

BMRSD COVID19 Handbook Appendix

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1. Course Requiring Additional Safety Considerations

a. Arts: Chorus, band

If indoors, with masks required, it can occur with at least 3 feet of distance between individuals. It can not occur indoors without a mask.

Chorus

- All students should face in one direction instead of facing one another.
- Avoid singing in a circle or semicircular formation.

Band

- All brass and woodwind instruments should never be shared. Percussion, strings, and piano may continue indoors or outdoors and can be shared.

2. COVID 19 Exposure or Positive Test

Close contact of student or staff who tests positive for COVID-19

1. A close contact is defined as someone who has been within 6 feet of an infectious individual while indoors for a cumulative time of 15 minutes per 24 hours. An individual is considered infectious 48 hours prior to the onset of symptoms or 48 hours before a positive test for an asymptomatic individual and continues until the time the COVID-19 positive individual is isolated.

Current Massachusetts DPH guidance is that all unvaccinated close contacts of someone who has tested positive for COVID-19 should be tested. Individuals who are asymptomatic and fully vaccinated are exempt from testing and quarantine response protocols, however, it is recommended to have a COVID-19 PCR test 3-5 days after exposure. If the vaccinated individual is symptomatic, they must follow the current BMRSD protocol for testing and quarantine. Proof of vaccination must be provided.

2. The student or staff member who was in close contact with someone who tested positive for COVID-19 should be tested at one of Massachusetts's [test sites](#). Sites may require pre-screening, a referral, and/or an appointment. An individual who does not wish to be tested should instead quarantine for 14 days.

3. Close contacts must quarantine at home for up to 14 days from the date of last contact with the infectious individual. Please note that individuals who had COVID-19 in the last 90 days (from day of symptom onset or day of first positive test if asymptomatic), AND individuals who have received either two doses of the Moderna or Pfizer COVID-19 vaccines or a single dose of the Janssen (J&J) COVID-19 vaccine, at least 14 days ago are not required to quarantine following an exposure if the individuals remain symptom-free. They should actively monitor for symptoms and if any develop during the 14 days post-exposure, they should be tested on day 5 or later and quarantine. Proof of vaccination or a positive test must be provided.

4. If a close contact in the classroom is between 3 feet to 6 feet from the infectious individual, per DESE, they do not need to be tested or quarantine unless they become symptomatic as long as both individuals are masked. They must actively monitor for symptoms and if symptoms develop they must test and then quarantine for the balance of the 14 days if negative. If they test positive, they need to follow the guidance for a positive individual. Individuals on buses do not need to quarantine as

long as both are masked and the windows are open. All classroom close contacts who are within 3 feet or less of an infectious individual, and those at lunch, indoor recess, indoor sports, extracurricular activities, or any contact within the school building during the school day must continue to quarantine based on the current BMRSD protocol.

5. If an unvaccinated student or staff member is exposed at school to an infectious individual, they must either self-quarantine for 7 days from the date of exposure if they remain asymptomatic, receive a negative PCR test on day 5 or later, and conduct active monitoring for symptoms through day 14 and self-isolate if symptoms develop **OR** participate in the “**Test and Stay**” option. With the “Test and Stay” option, close contacts can remain in school and do not have to quarantine, as long as they:

- Are asymptomatic.
- Wear masks in school at all times, other than when eating or drinking. When these individuals cannot be masked (i.e., when eating or drinking) they should maintain at least 3 feet of distance from other individuals whenever possible.
- Take a rapid antigen test (e.g., BinaxNOW) on each school day and receive a negative result. When the 7 days from date of exposure includes weekends or holidays, individuals should quarantine on weekends, and if they remain asymptomatic, upon return to school be tested immediately. If the individual remains negative, they can stay in school.
- Conduct active monitoring for symptoms through day 14, and self-isolate at home if symptoms develop.

6. If an unvaccinated student or staff member is exposed outside of school to an infectious individual, they should self-quarantine for 10 days from the date of exposure if they remain asymptomatic, receive a negative PCR test on day 5 or later, and conduct active monitoring for symptoms through day 14 and self-isolate if symptoms develop.

7. In order to return to school, must self-quarantine at home for up to 10 days from the last date of contact with the infectious individual and remain symptom free. Close contacts should be tested, ideally 5-7 days after the last contact. However, a negative test does not shorten the length of quarantine. Close contacts need to actively monitor for symptoms. If they have any COVID-19 symptoms, they must continue to quarantine for 14 days.

8. IF POSITIVE TEST: The student or staff member should self-isolate at home (except to get medical care), monitor their symptoms, notify the school, notify

personal close contacts, assist the school in contact tracing efforts, and answer the call from the local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 24 hours fever free without the use of fever-reducing medications and have an improvement in other symptoms. FOLLOW STEPS UNDER: “Protocol: Student / staff tests positive for COVID-19.”

Student or Staff Tests Positive for COVID-19

1. The student or staff member must remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from the local board of health or Massachusetts Community Tracing Collaborative. For most people who have relatively mild illness, they will need to stay in self-isolation for at least 10 days **and** until at least 24 hours fever free without the use of fever-reducing medications **and** experience an improvement in other symptoms.
2. The student’s parent/caregiver or the staff member informs the proper school official (e.g. a designated person that is the COVID-19 school lead) that the individual has tested positive for COVID-19. The designated COVID-19 school lead in turn notifies others as pre-determined by the school (e.g., school leadership, school nurse or school medical point of contact, building management, maintenance).
3. Determine whether the student or staff member was on the premises during the time frame that started two days prior to symptom onset (or testing positive if not symptomatic) until the time of isolation.
 - a. If so, promptly close off areas visited by the COVID-19 positive individual until such areas can be cleaned and disinfected, if they have not been cleaned and disinfected already.
 - b. Promptly clean and disinfect the student’s or staff member’s classroom and any other facilities (e.g., extracurricular facilities) visited by the individual, if that has not been done already.
 - c. Promptly clean and disinfect the bus(es) the student or staff member was on, if any, and if not already done.

4. ELEMENTARY SCHOOL (e.g., student has self-contained classroom throughout the day):

- a. Send communication to the families of those children who are close contacts (as described below) to the individual student or staff member

who tested positive without providing any identifying information.

b. Communications sent to families/staff should:

i. Inform them there was a positive test (not the specific individual) in the self-contained classroom.

ii. The school should identify the student's or staff member's possible "close contacts" based on the assigned seating charts. The lookback period should begin two days before symptoms appeared (or two days prior to the date of the positive test if there were no symptoms) and include up until the time the student was isolated. Consider students and staff members who were within 6 feet of the individual for 15 cumulative minutes in class, at lunch, on the school bus (if windows are closed), and during indoor recess. Staff will monitor at recess for close contact groups/playmates.

iii. Instruct those designated as close contacts who meet the stated guidelines that they must self-quarantine at home for up to 10 days from the last date of contact with the infectious individual and remain symptom free. Close contacts should be tested, ideally 5-7 days after the last contact. However, a negative test does not shorten the length of quarantine. Close contacts need to actively monitor for symptoms. If they have any COVID-19 symptoms, they must continue to quarantine for 14 days.

