administered: **Week of 12/14-12/18/2020 and Week of 1/11-1/18/2021**

To all students in grades: **Kindergarten, First Grade, Third Grade, Fifth Grade, Seventh Grade, and New Students.**

### **Why is it important to have your child's hearing screened?**

Hearing is important for speech, language development, reading and learning. A hearing screening can detect if your child needs further hearing testing. Even if your child has passed a hearing screening previously, their hearing can change. Hearing loss is invisible and children may appear to be not paying attention.

### **Who gets screened?**

- School-aged children shall be screened at six grade levels: kindergarten, first, third, fifth, ninth and eleventh.
- Students may be screened in additional grade levels. In addition, the following school children shall be screened annually or upon occurrence:
  - Students new to a school (and not tested within the past 12 months).
  - Students referred by a teacher or other school personnel.
  - Students who were referred within the past year with no documented follow-up, regardless of grade.
  - Students absent during the previous hearing screening.
  - Students at risk for noise exposure (e.g., band, vocational education, industrial education, automotive mechanics).
  - Students who request a hearing screening.
  - Students whose parent(s)/caregiver request a hearing screening.

**If you do not wish for your child to be tested please fill out the form attached that you decline screening.** If you would rather your child be seen by a specialist for screening, use Form K: Screening Results Documentation Form. If your child is a remote learner, you may opt out of screening this year due to COVID-19, or you may email me at [gross\\_k@stteresa.net](mailto:gross_k@stteresa.net) to schedule an appointment for screening.

If your child passes the hearing screening, you may not be contacted. A hearing screening only provides a snapshot of how your child performs on the day the test was administered and is not a substitute for a complete hearing evaluation by an audiologist.

If your child fails any part of the screening, a rescreen will be done. If the child still does not pass you will be contacted and a referral will be made at that time.

In health and wellness,

Kate Gross, RN  
St. Teresa of Avila School

## School Vision/Hearing Screening Monitoring Waiver

Date: \_\_\_\_\_

School Year: 20\_\_\_\_ - \_\_\_\_

Child's Name: \_\_\_\_\_

School: St Teresa of Avila School

I \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, request that he/she be exempt from the state mandated annual school vision screening/monitoring for the current school year, due to COVID-19 or other. I understand that this waiver to exclude my child needs to be renewed each school year or my child's vision may be screened/ monitored as mandated by the Ohio Department of Health guidelines for school vision screenings.

I understand by choosing to exempt my child from the district vision screening/monitoring, I cannot hold the district liable in any way for any undetected changes in vision/vision health or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/vision health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school nurse at least two weeks prior to the school's scheduled vision screening/monitoring

\_\_\_\_\_

Signature of Parent/Legal Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Parent/Legal Guardian

This area for office use only: Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# Screening Results Documentation Form

Form to be Completed by Healthcare Provider

Name: _____	School Year: _____
I authorize my child's physician to release this completed form to _____. Please fax to _____, Attention: _____ I understand that the requestor will protect this information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and the Health Privacy Act (including HIPPA).	
Parent/Guardian Signature _____	Date _____

Childs' Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Pure Tone Hearing Screening Results

	1000	2000	4000	Observation/Comments:
R	Pass _____ (20 dB)	Pass _____ (20 dB)	Pass _____ (20 dB)	
	Non Pass _____	Non Pass _____	Not Pass _____	
L	Pass _____ (20 dB)	Pass _____ (20 dB)	Pass _____ (20 dB)	
	Non Pass _____	Non Pass _____	Not Pass _____	

### EVALUATION RESULTS:

Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Comments: \_\_\_\_\_

### Vision Screening Results

Acuity Test:	Uncorrected:	Corrected:	Indicate Type by placing a "X"	Electronic Screener (circle one):	Observation/Comments:
R	Pass:	Pass:	_____ Lea 5 ft. _____ Lea 10 ft. _____ Eye Check _____ Sloan Chart 10 ft	Suresight/Retinomax/JVAS	
	Non Pass _____	Non Pass _____			
L	Pass:	Pass:	_____ Lea 5 ft. _____ Lea 10 ft. _____ Eye Check _____ Sloan Chart 10 ft	Suresight/Retinomax/JVAS	
	Non Pass _____	Non Pass _____			
Stereopsis	Pass	Fail	_____ Smile (PASS 2) _____ Random Dot E		
Color Vision (Male Only)	Pass	Non Pass	_____ Ishihara - 14 plate _____ Pseudoisochromatic color testing - 16 plate _____ Color Vision Testing Made Easy		

### EVALUATION RESULTS:

Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of examining Healthcare Provider: _____	Date of exam: _____
Address: _____	
Phone: _____	