

BMRSD COVID19 Handbook Appendix

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1. Attendance Policy during COVID-19

As required by the Department of Education, all schools will report their student daily attendance to the state along with denoting if in-school or remotely. Families are responsible for ensuring their child attends school every day, whether for in-person or remote learning. The district must continue to investigate extended absences and make and document reasonable efforts to locate the student and determine the reason for non-attendance. All attendance, whether remote and/or in-person shall be accounted for and be used to follow guidelines for participation in school-related events.

2. Bathroom

*Note: Building-specific procedures are being developed by school administration and will be added once complete.

3. Cafeteria

- All students in ALL buildings will go to the cafeteria to pick up their meals and bring them back to the classrooms to eat.
- All children in the elementary schools will order meals by classroom. The teacher will send the list of students and what they chose by a certain time. The students will have to take what they ordered, not changing their order at the last minute.
- There will be two choices for breakfast and two choices for lunch every day. At the high school, there may be three choices.
- Any a la carte items will be behind the serving line, and staff will hand it to the student.
- We will strongly encourage students to pre-pay but we will also accept cash.

a. Alternative Safe Eating Space Guidelines - Snack & Lunch Plan

Purpose:

It is the policy of Blackstone-Millville Regional School District (BMRSD) to set age-appropriate guidelines for students and schools within the District that minimize the risk for children with life-threatening food allergies (LTA) to be exposed to offending allergens that may trigger a life-threatening reaction.

Background:

BMRSD [policy and protocols](#) related to managing life-threatening food allergies will remain in place. To minimize the risk of LTA, all buildings will remain allergen aware but BMRSD asks that peanut and tree nuts, which include almonds, brazil nuts, cashews, hazel nuts, pecans, pistachios, and walnuts be eliminated from all snacks and lunches. Additional allergens may not be permitted in specific classrooms. During COVID-19, social distancing guidelines from DESE require students to be seated 3-6 feet apart with masks during the school day. When masks are off and students are eating, they must remain 6 feet apart and not face one another. In order to comply with physical distancing guidelines, this may lead to students eating in alternative areas outside of the cafeteria. Epinephrine auto-injectors must be readily available where students are eating and, if appropriate, additional staff may need to be trained on administration protocols.

Guidelines:

- Social distancing of 6 feet will create a natural buffer and safe zone for students with life-threatening food allergies.
- Social distancing of 6 feet is a safe distance while masks are removed to eat.
- Acceptable hand hygiene products are soap and water or hand sanitizer with at least 60% ethanol or at least 70% isopropanol.
- Hand sanitizer does not remove allergens from hands.
- Cleaning and disinfection will occur according to district approved methods.
- As students will be eating in the classroom, BMRSD asks that all peanut and tree nuts, which include almonds, brazil nuts, cashews, hazel nuts, pecans, pistachios, and walnuts are eliminated in all school buildings.
 - Additional allergens may not be permitted in specific classrooms.

Procedure:

For students eating in the cafeteria, [LTA protocols/procedures](#) will continue to be followed.

For students eating in an alternative area, the following will apply:

1. All eating spaces will be wiped down with a clean, disposable towel and district approved cleaner. Do not reuse towels.
2. Prior to eating, all students will perform hand hygiene. If hands are visibly soiled, wash hands with soap and water. Otherwise, hand sanitizer may be used.
3. Wearing masks, students will retrieve their snack/lunch from designated storage space or receive their meal from food services and place it in their safe eating space.
4. Once a student is seated, remove the mask without touching the front of the mask and place it in a pre-approved storage receptacle. For other types of cloth face coverings, pull down and away from the face (i.e. neck gaiter, bandana, etc).
5. After eating, reapply the mask.
6. Put away your lunch, dispose of trash in receptacles.
7. Wipe down eating space.
8. Wash hands with soap and water or use hand sanitizer. Keep in mind that hand sanitizer does not remove allergens.

4. Classroom Procedures/Protocols

a. Accessing Personal Items

- i. Students will access their personal items at their stations/desks only and keep a social distance of at least 6 feet away from others.

b. Alternative Classroom Settings (include common areas)

- i. Staff will have the opportunity to pre-book the use of outside spaces for instructional areas (weather permitting) through school Google calendars.
- ii. Students will be assigned a space that maintains 6 feet of social distancing.

c. Cleaning of desks

- i. If there is a classroom change, students will be given CDC approved materials to clean their desks upon entering and exiting a classroom.

d. Lockers/Cubbies Use

- i. At the secondary level, lockers will not be assigned to students. Students will be allowed to have their backpacks at all times.
- ii. At the elementary level, cubbies will not be used. Students will be allowed to have their backpacks at all times.
- iii. Students' personal items will remain with them at their desks.

e. Shared Items

- i. Sharing of items is not allowed.
- ii. If a classroom tool has to be shared, it will be cleaned before being used by another student. Hand washing/sanitizing will take place before and after using a shared item.