iv. Explain that if close contacts choose not to be tested, the student or staff member should remain home in self-quarantine for 14 days from the date of last contact.

v. Remind families and/or staff of the importance of not having contact with higher-risk individuals (e.g., grandparents and those with underlying medical conditions).

vi. Remind families and/or staff of the list of COVID-19 symptoms for which to monitor.

c. If the school finds out about the original COVID-19 positive test in the middle of a school day when the rest of the cohort is in class:

i. Make sure these students are wearing masks. Extra masks as may be needed should be provided by the school. Enforce strict

physical distancing. Require students to wash their hands.

ii. The school should quickly identify the individuals who may be “close contacts” of the student and notify students and their families.

iii. Caregivers of students in the class or other close contacts must pick students up as soon as possible. Caregivers must wear a mask/face covering when picking up their student. Students who are close contacts and students with any symptoms should not ride the school bus to get home. Caregivers and students, as well as staff, should wash their hands upon arriving at home and change their clothes as a precaution.

iv. In order to return to school, close contacts must self-quarantine at home for up to 10 days from the last date of contact with the infectious individual and remain symptom free. Close contacts should be tested, ideally 5-7 days after the last contact. However, a negative test does not shorten the length of quarantine. Close contacts need to actively monitor for symptoms. If they have any COVID-19 symptoms, they must continue to quarantine for 14 days.

d. As feasible, to assist with contact tracing, make a list including phone number and email of any other close contacts the student or staff member had, beginning two days before the onset of symptoms (or positive test if asymptomatic) until the individual was isolated. Instruct those students and/or staff members to get tested according to the same protocol as above.

5. MIDDLE AND HIGH SCHOOL (e.g., no single self-contained classroom):

a. The school should identify the student’s or staff member’s possible “close contacts” based on the assigned seating charts. The lookback period should begin two days before symptoms appeared (or two days prior to the date of the positive test if there were no symptoms) and include up until the time the student was isolated. Consider students and staff members who were within 6

feet of the individual for 15 cumulative minutes in class, at lunch, on the school bus (if windows are closed), or at indoor sports/extracurricular activities.

b. Follow the communication and other relevant Elementary School protocols above.

c. In order to return to school, close contacts must self-quarantine at home for up to 10 days from the last date of contact with the infectious individual and remain symptom free. Close contacts should be tested, ideally 5-7 days after the last contact. However, a negative test does not shorten the length of quarantine. Close contacts need to actively monitor for symptoms. If they have any COVID-19 symptoms, they must continue to quarantine for 14 days.

d. An individual who does not wish to be tested should remain home in self-quarantine for 14 days from the date of last contact.

6. IF OTHERS IN THE SCHOOL TEST POSITIVE: Perform all steps under this protocol for that person.

7. IF NO OTHERS IN THE SCHOOL TEST POSITIVE: In order to return to school, close contacts must self-quarantine at home for up to 10 days from the last date of contact with the infectious individual and remain symptom free. Close contacts should be tested, ideally 5-7 days after the last contact. However, a negative test does not shorten the length of quarantine. Close contacts need to actively monitor for symptoms. If they have any COVID-19 symptoms, they must continue to quarantine for 14 days.

Any area of the school visited by the COVID-19 positive individual must be closed off and/or cleaned and disinfected. The area can be used 12 hours after cleaning/disinfecting has occurred.

3. Face Coverings

School Committee Policy - JL - Student Welfare - Exemptions for Particular Groups of Students

All staff, visitors, and students (PreK to 12) must wear a mask within school buildings except for those with documented reasons. The superintendent shall provide protocols to principals and teachers regarding students who may require special exemptions from health and safety standards during the pandemic emergency. This may include the use of masks/shields/hat shields for the youngest children.

School Committee Policy - EBCFA - Face Masks

The Blackstone-Millville Regional School District is committed to providing a safe environment as schools reopen during the COVID-19 pandemic. According to public health experts, one of the best ways to stop the spread of coronavirus and to keep members of our school community safe is the use of face masks or face coverings. Therefore, in accordance with guidance from the Center for Disease Control (CDC), the Department of Elementary and Secondary Education (DESE) and the Massachusetts Department of Public Health (DPH), the following requirements are in place until further notice: A face covering that fully covers the nose and mouth must be worn by all individuals in school buildings, on school grounds and on school transportation unless authorized by a school official.

Individuals may be excused from the requirement for the following list of reasons, per CDC guidance: The individual:

- Has trouble breathing;
- Is unconscious;
- Is incapacitated;
- Cannot remove the mask or face covering without assistance. In addition, masks or face coverings will not be required for anyone who has a medical, behavioral or other challenge making it unsafe to wear a face mask or face covering. A written note from a physician is required for a requested exemption. Parents may not excuse their child from the face mask requirement by signing a waiver.

Exceptions to this policy under certain circumstances, such as for students with medical, behavioral or other challenges who are unable to wear masks, must be approved by the building principal in consultation with the school nurse or local Board of Health. Face shields or physical barriers may provide an alternative in some instances.

A student's mask or face covering is to be provided by the student's family. Staff members are responsible for providing their own face coverings. However, the district will supply disposable face coverings for individuals who arrive at a building or board school transportation, without one.

If students are in violation of this policy, the building principal will consult with the parent/guardians to determine whether an exception is appropriate, or the student may be removed from the school building for in-person learning until such time as they can comply with the requirement or the requirement is lifted.

Violations of this policy by staff will be handled in the same manner as other violations of School Committee policy.

Visitors in violation of this policy will be denied entry to the school/district facility.

This policy will remain in place until rescinded by the School Committee.

All staff, visitors and students (PreK to 12) must wear a mask within school buildings except for those with documented reasons.

For Students

Purpose:

As the primary route of transmission for COVID-19 is respiratory, masks or face coverings are among the most critical components of risk reduction. Wearing masks/face coverings, along with proper hand hygiene and social distancing can help to mitigate transmission of COVID-19. Wearing a mask/face covering acts as a barrier and helps to prevent asymptomatic spread of the virus.

Background:

COVID-19 spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, talks, shouts or sings. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. To reduce the spread of COVID-19, CDC recommends that people wear cloth face coverings in public settings.

