

When is a doctor’s note required?

The table below provides guidance as to when a doctor’s note is required—to stay in school, to stay away from school, and to return to school. In the table below, the terms “individual” and “someone” could refer to a child, a teacher, or other staff working in the school.

What if the policy of my school or daycare differs from the guidance below?

The advice presented is consistent with the guidance of the BCCDC. If your school or daycare has a different policy, please notify your local Medical Health Officer.

Situation	To stay in school	To stay away from school/participate in non in-person education activities	To return to school after illness
An individual has developed new symptoms that could be COVID-19.	<p>If someone develops symptoms at school, they must immediately leave school or be placed in isolation waiting pickup. If they are at home, they must NOT return to school.</p> <p>They must remain home until they have a negative COVID-19 test, or for 10 days from the start of symptoms.</p> <p>A note is NOT required.</p>	A note is NOT required.	<p>If new symptoms ended more than 48 hours ago (and there was NO contact with someone confirmed to be COVID positive), an individual may return to school. Be aware that a post-infectious cough may linger for up to 6 weeks, so consult your Family Doctor or Nurse Practitioner in this case for guidance.</p> <p>As per the Provincial Health Officer, a doctor’s note is NOT required to return to school.</p>
Someone has a chronic illness with respiratory symptoms (e.g. allergies or chronic sinusitis).	<p>Individuals who experience seasonal allergies or other COVID-19-like symptoms, which are related to an existing condition can continue to attend school when they are experiencing these symptoms as normal. If they experience any change in symptoms they should seek assessment by a health-care provider.</p> <p>A note is NOT required.</p>	A note is NOT required.	<p>You should consult with your Family Doctor or Nurse Practitioner to manage symptoms as best as possible.</p> <p>As per the Provincial Health Officer, a doctor’s note is NOT required to return to school.</p>

Situation	To stay in school	To stay away from school/participate in non in-person education activities	To return to school after illness
Someone in my household is immunocompromised.	—	See criteria below. A Doctor or Nurse Practitioner must complete the Ministry of Education form for an individualized education plan. There may be a charge for this as this service is not covered by MSP.	—
An individual had symptoms consistent with COVID-19, but their test was negative.	—	—	Even with a negative test, it is recommended to keep individuals with symptoms at home until they improve. A doctor's note is NOT required.
An individual had symptoms consistent with COVID-19, or had a positive exposure or COVID-19 test. They are better now and ready to go back to school.	—	—	If someone isolated for 14 days after illness and does not currently have symptoms, even if they did have COVID-19, their infection has passed and they are no longer contagious. Be aware that a post-infectious cough may linger for up to 6 weeks, so consult your Family Doctor or Nurse Practitioner in this case for guidance. As per the Provincial Health Officer, a doctor's note is NOT required to return to school.

Guidance for Individuals with Immune Suppression

General guidance: bccdc.ca/Health-Professionals-Site/Documents/COVID19-easing-social-distancing-IS-children.pdf

This information from the BCCDC is for children with immune suppression, also called immunosuppression, immune compromise or immunocompromised. Immune suppression means that your child's immune system is weakened by medications or a medical condition. A weakened immune system may not be able to protect as well from infection. **A child with a high risk of immune suppression is at higher risk of getting infections.**

Some conditions that **do not lead to immune suppression** include the following (this information is from the National Institute of Public Health in Quebec, see msss.gouv.qc.ca/msss/fichiers/2020/20-210-166W.pdf. This level of detail has not yet been provided by the Province of British Columbia):

1. Asthma, when it has been well-controlled for at least three months with exposure to normal triggers.
2. Diabetes when it is well-controlled. NOTE: According to the American Diabetes Association, while people with diabetes are not at greater risk of catching COVID-19, they may have more significant impact from COVID-19 (see diabetes.org/coronavirus-covid-19/how-coronavirus-impacts-people-with-diabetes).
3. Children waiting for a solid organ transplant can mostly attend their educational setting, unless they meet other criteria below.
4. Children receiving dialysis, unless awaiting transplant.
5. Sickle Cell anemia.
6. Celiac disease (according to the Canadian Celiac Association at celiac.ca/news-events/covid19).

The following situations may indicate your child has immune suppression: speak with a physician about whether it is appropriate for your child to attend school in-person.

1. They have a medical condition where a doctor has told you that their immune system could be affected. This includes:
 - uncontrolled chronic lung disease, including uncontrolled asthma,
 - those on home oxygen,
 - those who require non-invasive oxygen therapy at home (BiPAP, CPAP, or Optiflow),
 - infants with tracheotomies, and
 - those with certain heart conditions, including
 - severe pulmonary hypertension,
 - cyanogenic heart disease that have not received corrective surgery,
 - awaiting or post cardiac transplant, and
 - severe heart failure.

2. They have received a solid organ transplant:
 - within the past 6–12 months,
 - there has been treatment for rejection within the past 6 months;
 - the immunosuppressant treatment has been increased during the past 6 months.
3. They have side effects from medications (see list below) that cause a very low white blood cell count.
4. They are taking medication (see list below) that suppresses their immune system. Children may be taking these medicines as treatment for:
 - autoimmune or rheumatologic disease,
 - inflammatory bowel disease,
 - immune-mediated kidney or liver disease,
 - organ transplant, or
 - bone marrow or stem cell transplant.
5. They are having chemotherapy, or they had chemotherapy recently.

Common immune suppressing medicines

- Actemra (Tocilizumab)
 - Anakinra (Kineret)
 - Arava (Leflunomide)
 - CellCept (MMF)
 - Cyclophosphamide
 - Cyclosporine
 - Enbrel or Erelzi (Etanercept)
 - Entyvio (Vedolizumab)
 - Humira (Adalimumab)
 - Ilaris (Canakinumab)
 - Imuran (azathioprine)
 - Methotrexate
 - Myfortic (MPS)
 - Orencia (Abatacept)
 - Prednisone—when used for longer than two weeks AND the dose is higher than 2 mg/kg/day (or greater than 20 mg/day)
 - Prograf or Advagraf (Tacrolimus)
 - Remicade or Renflexis (Infliximab)
 - Rituximab
 - Sirolimus
 - Stelara (Ustekinumab)
 - Xeljanz (Tofacitinib)
- Inhaled corticosteroids, when taken as directed, are not immune suppressing