5. Course Requiring Additional Safety Considerations

a. Arts: Chorus, band, theater, dance, and visual arts

As of 7/24/2020, due to increased respiration or sharing of equipment, the Department of Education has advised that chorus, singing, musical theater, and using brass or woodwind instruments are not permitted indoors. If outdoors, with masks encouraged if possible, these activities can occur with at least 10 feet of distance between individuals. For non-musical theater, if outdoors, with masks encouraged if possible, it can occur with 6 feet of distance between individuals. If indoors, with masks required, it can occur with 6 feet of distance between individuals. It can not occur indoors without a mask. These courses could be conducted virtually and could focus on history of music, music theory, or vocal anatomy.

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.

Visual Arts

- Shared cameras and any other equipment that requires close eye or mouth contact will have disposable protective covers.
- Prioritize activities that require minimal supplies or create individual art kits with assigned supplies to use for the semester.
- Emphasis should be on any elements of courses that could involve outdoor time such as drawing outdoors or nature photography.

b. Physical Education and Dance

- If outdoors, without masks, these activities can occur with 10 feet of distance between individuals. If outdoors, with masks required, these activities can occur with 6 feet of distance between individuals. If indoors, with masks required, these activities can occur with 6 feet of distance between individuals.

- No physical education class can have activities with close physical contact. Activities that do not require shared equipment should be prioritized. Outdoor activities should be prioritized, whenever possible.
- Students should wash or sanitize their hands before and after class.
- Sharing of water bottles, towels, mouth guards, helmets or other equipment that comes into contact with the nose or mouth is not allowed.
- Locker rooms will not be used. Students will be encouraged to wear comfortable clothing on the days that their physical education class takes place.

c. Science Courses and Laboratory Work

- Unnecessary equipment and materials will be moved from lab spaces.
- Emphasis will be on using outdoor spaces for lab work since they provide opportunities for optimal physical distancing and investigations.
- Highest priority laboratory experiences will be determined for each grade and which experiences can be modified or removed for the year.
- Prepare alternative methods for labs as needed for students to learn a concept.
- After disinfecting shared equipment (see section d) and PPE, allow the equipment to drive in an area with sufficient ventilation away from students for at least 30 minutes before using again.
- Protective goggles are required by Massachusetts law. Goggles must be disinfected between uses.
- If a school is unable to hold in-person lab classes, DESE recommends that labs are conducted by teachers and observed by students instead of students conducting labs at home.
- If some of the practical work is done at home:
 - Supplies should be readily available in homes or provided by the district.
 - No chemicals outside of common household items should be required for an activity.
 - Consider ways to distribute materials needed to implement activities before requiring it to be completed at home.

d. Regular Sharing of Equipment

- Students should wash or sanitize hands before and after using shared equipment.
- Staff will use/create lesson plans that minimize the use of shared equipment.
- Staff will assign specific students or cohorts to specific pieces of equipment or workstations.
- Equipment that touches the eyes or mouth (e.g., cameras) can be shared if a disposable protective cover is added and students do not directly breathe into

the item. Disposable protective covers should be removed, disposed of and replaced between uses and the equipment should be cleaned.

- Equipment and objects that are hard to clean and disinfect will not be shared (e.g., materials with fabric or irregular surfaces such as stuffed animals or playdough).
- Shared equipment should be wiped down BEFORE AND AFTER each use using an EPA approved disinfectant.

6. COVID 19 Exposure or Positive Test

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

1. Current Massachusetts DPH guidance is that all close contacts of someone who has tested positive for COVID-19 should be tested.⁹
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.¹⁰ 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 days¹¹ and until asymptomatic.
3. Close contacts should isolate at home prior to testing and while awaiting test results. Ability to mask is critical, so if the close contact cannot mask or is in PK-1 and not masking they should not return for 14 days.
4. In order to return to school, close contacts need to have one negative test result and not be showing any COVID-19 symptoms from 14 days following the last day of exposure to a patient with COVID-19, to ensure that the contact does not get sick themselves and spread the virus to others (CDC). Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive.
5. IF POSITIVE TEST: The student or staff member should 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 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 3 days have passed with no fever and 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 3 days have passed with no fever and 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 a communication to the other families in the student's class (e.g., cohort) that there has been a positive test without naming the individual student or staff member who tested positive.
- 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. Explain that since they were within this cohort and may have been within 6 feet of the person with a positive test, they are considered a "close contact" and therefore should be tested. (In cases where the student may have been in close contact with others outside their cohort, having assigned seating and keeping up-to-date seating charts will help identify who should be instructed to be tested: specifically, those who were sitting next to

the student, plus any others who also had close contact with the student.)

iii. Instruct those designated as close contacts to isolate prior to their test and while waiting for the results. In general, as the highest yield test will be a few days after the exposure, ideally, the test should occur no sooner than day 4 or 5 after the last exposure. (In other words, if an exposure lasted several days, the best time to test is 4 or 5 days after the end of the exposure period.)