Guidelines:

Face Coverings/Masks

- Students **MUST** wear a mask unless the student has medical documentation. If not, students will be given consequences including family contact to pick up the students as well as continuing in a remote setting only.
- Face coverings/masks that cover the nose and mouth are required to be worn by **ALL** students while on the bus during school bus transportation.
- Face coverings/masks that cover the nose and mouth are required to be worn by **ALL** students grades PreK-12th while in school buildings.
- Face coverings/masks that cover the mouth and nose are required to be worn by **ALL** students while in the health office and isolation room.
- Students are expected to come to school wearing a face covering/mask provided by the family, and have at least one spare face covering in their backpack.
- Face coverings/masks should be clearly labeled with the student's name or initials.
- A supply of disposable masks will be available at school if needed.
- Exceptions to face covering/mask requirements will be evaluated on an individual basis.
- Cloth face coverings should be washed daily at home.
- If the face covering/mask is soiled or wet, it should be safely removed and a clean, dry mask/face covering put on.
- Face coverings/masks should never be shared.
- Multi-layer, solid weave face coverings provide more protection than neck gaiters. Neck gaiters should be avoided since it may not provide adequate protection.
- If a gaiter is worn it should also be multi-layered or doubled-over to create multiple layers. Bandanas are NOT permitted.
- Students may bring a clearly labeled bag or container to store their face covering/mask for mask breaks and while eating.
- Face coverings/masks will be removed for mask breaks and eating.
- [Putting on and taking off a face covering/mask properly](#)

Mask Breaks

- Breaks will occur when students can be at least six feet apart, if indoors, and ideally outside or with the windows open when authorized by staff.
- Cohorts should not intermingle during mask breaks.
- Breaks will be teacher/staff directed.
- Proper removal and placement of masks when outside.
 - Individuals will need a labeled bag or container.
 - Sanitize hands upon exit of the building.
 - Once outside, remove the mask, handling only by the ties or ear loops.
 - Do not touch the outside or inside of the part covering the face.
 - Once removed, hold the outer edges of the mask, fold the mask in half with the inside of the mask touching and place in a labeled bag or container.
 - Maintain 6 foot distance while masks are removed indoors.
 - Sanitize hands before replacing the mask.
- Proper removal and placement of masks when inside and 6 feet apart.
 - Sanitize hands before removing the mask.
 - Individual is required to be seated
 - When removing a mask, handle only by the ties or ear loops.
 - Do not touch the outside or inside of the part covering the face.
 - Once removed, masks will be placed on a napkin or paper towel, with the inside of the mask facing up or placed in a labeled bag or container by holding the outer edges of the mask fold it in half with the inside of the mask touching.
 - Sanitize hands before replacing the mask.
 - Masks should be put back on before leaving the seat.

Face coverings/Masks/Face shields for Staff

Purpose:

As the primary route of transmission for COVID-19 is respiratory, masks or face coverings are among the most critical components of risk reduction. Wearing masks/face coverings, along with proper hand hygiene and social distancing can help to mitigate transmission of COVID-19. Wearing a mask/face covering acts as a barrier and helps to prevent asymptomatic spread of the virus.

Background:

COVID-19 spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, talks, shouts or sings. These

droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. To reduce the spread of COVID-19, CDC recommends that people wear cloth face coverings in public settings.

Guidelines:

Face Coverings/Masks

- Face coverings/masks that cover the nose and mouth are required to be worn by **all** staff while in school buildings, as feasible
- Face coverings/masks that cover the nose and mouth are required to be worn by **all** staff while performing school functions, i.e. bus monitor, as feasible.
- Staff are expected to come to school wearing a face covering/mask of their own, and have at least one spare face covering.
- A supply of extra masks will be available if needed.
- Cloth face coverings should be washed daily at home.
- Multi-layer, solid weave face coverings provide more protection than neck gaiters.
- Staff will bring a clearly labeled bag or container to store their face covering/mask for mask breaks and while eating.
- Face coverings/masks will be removed for mask breaks and eating.
- Staff will sanitize hands before removing mask and after replacing mask.
- [Putting on and taking off a face covering/mask properly](#)

Mask Breaks

- Proper removal and placement of masks when outside.
 - Individuals will need a labeled bag or container.
 - Sanitize hands upon exit of the building.
 - Once outside, remove the mask, handling only by the ties or ear loops.
 - Do not touch the outside or inside of the part covering the face.
 - Once removed, hold the outer edges of the mask, fold the mask in half with the inside of the mask touching and place in a labeled bag or container.
 - Maintain 6 foot distance while masks are removed indoors.
 - Sanitize hands before replacing the mask.
- Proper removal and placement of masks when inside and 6 feet apart.
 - Sanitize hands before removing the mask.
 - Individuals are required to be seated.
 - When removing a mask, handle only by the ties or ear loops.
 - Do not touch the outside or inside of the part covering the face.
 - Once removed, masks will be placed on a napkin or paper towel, with the inside of the mask facing up or holding the outer edges of the mask

folded in half with the inside of the mask touching and placed in a labeled bag or container.

- Sanitize hands before replacing the mask.
- Face coverings/masks should be put back on before leaving the seat.
- If the face covering/mask is soiled or wet, it should be safely removed and a clean, dry mask put on.
- Face coverings/masks should never be shared.

Face Shields

- Face shields will be worn (in addition to face coverings//masks) by staff who will be working closely with students who are unable to wear face covering/mask and/or if a 6 foot distance can not be maintained (i.e. providing 1:1 care).
- Shields will be worn by staff when the students need to visualize the teacher's mouth for educational purposes.
 - The staff member will wear a mask/face covering AND shield until a distance of greater than 6ft has been reached, at that time, the mask/face covering may be removed and solely the shield will remain for the lesson.
 - Staff will perform hand hygiene before removing mask/face covering and after replacing mask/face covering.
 - Staff will replace mask/face covering when lesson is complete.
 - Staff must don gloves and disinfect the shield at the close of every school day or if it is dirty.
 - Clean with soap and water
 - Disinfect with alcohol wipe or disinfecting spray on a paper towel
 - Do not use glass cleaner
 - Leave on desk
 - Staff will not share shields.
 - Personal eyeglasses or contact lenses do not provide adequate protection.
 - Face coverings/masks and goggles do not provide the same barrier as a mask and face shield.

How to put on a face mask

1. Clean your hands with soap and water or hand sanitizer before touching the mask.
2. Make sure there are no obvious tears or holes in either side of the mask.

3. Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mold to the shape of your nose.
4. Determine which side of the mask is the front. The colored side of the mask is usually the front and should face away from you, while the white side touches your face.
5. Follow the instructions below for the type of mask you are using:
 - a. *Face Mask with Ear loops*: Hold the mask by the ear loops. Place a loop around each ear.
 - b. *Face Mask with Ties*: Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow.
 - c. *Face Mask with Bands*: Hold the mask in your hand with the nosepiece or top of the mask at fingertips, allowing the headbands to hang freely below hands. Bring the mask to your nose level and pull the top strap over your head so that it rests over the crown of your head. Pull the bottom strap over your head so that it rests at the nape of your neck.
6. Mold or pinch the stiff edge to the shape of your nose.
7. If using a face mask with ties: Then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
8. Pull the bottom of the mask over your mouth and chin.

How to remove a face mask

1. Clean your hands with soap and water or hand sanitizer before touching the mask. Avoid touching the front of the mask. The front of the mask is contaminated. Only touch the ear loops/ties/band.
2. Follow the instructions below for the type of mask you are using.
 - a. *Face Mask with Ear loops*: Hold both of the ear loops and gently lift and remove the mask.
 - b. *Face Mask with Ties*: Untie the bottom bow first then untie the top bow and pull the mask away from you as the ties are loosened.
 - c. *Face Mask with Bands*: Lift the bottom strap over your head first then pull the top strap over your head.
3. Throw the mask in the trash. Clean your hands with soap and water or hand sanitizer.

4. Flu Clinic/Immunization Requirements - Schools/Towns

[State Guidelines](#)

The school immunization requirements apply to all Massachusetts students enrolled in Preschool through Grade 12. Documentation must be provided for all **required** vaccinations. If your child has been vaccinated for COVID-19, documentation should be provided to the school nurse.

Once the Board of Health (BOH) has received flu vaccines, flu clinics will be scheduled through the local BOH. Families will be notified of upcoming clinics and be provided with the necessary paperwork to receive the vaccine.

5. Hand Hygiene

Purpose:

Hand hygiene is a simple but effective way to prevent the spread of pathogens and infections. Handwashing mechanically removes pathogens and contributes to the reduction of illnesses and infections. Alcohol-based hand sanitizer (ABHS) reduces the number of pathogens that may be present on the hands. ABHS should be used when handwashing with soap and water is not available. Hand hygiene is especially important in preventing the spread of COVID-19.

Methods:

Handwashing:

- Wet your hands under clean, running water.
- Apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Hum the “Happy Birthday” song from beginning to end twice if you need a timer.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean, individual disposable towel or air dry them.

Hand Sanitizer:

- Apply the gel, liquid, or foam product to the palm of one hand to cover all surfaces of your hands.
- Rub hands together, rubbing sanitizer over all the surfaces of your hands and fingers for 20 seconds. Hum the “Happy Birthday” song from beginning to end twice if you need a timer. Hands should be dry.
- Supervise children, especially under 6 years of age, when using this product to avoid swallowing.

When hand hygiene should be performed:

- Upon arrival to school and prior to dismissal
- When using Personal Protective Equipment (PPE) - before donning and after doffing
- When hands are soiled
- Any other time use is appropriate

Before:

- Touching or serving food
- Eating or drinking
- Putting in or taking out contact lenses

- Treating a cut, scrape, burn, or blister
- Taking care of someone who is ill
- Using shared equipment
- Touching your face/taking off mask

After:

- Going to the bathroom
- Assisting someone else with toileting or changing diapers
- Coughing, sneezing, blowing your nose, or wiping a child's nose
- Recess or physical education
- Putting on mask
- Using shared equipment
- Taking care of someone who is sick or injured
- Handling uncooked food
- Handling garbage

There is no added benefit to using an antibacterial soap. Hand sanitizer should be alcohol-based - at least $\geq 60\%$ Ethanol or $\geq 70\%$ Isopropyl Alcohol as the active ingredient. Available evidence indicates benzalkonium chloride has less reliable activity against certain bacteria and viruses than either of the alcohols. ABHS does not clean soiled hands or remove food allergens, only reduces the pathogens. If hands are soiled, handwashing with soap and water is necessary.

This is a notification to the parents/guardians of the use of Alcohol-based Hand Sanitizer in the school and they have the option to opt their child out of using hand sanitizer by sending written notice to the school.

6. Health Office Visits

Purpose:

Many students are treated in the school health office on a daily basis for a number of chronic health conditions, daily medications, treatments, injuries and illness. These guidelines will help preserve the Health Office as a safe and healthy environment for all students and school staff to address health related concerns while mitigating viral exposure.

Background:

The School Health Office is considered a high risk area for possible transmission of COVID 19 illness. These guidelines help to maintain appropriate (6 ft) physical distance, allow for proper cleaning of touched surfaces between students and minimize contacts.

Guidelines:

1. School Health Office, refrigerator, and accompanying restrooms will be utilized for student and staff health related issues only.
2. Nurse shall review standard precautions, health emergencies in the classroom and provide each classroom with a small first aid kit (bandaids, gauze, gloves, etc.) for minor first aid in the classroom at the beginning of the school year and as needed.
 - a. Minor complaints should be handled in the classroom.
3. Students/Staff can NOT just come to the Health Office - Staff will [notify the nurse](#) (via phone or walkie-talkie) prior to sending any student to the health office for all medical issues.
 - a. Nurse will direct the staff where to send the student either to the health office or the medical waiting room/isolation room/"sick area"
 - b. **All** students/staff are required to wear a mask in the health office, if not already wearing a mask, they will be provided with one.
 - c. If it is an emergency - staff will call the nurse - inform the nurse of the nature of the emergency (seizure, allergic reaction, change in level of consciousness etc). If there is no answer, staff will call the main office, and they will notify the nurse via walkie-talkie.
4. Nurse shall set appointment times for any students with daily medication and or scheduled treatments.
 - a. Inform student and teacher, if appropriate, of appointment schedule.
5. Aerosol treatments, i.e. nebulization; will be avoided until further guidance is provided by the CDC.
6. The Health Office may be closed at points during the day for routine care, depending on medication visits, illness assessments, etc.

Procedure:

1. All students and staff will be [screened upon arrival](#) to the health office for signs and symptoms of COVID-19. If COVID-19 symptoms present, the student will be accompanied to the medical waiting room/isolation room. ([see protocol for medical waiting room/isolation room](#)).
 - a. Ensure privacy during screening.
2. If no signs and symptoms of COVID-19 are present, the student may be brought into the health office.
3. Nurse will assess the student and provide appropriate treatment.
4. Clean/disinfect any necessary equipment and areas.

7. Healthcare Provider Symptomatic Letter

Dear Healthcare Provider,

_____ was evaluated today, _____, by our school nurse with the following symptoms, raising concern for infection with Covid 19:

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

We have asked them to contact your office for evaluation as appropriate and testing for covid 19. We will be following the latest CDC and MA DPH guidelines. We are requiring that **ALL** symptomatic students/staff are **tested for COVID-19 with a PCR test** (we are not accepting the rapid antigen test) to return to school **OR** they must have a non-covid alternative diagnosis to return to school. If the testing is **positive**, the student/staff can return to school 10 days after the onset of symptoms, and must be fever-free for 24 hours without the use of fever-reducing medications, and show an improvement of symptoms. If the testing is **negative or an alternative diagnosis** is made, they must be fever free for 24 hours without antipyretics, show an improvement in symptoms, and follow any illness specific medical treatment. If the student/staff is not tested or seen, they must isolate for 14 days.

If there is any suspicion at all that he/she/they may have COVID-19, testing will be absolutely critical to inform quarantine of other students, tracing of contacts, and containment efforts to protect the health of all of our students and staff.

We will need either the PCR test results or the letter stating the non-covid alternative diagnosis prior to their return to school.

Thank you. Please do not hesitate to reach out with any questions or concerns.

Sincerely,

School Nurse

Email

Phone #

Fax #

8. Home-Monitoring Illness

For Student/Family

Purpose:

COVID-19 is a highly contagious respiratory, droplet-borne virus. In order to mitigate the spread of the virus amongst staff, students and families, Parents/Guardians will need to monitor students for symptoms suggestive of COVID-19. If symptoms are present, students will need to stay home until cleared by a healthcare provider.

Definitions:

- Fever - 100.0 °F or higher
- [Symptoms of Coronavirus:](#)
 - Temperature 100.0 °F or higher when taken by mouth or chills
 - Shortness of breath or difficulty breathing
 - New onset of cough, shortness of breath (if chronic cough - a change from baseline)
 - New onset of loss of taste or smell
 - Sore throat
 - Body or muscle aches
 - Congestion or runny nose (with other symptoms)
 - Headache (with other symptoms)
 - Fatigue (with other symptoms)
 - Nausea, vomiting, and/or diarrhea (with other symptoms)

Background:

Families play a critical role in supporting schools and helping to mitigate COVID-19 transmission within the school community. Students who become ill during the school day will be isolated, parents/guardians contacted to be dismissed from school and referred for further evaluation. Students should not come to school if they are presenting symptoms of any infectious illness.

As our knowledge and understanding of COVID-19 evolves, this guidance may change. However, based on the best available evidence at this time:

- CDC does not currently recommend universal symptom screenings (screening all students grades PreK-12) be conducted by schools.
- Parents or caregivers shall monitor their children for signs of infectious illness every day.
- Students who are sick should not attend school in-person.

This list does not include all possible symptoms and children and youth with SARS-CoV-2 infection may experience any, all, or none of these symptoms.

Given the wide range of symptoms and the fact that some people with SARS-CoV-2 infection (the virus that causes COVID-19) are asymptomatic, there are limitations to symptom screening conducted by schools for the identification of COVID-19.

Guidelines:

1. Parents/guardians shall monitor their child every morning before school for illness using the [Student Daily Screening](#) form.
2. Parents/guardians shall keep their child home and contact the school nurse if any of the following apply:
 - a. the child has any symptoms of COVID-19 listed above.
 - b. a household member or close contact has tested positive for COVID-19 in the past 10 days.
 - c. the child has received fever-reducing medication in the past 12 hours specifically to treat a fever.
 - d. the child has traveled domestically and is symptomatic or has traveled internationally, even if asymptomatic.
3. Parents/guardians shall communicate with the school nurse directly if their child is absent due to travel or any illness.
4. Either documentation of a negative COVID-19 PCR test or a letter from the healthcare provider with an alternative diagnosis is needed to return to school with symptoms suggestive of COVID-19. Students should follow the school's illness management protocols (fever-free for 24 hours without fever-reducing medication, have an improvement in symptoms, and follow any illness-specific management from the doctor (i.e., 24 hours after the start of antibiotics for a bacterial infection).
 - a. [Healthcare Provider Letter](#)

Procedure:

1. Parents will complete the [Student Daily Screening](#).
2. Parents will self-report if their child currently has been a close contact of a positive COVID-19 individual, has traveled internationally, or has any of the following symptoms of COVID -19:
 - Temperature 100.0 °F or higher when taken by mouth or chills
 - Shortness of breath or difficulty breathing
 - New onset of cough, shortness of breath (if a chronic cough - a change from baseline)

- New onset of loss of taste or smell
 - Sore throat
 - Body or muscle aches
 - Congestion or runny nose (with other symptoms)
 - Headache (with other symptoms)
 - Fatigue (with other symptoms)
 - Nausea, vomiting, and/or diarrhea (with other symptoms)
3. If any symptoms are present upon arrival at school, the student will report to the school nurse, be placed in the medical waiting room and assessed by the school nurse. If warranted, a parent/guardian will be notified, the student will be dismissed and follow up advised accordingly. **Parents/guardians or their listed emergency contacts are expected to pick up their child within 30 minutes.**
 4. Students who provide documentation of a negative COVID-19 PCR test **OR** have a letter from their healthcare provider with an alternate diagnosis/explanation (not COVID-19) for these symptoms may return to school in accordance with existing school illness management policy (24 hours fever free without fever-reducing medicine, improvement of symptoms, and follow any illness-specific management from the doctor (i.e., 24 hours after the start of antibiotics for a bacterial infection).
 5. Students who have been diagnosed with COVID-19 shall remain home until the following conditions are met:
 - It has been at least 10 days from onset of symptoms,
 - AND they have been fever free for at least 24 hours without the use of fever-reducing medication (i.e. acetaminophen or ibuprofen)
 - AND there has been improvement in symptoms
 6. Any student who is considered a close contact of a COVID-19 case shall quarantine at home for up to 14 days after the last contact with the COVID positive individual and follow the current BMRSD protocol.
 7. Any student who has traveled domestically and is symptomatic or has traveled internationally, even if asymptomatic, in the past 10 days shall not come to school and shall self-quarantine according to the Out of State/Country Travel Protocol.

Education will be provided to the parents, prior to the start of the school year and as needed, in the forms of webinars, emails, handouts, and one-call reminders.

Parents/guardians will be provided with updated information regarding home monitoring for COVID-19 symptoms as needed.

For Staff

Purpose:

COVID-19 is a highly contagious respiratory, droplet-borne virus. In order to mitigate the spread of the virus amongst staff, students and families, Parents/Guardians will need to monitor students for symptoms suggestive of COVID-19. If symptoms are present, students will need to stay home until cleared by a healthcare provider.

Definitions:

- Fever - 100.0 degrees fahrenheit or higher
- [Symptoms of Coronavirus:](#)
 - Temperature 100.0 °F or higher when taken by mouth or chills
 - Shortness of breath or difficulty breathing
 - New onset of cough, shortness of breath (if a chronic cough - a change from baseline)
 - New onset of loss of taste or smell
 - Sore throat
 - Body or muscle aches
 - Congestion or runny nose (with other symptoms)
 - Headache (with other symptoms)
 - Fatigue (with other symptoms)
 - Nausea, vomiting, and/or diarrhea (with other symptoms)

Background:

Employees play a critical role in helping to mitigate COVID-19 transmission within the school community. Schools are not expected to test or diagnose COVID cases. Employees who become ill during the school day will be isolated, assessed by the school nurse, dismissed from school and referred for further evaluation. Employees should not come to work if they are exhibiting any symptoms of any infectious illness

Guidelines:

1. Employees shall monitor themselves every morning before school for illness using the [daily screening](#) checklist.
2. Employees shall remain home and contact the school nurse if any of the following apply:
 - a. the employee has any symptoms of COVID-19 listed above;
 - b. the employee, a household member or close contact has tested positive for COVID-19 in the past 10 days;
 - c. the employee has taken fever-reducing medication in the past 12 hours specifically to treat a fever;

- d. the employee has traveled domestically and is symptomatic or has traveled internationally, even if asymptomatic.
3. Employees shall communicate with the school nurse leader directly if they will be absent due to travel or any illness.
4. Either documentation of a negative COVID-19 PCR test or a letter from the healthcare provider with an alternative diagnosis is needed to return to school with symptoms suggestive of COVID-19. Staff members should follow the school's illness management protocols (fever-free for 24 hours without fever-reducing medication, have an improvement in symptoms, and follow any illness-specific management from the doctor (i.e., 24 hours after the start of antibiotics for a bacterial infection).
 - a. [Healthcare Provider Letter](#)

Procedure:

1. Staff will complete a [daily screening](#) checklist.
2. Staff will self-report if they currently have any symptoms of COVID-19:
 - Temperature 100.0 °F or higher when taken by mouth or chills
 - Shortness of breath or difficulty breathing
 - New onset of cough, shortness of breath (if a chronic cough - a change from baseline)
 - New onset of loss of taste or smell
 - Sore throat
 - Body or muscle aches
 - Congestion or runny nose (with other symptoms)
 - Headache (with other symptoms)
 - Fatigue (with other symptoms)
 - Nausea, vomiting, and/or diarrhea (with other symptoms)
3. If any symptoms are present upon arrival at work the employee will report to the school nurse, be dismissed home and advised to follow up with their healthcare provider.
4. Staff members who provide documentation of a negative COVID-19 PCR test **OR** have a letter from their healthcare provider with an alternate diagnosis/explanation (not COVID-19) for these symptoms may return to school in accordance with existing school illness management policy (24 hours fever free without fever-reducing medicine, improvement of symptoms, and follow any illness-specific management from the doctor (i.e., 24 hours after the start of antibiotics for a bacterial infection).

5. Employees who have been diagnosed with COVID-19 shall remain home until the following conditions are met:
 - It has been at least 10 days from onset of symptoms,
 - AND they have been fever free for at least 24 hours without the use of fever-reducing medication (i.e. acetaminophen or ibuprofen)
 - AND there has been improvement in symptoms.

6. Any employee who is considered a close contact of a COVID-19 case shall quarantine at home for up to 14 days after the last contact with the COVID + individual and follow the current BMRSD protocol.

7. Any employee who has traveled domestically and is symptomatic or has traveled internationally, even if asymptomatic, in the past 10 days shall not come to school and shall self-quarantine according to the Out of State/Country Travel Protocol.

8. If employees are unable to come to work due to COVID-19 illness, close contact with a household member with COVID-19 illness or recent travel should contact the Building Administration.

Education will be provided to the staff, prior to the start of the school year and as needed, in the forms of webinars, email, handouts, one-call reminders etc.

Staff will be provided with updated information as needed.

9. Medical Waiting Room/Isolation Room Protocol

Purpose:

To minimize the potential transmission of the COVID-19 virus by isolating and dismissing students who display symptoms of COVID-19 during the school day.

Definitions:

Medical Waiting Room/Isolation Room: a designated area for isolating individuals with a potentially communicable disease.

Fever - 100.0 °F or higher

Symptoms of COVID-19:

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

Guidelines:

1. The minimum requirements of the isolation room are as follows:
 - a. must be separate from the nurse's office or other spaces where routine medical care is provided.
 - b. must have a door that closes.
 - c. must be a dedicated space to accommodate a chair & cot.
 - d. must contain a waste disposal receptacle.
 - e. if available, a window that opens for air ventilation.
 - f. must have hand hygiene supplies available.
 - g. post signs on the door indicating that the space is an isolation area.
2. Adult supervision will be needed.
3. Ideally the isolation room should be in close proximity to the nurse's office and/or located close to a dismissal door.
4. Personal protective equipment (PPE) will be available outside the Medical Waiting/Isolation Room; training for application and removal of PPE will be provided; PPE signage will be posted.

5. If any food or drink must be consumed before the student is picked up, the individual should be walked outside to consume food or drink if possible (because the mask will have to be taken off for eating). If it is not possible to go outside, one student can consume food or drink at a time in the medical waiting room, but, again, only if all others remain at least 6 feet away.

Procedure:

1. Once the student is identified, ensure the student is appropriately wearing a surgical mask. If a student has a cloth face covering, a surgical mask will be provided.
2. School nurses will use [Standard and Transmission-Based Precautions](#) when caring for sick people. See also [What Healthcare Personnel Should Know](#), that explains what we need to know about caring for patients with confirmed or possible COVID-19 infection.
3. Notify Administration to designate an adult to supervise the student(s) in the Medical Waiting/Isolation Room if needed.
4. Hand hygiene needs to be performed when entering or leaving the space.
5. Using appropriate PPE, escort the student to the Medical Waiting/Isolation Room and perform assessment.
6. Contact Parent/Guardian and inform that student is showing symptoms suggestive of COVID-19, refer to the healthcare provider and request pickup within 30 minutes.
7. Monitor for any difficulty breathing, signs of distress or anything unusual with the student.
8. Upon parent/guardian arrival, parent/guardian must remain in the car. Nurse or designee will walk the dismiss student to the designated dismissal door and provide written educational materials and the [letter for Healthcare Provider](#) if warranted.
9. Call the custodian to clean and disinfect the Medical Waiting Room/Isolation Room.
10. The school nurse will document COVID-like Illness in the student's Electronic Health Record.
11. The school nurse will follow-up with the parent/guardian the following day.

10. Out-of-State/Country Travel for Families and Staff

BMRSD advises, but does not require, any staff or student traveling outside of Massachusetts but within the U.S. to obtain a negative COVID-19 PCR test after returning to Massachusetts. For international travel, either a 10-day quarantine or a COVID-19 PCR test is **required** on day 3-5 after returning to Massachusetts in order to return to work or school.

For domestic travelers, the State of Massachusetts and the CDC recommend that all unvaccinated travelers be tested.

For international travelers, you **must** quarantine for 10 days or you may opt to obtain a PCR test on day 3-5 **after** your arrival in Massachusetts. You **MUST quarantine** until you receive the negative result. If testing is positive, you must follow the protocol for a positive test. Testing results must be provided prior to return to work or school.

BMRSD's exemptions to Travel Protocol:

- Anyone who is returning to Massachusetts after being out of the State for fewer than 24 hours.
- ***Persons Who Tested Positive within 90 Days of Arrival to Massachusetts and Successfully Completed Isolation:*** Individuals who are COVID-19-recovered, meaning individuals who tested positive more than 10 days but less than 90 days ago and who do not have symptoms, do not need to obtain a negative test or quarantine upon arrival to Massachusetts. COVID-19 recovered individuals arriving in Massachusetts must have documentation of the positive test result, including the date it was taken. This exception does not include COVID-19-recovered individuals who have symptoms of COVID-19. Any individual who has symptoms of COVID-19 must follow all testing and quarantine guidance as outlined in the BMRSD Travel Protocol.
- ***Persons Who Have Been Completely Vaccinated for COVID-19:*** Individuals who have received two doses of either the Moderna or Pfizer COVID-19 vaccines OR who have received a single dose of the Janssen (J&J) vaccine, more than 14 days prior to traveling and who do not have symptoms, do not need to obtain a negative test or quarantine upon arrival to Massachusetts. This applies to domestic and international travel. COVID-19 vaccinated individuals arriving in Massachusetts must have documentation of their vaccination(s), including the date(s) of administration. This exception does not include vaccinated individuals who have symptoms of COVID-19.

Any individual who has symptoms of COVID-19 must follow all testing and quarantine guidance as outlined in the BMRSD Travel Protocol.

A parent/guardian must notify their child's building administration as soon as they know they will be traveling within the US or internationally. **Any student who needs to self-quarantine will be expected to participate in asynchronous learning with a staff check-in.**

Below are some helpful tips for self-quarantine after traveling:

1. Stay home from work/school and away from public places. Monitor for symptoms and take your temperature twice daily. If you develop symptoms or a fever, then call your healthcare provider immediately.
2. Symptoms of COVID-19 are:
 - Fever (100.0 °F or higher), chills, or shaking chills
 - Difficulty breathing or shortness of breath
 - Cough (not due to other known cause)
 - New loss of taste or smell
 - Sore Throat
 - Muscle aches or body aches
 - Nasal congestion, runny nose, or “cold symptoms”, when in combination with other symptoms
 - Headache when in combination with other symptoms
 - Fatigue, when in combination with other symptoms
 - Nausea, vomiting, or diarrhea, when in combination with other symptoms
3. If you have a medical appointment, call the healthcare provider and tell them that you have traveled.
4. Take everyday actions to prevent the spread of germs.
 - Clean your hands often with soap and water for at least 20 seconds, or an alcohol based hand sanitizer that contains at least 60% alcohol
 - Cover your cough/sneeze
 - Avoid touching your eyes, nose and mouth
5. Avoid sharing personal items with other people in your household, like dishes, towels and bedding.
6. Clean all surfaces that are touched often, like counters, tabletops, doorknobs and bathrooms.

11. Personal Protective Equipment (PPE)

Purpose:

COVID-19 is a serious and deadly illness. It seems to be spreading easily and sustainably in the community (“community spread”) in [many affected geographic areas](#). Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected. Personal protective equipment (PPE) is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. School employees need protection in their interactions with students. BMRSD is committed to providing a safe working environment for all employees.

Background:

PPE refers to protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness.

PPE is commonly used in health care settings such as hospitals, doctor's offices and clinical labs. When used properly, PPE acts as a barrier between infectious materials such as viral and bacterial contaminants and your skin, mouth, nose, or eyes (mucous membranes). The barrier has the potential to block transmission of contaminants from blood, body fluids, or respiratory secretions.

Standard (Universal) Precautions:

- Assumes blood or body fluids from ANY person (staff or student) may be infectious.
- Recommends PPE and other infection control practices to prevent transmission.
- Decisions about PPE are determined by the type of interaction with the person.
- [BMRSD Standard Precautions Protocol](#)

Types of PPE:

- **Face Coverings/Masks**
 - Face coverings/masks will be worn by all staff and students when feasible.
 - Students are expected to come to school wearing a face covering provided by the family, a backup supply of disposable masks will be on hand in the classroom and in the Health Office if needed.
 - Exceptions for wearing face masks may include situations that may inhibit an individual from wearing a face mask safely.

- These may include but are not limited to:
 - Children who cannot safely and appropriately wear, remove, and handle masks;
 - Children with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask;
 - Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face-covering safely.
- Under such circumstances, every effort to maintain a 6ft distance will be made and staff will wear a face mask and face shield
- Staff members providing 1:1 care for such a student, are required to wear a face covering/mask and face shield during the entirety of the program, as the distance of 6ft is unable to be maintained. Gowns and gloves are available if needed.
- Cloth face coverings should be washed daily.
- **Face Shields/Goggles**
 - Shields will be worn (in addition to masks/face coverings) by staff who will be working closely with students who are unable to wear mask/face covering and/or if a 6 foot distance can not be maintained.
 - Shields will be worn by staff when the students need to visualize the teacher's mouth for educational purposes.
 - The staff member will wear a mask/face covering AND shield until a distance of greater than 6ft has been reached, at that time, the mask/face covering may be removed and solely the shield will remain for the lesson.
 - Staff will replace mask/face covering when lesson is complete.
 - Staff will wash hands before removing mask/face covering and after replacing mask/face covering
 - Staff must don gloves and disinfect the shield at the close of every school day or if it is dirty.
 - Staff will not share shields.
 - Personal eyeglasses or contact lenses are NOT considered to be adequate eye protection.
 - The use of a face shield is NOT a substitute for face coverings/masks.
- **Gloves**
 - Gloves (non-latex) MUST be worn when:
 - Direct contact with body fluids is anticipated (i.e. nose bleeds, bleeding scrapes and abrasions, vomit)
 - Handling clothes soiled by urine, feces, vomitus, or blood
 - Diapering/toileting students

- Wearing gloves is NOT a substitute for handwashing with soap and water. Hands should be washed after removing gloves, between students, and any other appropriate time. Alcohol-based hand sanitizer ($\geq 60\%$ alcohol) may be used if soap and water is not available.
- **Gowns**
 - Staff who care for children requiring hands-on assistance for routine care activities, including toileting, diapering, feeding, washing, or dressing, and other direct contact activities must wear a long-sleeved, button-down, oversized shirt over their clothing and wear long hair up or tied back during all activities requiring direct contact with a child.
 - If there is the chance that your clothes may get soiled during toileting or diapering, a disposable gown must be worn.
 - Gowns need to be changed between potentially infectious cases to prevent cross-contamination. Disposable gowns should be discarded after use. Reusable gowns should be disinfected between uses.

12. Pre-screening Checklist for Students and Staff

Families/Students/Staff must physically conduct daily pre-screening questions and verify compliance.

Mandatory Daily Screening for Students

Prior to sending your child to school each day, you must complete the following checklist:

- My child is feeling well today.

- My child does **NOT** have any signs or symptoms of illness - including, but not limited to: fever (≥ 100.0 °F), chills, cough, shortness of breath, sore throat, nasal congestion or runny nose, headache, fatigue, body or muscle aches, nausea, vomiting, diarrhea, new loss of taste or smell.

- In the past 14 days, my child has **NOT** been exposed to anyone with any of the following symptoms: fever, chills, cough, shortness of breath, sore throat, nasal congestion or runny nose, headache, fatigue, body or muscle aches, nausea, vomiting, diarrhea, loss of taste or smell.

- In the past 14 days, my child has **NOT** been a close contact to anyone with a known diagnosis of COVID-19.

- I have **NOT** administered fever reducing medication to my child in the last 12 hours.

- The school has up to date emergency contact information in the event I need to be contacted while my child is at school. I will also provide the names and contact information for emergency contacts, who are willing to pick up my ill child.

- My child has traveled domestically and is symptomatic or has traveled internationally, even if asymptomatic, in the past 10 days, I will not send my child to school and I will notify the nurse.

Please do not send your child to school and contact the school nurse if your child is ill, has been exposed to someone with symptoms of COVID-19, has been exposed to someone who has tested positive for COVID-19, you have administered fever reducing medication in the past 12 hours, your child recently traveled internationally,

or you have a question. Guidance is subject to change based on the current state/CDC guidelines.

Mandatory Daily Screening for Staff

Before reporting to work each day you must go through the following checklist.

If you answer **YES** to any of these questions, please notify your school nurse and building administrators before reporting to work.

Today or in the past 10 days have you experienced any symptoms of COVID-19?*

- Fever (100.0°F or higher), chills, or shaking chills
- Difficulty breathing or shortness of breath
- Cough (not due to other known cause, such as chronic cough)
- New loss of taste or smell
- Sore throat
- Nasal congestion or runny nose, when in combination with other symptoms
- Headache, when in combination with other symptoms
- Muscle aches or body aches
- Fatigue, when in combination with other symptoms
- Nausea, vomiting, and/or diarrhea, when in combination with other symptoms

In the past 14 days has anyone in your household/close contacts experienced any symptoms of COVID-19?*

Symptoms of COVID-19: fever (>100.0°F), cough, shortness of breath, sore throat, nasal congestion or runny nose, headache, fatigue, body or muscle aches, nausea, vomiting, diarrhea, loss of taste or smell

Have you or anyone in your household/close contacts been diagnosed with COVID-19?

Have you traveled domestically and are symptomatic or have traveled internationally, even if asymptomatic, in the past 10 days?

***Guidance subject to change based on current state/CDC guidelines**

13. Symptomatic Student/Staff Member

When should the student or staff member stay home from school?

- If they have any of the following potential Covid-19 symptoms:
 - Fever of 100.0 °F or higher
 - Shortness of breath or difficulty breathing
 - Cough
 - Chills
 - Muscle aches or body aches
 - Sore throat
 - New loss of taste or smell
 - Nasal congestion, runny nose, or “cold symptoms”, when in combination with other symptoms
 - Headache. when in combination with other symptoms
 - Nausea, vomiting, and/or diarrhea, when in combination with other symptoms
 - Fatigue, when in combination with other symptoms
- If they have a contagious illness such as flu or strep throat.
- If they have an eye that is pink, red or itchy, and/or a crusty drainage from the eye is present.
- If they have head lice, contact your primary care provider for treatment options.

When may the student or staff member return to school?

Non- COVID-19 related:

- 24 hours after the start of antibiotic therapy for a diagnosed bacterial infection.
- In accordance with school policy, anyone who has head lice may return to school after treatment has been completed.

IF ANY Potential Covid-19 SYMPTOM:

- Call the school’s Covid-19 point of contact person and inform them that the student or staff member is staying home due to symptoms. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. An individual who does not wish to be tested may either receive an alternative diagnosis from their healthcare provider or isolate for 14 days and until asymptomatic.
- The individual should get tested at one of Massachusetts’s [test sites](#). Sites may require pre-screening, a referral, and/or an appointment.

- Isolate at home until test results are returned.

Proceed as follows according to test results:

IF NEGATIVE OR ALTERNATIVE DIAGNOSIS: Either documentation of a negative COVID-19 PCR test or a letter from the healthcare provider with an alternative diagnosis is needed to return to school with symptoms suggestive of COVID-19. Individuals should follow the school's illness management protocols (fever-free for 24 hours without fever-reducing medication, have an improvement in symptoms, and follow any illness-specific management from the doctor (i.e., 24 hours after the start of antibiotics for a bacterial infection)).

IF POSITIVE: The individual must remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from the local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed without the use of fever-reducing medications and experience an improvement in other symptoms.

14. Social Distancing

Physical Distancing:

Along with wearing masks and good hand hygiene, physical distancing is an important practice that helps mitigate the transmission of viruses.

In our district we are recommending:

- Maintaining a minimum of 3 feet of distance between students as much as possible.
- Staff should maintain 6 feet of distance between themselves and both students and other staff as much as possible.
- Staff and students will maintain a 6 foot distance if possible during times when masks are not worn indoors (e.g., masks breaks)
- Desks/tables facing in the same direction in classrooms.
- Removing non-essential furniture from learning spaces to maximize the space for students and faculty/staff.
- When distancing is not possible for nurses and faculty/staff supporting students with disabilities, additional safety precautions will be taken and appropriate PPE provided.

Factors to be considered to maximize physical distancing:

- **Bathrooms:** Each school will have different systems to minimize traffic in bathrooms by implementing bathroom schedules and sign-in and out procedures and restricting bathroom use during transition times.
- **Signage:** Each school will ensure clear and age-appropriate signage is posted in highly visible locations throughout school.
 - Signage will include reminding students and employees to follow proper health and safety protocols.
 - Signage will be translated into a language understood by each student.
 - Signage will be posted in the following key areas: handwashing and hand sanitizing stations, bathrooms, entry/exits, eating areas, mask break areas, classrooms, playgrounds, hallways, and areas where queueing may occur.

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16. Close Contact Protocol

Close contact of student or staff who tests positive for COVID-19

A close contact is defined as someone who has been within 6 feet of an infectious individual while indoors for a cumulative time of 15 minutes per 24 hours. An individual is considered infectious 48 hours prior to the onset of symptoms or 48 hours before a positive test for an asymptomatic individual and continues until the time the COVID-19 positive individual is isolated.

Individuals need to quarantine if:

- They have classroom exposure and are within 3 feet of the infectious individual, even if masked.
- They are 3-6 feet from the infectious individual, masked, and become symptomatic within the 14 days after exposure.
- They are within 6 feet of an infectious individual at lunch or any other activity within the school building when they are unmasked.
- They have any other exposure to the infectious individual as determined by school personnel, family or the local Board of Health.

School exposure:

- If symptom-free, close contacts exposed at school may either quarantine for 7 days or participate in “Test and Stay”.
- If they chose to quarantine, they must have a PCR test for COVID-19 on **Day 5** or later.
- They must quarantine for a **full 7** days from the last date of exposure (Day “0”).
- Day #7 is the last day of quarantine and they are able to resume normal activities and may return to work/school on Day #8 if:
 - They provide a negative PCR test.
 - They have not had any symptoms up to this point.
 - The individual and/or their parent/guardian agree to conduct active monitoring for symptoms through day 14 and will self-isolate at home if symptoms develop.
- If they chose to Test and Stay, close contacts can remain in school and do not have to quarantine, as long as they:
 - Are asymptomatic.
 - Wear masks in school at all times, other than when eating or drinking. When these individuals cannot be masked (i.e., when eating or drinking) they should maintain at least 3 feet of distance from other individuals whenever possible.

- Take a rapid antigen test (e.g., BinaxNOW) on each school day and receive a negative result. When the 7 days from date of exposure includes weekends or holidays, individuals should quarantine on weekends, and if they remain asymptomatic, upon return to school be tested immediately. If the individual remains negative, they can stay in school.
- Conduct active monitoring for symptoms through day 14 and will self-isolate at home if symptoms develop.

Outside of School Exposure:

- Close contacts must have a PCR test for COVID-19 on **Day 5** or later. If the student/staff member is not tested, they must quarantine for the full 14 days.
- They will need to quarantine for a **full 10** days from the last date of exposure.
- The nurse leader will go over the 10 day period with the individual/family.
- Day “0” is the last day that you had contact with the infected individual.
- Day #10 is the LAST day of quarantine and they are able to resume normal activities and return to work/school on **Day #11** if:
 - They provide a negative PCR test.
 - They have not had any symptoms up to this point.
 - The individual and/or their parent/guardian agree to conduct active monitoring for symptoms through day 14 and will self-isolate if new symptoms develop.

The student/staff member need to remain out of school for 14 days after exposure **IF any of the following apply:**

- They are not tested. Quarantine may only be shortened with a negative PCR test collected on Day 5 or later or participate in “Test and Stay”
- The individual experienced **ANY** symptoms during the quarantine period, **even** if they have a **negative** COVID-19 test.
- They are unable to conduct active monitoring of symptoms.

Please note that individuals who had COVID-19 in the last 90 days (from day of symptom onset or day of first positive test if asymptomatic), AND individuals who have received either two doses of the Moderna or Pfizer COVID-19 vaccines or a single dose of the Janssen (J&J) COVID-19 vaccine, at least 14 days ago are not required to quarantine following an exposure **if symptom-free**.