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.⁵

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 may pick students up prior to the end of the day. 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 need to have one negative test result and not be showing any COVID-19 symptoms from 14 days following the last day of exposure to a

patient with COVID-19, to ensure that the contact does not get sick themselves and spread the virus to others (CDC). Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive.

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 the student's cohort 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 10-15 minutes in class, on the school bus, or at extracurricular activities.
- b. Follow the communication and other relevant Elementary School protocols above.
- c. In order to return to school, close contacts need to have one negative test result and not be showing any COVID-19 symptoms from 14 days following the last day of exposure to a patient with COVID-19, to ensure that the contact does not get sick themselves and spread the virus to others (CDC). Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive.
- d. Instruct the student or staff member to isolate while waiting for the results of their test.
- e. An individual who does not wish to be tested should instead quarantine

for 14 days and until asymptomatic.

6. IF OTHERS IN THE SCHOOL TEST POSITIVE: Perform all steps under this protocol for that person. **ALSO FOLLOW:** “Protocol: Presence of multiple cases in the school.”

7. IF NO OTHERS IN THE SCHOOL TEST POSITIVE: In order to return to school, close contacts need to have one negative test result and not be showing any COVID-19 symptoms from 14 days following the last day of exposure to a patient with COVID-19, to ensure that the contact does not get sick themselves and spread the virus to others (CDC). Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive. However, strict mask wearing covering the nose and mouth must be maintained at all times. If they have symptoms but test negative regardless, they should wait until they are asymptomatic for 24 hours before returning to school.

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.

7. Elevator

*Note: Building-specific procedures are being developed by school administration and will be added once complete.

8. Entry/Dismissal

*Note: Building-specific procedures are being developed by school administration and will be added once complete.

9. Face Coverings

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 at school.
- 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.
- Double- or triple- layer face coverings provide more protection than neck gaiters or bandanas.
- Students 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.
- [Putting on and taking off a face covering/mask properly](#)

Mask Breaks

- Breaks will occur when students can be at least six feet apart and ideally outside or with the windows open.
- Cohorts should not intermingle during mask breaks.
- Proper removal and placement of masks when outside and 6 feet apart.
 - 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.
 - 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 at school, 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 is 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.
- Double- or triple- layer face coverings provide more protection than neck gaiters or bandanas.
- 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 and 6 feet apart.
 - 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.
 - 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.

10. Flu Clinic - Schools/Towns

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 provided with the necessary paperwork to receive the vaccine.

11. 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.

12. 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.

13. Healthcare Provider 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
- Shortness of breath or difficulty breathing
- Cough
- Sore throat
- Muscle or body aches
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea
- Headache
- Fatigue
- Congestion or runny nose
- Unexplained skin rash

We have asked them to contact your office for evaluation as appropriate (triage, telehealth or in person appointment) and testing for covid 19 unless a clear alternative diagnosis, without possible concomitant COVID-19, is evident.

We will be following the latest CDC and MA DPH guidelines , which state the student may return to school 10 days after the onset of symptoms, and must be free of fever for 72 hours without antipyretics, and show an improvement of symptoms with a positive COVID-19 test result. If the student is not tested, they must isolate for 14 days and until asymptomatic unless a clear, alternative diagnosis is made.

Although the time at which your patient may return to school may not be impacted by a positive or negative COVID-19 test, 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 require a note confirming an alternative diagnosis if your patient is to return to school sooner (written, fax or email). They must still be free of a fever for 24 hours without antipyretics and improvement in symptoms before returning to school.

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

Sincerely,
School Nurse
Email
Phone #
Fax #

14. 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 - 100.3 degrees fahrenheit or higher
- [Symptoms of Coronavirus:](#)
 - Temperature 100.3 °F or higher when taken by mouth
 - New onset of cough, shortness of breath (if chronic cough - a change from baseline)
 - Sore throat
 - Headache (with other symptoms)
 - Fatigue (with other symptoms)
 - Body or muscle aches
 - Nausea, vomiting, diarrhea
 - Congestion or runny nose (with other symptoms)
 - New onset of loss of taste or smell
 - New onset of unexplained skin rash

Background:

Families play a critical role in supporting schools and helping to mitigate COVID-19 transmission within the school community. Schools are not expected to test or diagnose COVID cases. 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 14 days;
 - c. the child has received fever-reducing medication in the past 12 hours specifically to treat a fever;
 - d. the child has traveled outside of [lower risk states](#) in the past 14 days.
3. Parents/guardians shall communicate with the school nurse directly if their child is absent due to travel or any illness.
4. A note from a licensed health care provider is needed to return to school after dismissal with any symptoms suggestive of COVID-19.
 - 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](#) to a higher risk state, or has any of the following symptoms of COVID -19:
 - a. Temperature 100.3°F or higher when taken by mouth
 - b. New onset of cough, shortness of breath (if a chronic cough - a change from baseline)
 - c. Sore throat
 - d. Headache (with other symptoms)
 - e. Fatigue (with other symptoms)

- f. Body or muscle aches
 - g. Nausea, vomiting, diarrhea
 - h. New onset of unexplained skin rash
 - i. Congestion or runny nose (with other symptoms)
 - j. New onset of loss of taste or smell
3. If any symptoms are present upon arrival to 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 with an alternate diagnosis/explanation (not COVID-19) for these symptoms can return to school in accordance with existing school illness management policy (24 hours fever free without fever reducing medicine and/or improvement of symptoms) and a doctor's note.
 5. Students who have been diagnosed with COVID-19 or are symptomatic and not tested with no alternative diagnosis/explanation shall remain home until the following conditions are met:
 - a. It has been at least 10 days from onset of symptoms,
 - b. AND they have been fever free for at least 24 hours without the use of fever-reducing medication (i.e. acetaminophen or ibuprofen)
 - c. 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 14 days after the last contact with the COVID + individual. If symptomatic, contact a healthcare provider.
 7. Any student who has traveled outside of [lower risk states](#), per the [MA travel order](#), in the past 14 days shall not come to school and shall self-quarantine according to the state guidelines as described in the travel order.

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 - 100.3 degrees fahrenheit or higher
- [Symptoms of Coronavirus:](#)
 - Temperature 100.3 °F or higher when taken by mouth
 - New onset of cough, shortness of breath (if chronic cough - a change from baseline)
 - Sore throat
 - Headache (with other symptoms)
 - Fatigue (with other symptoms)
 - Body or muscle aches
 - Nausea, vomiting, diarrhea
 - Congestion or runny nose (with other symptoms)
 - New onset of loss of taste or smell
 - New onset of unexplained skin rash

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 14 days;
 - c. the employee has taken fever-reducing medication in the past 12 hours specifically to treat a fever;

- d. the employee has traveled outside of [lower risk states](#) in the past 14 days.
3. Employees shall communicate with the school nurse directly if they will be absent due to travel or any illness.
4. A note from a licensed health care provider is needed to return to school after dismissal with any symptoms suggestive of COVID-19.
 - 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 100.3°F or higher when taken by mouth
 - New onset of cough, shortness of breath (if chronic cough - a change from baseline)
 - sore throat
 - Headache (with other symptoms)
 - Fatigue (with other symptoms)
 - body or muscle aches
 - nausea, vomiting, diarrhea
 - Congestion or runny nose (with other symptoms)
 - New onset of loss of taste or smell
 - New onset of unexplained skin rash
3. If any symptoms are present upon arrival to work the employee will report to the school nurse, be dismissed home and advised to follow up with their healthcare provider.
4. Employees with an alternate diagnosis/explanation (not COVID-19) for these symptoms can return to school in accordance with existing school illness management policy (24 hours fever free without fever reducing medicine and/or improvement of symptoms).
5. Employees who have been diagnosed with COVID-19 or are symptomatic and not tested with no alternative diagnosis/explanation 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 14 days after the last contact with the COVID positive individual. If symptomatic, contact a healthcare provider.
7. Any employee who has traveled outside of [lower risk states](#) , per the [MA travel order](#), in the past 14 days shall not come to school and shall self-quarantine according to the state guidelines as described in the travel order.
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.

15. 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 - 100.3 degrees Fahrenheit or higher

Symptoms of COVID-19:

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

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 mask.
- 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.

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

Per the Governor of Massachusetts, effective August 1, 2020, any Massachusetts resident who travels outside of a [lower-risk state](#) for anything more than transitory travel, must follow the [MA Travel Order](#) in place.

The rule requires that you **MUST quarantine for 14 days** unless you can produce, on request, proof of a negative test result for COVID-19 from a test administered on a sample taken not longer than 72 hours before your arrival in Massachusetts. If you took a test prior to your arrival but have not received your negative result, you **MUST quarantine until you receive the negative result**. You may obtain a test after your arrival in Massachusetts but you **MUST quarantine until you obtain a negative result**.

A parent/guardian must notify their child's building administration as soon as they know they will be traveling outside of the states listed above. **Any student who needs to self-quarantine will be expected to attend the remote learning.**

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

1. Stay home from work/school and away from public places. **Students are to attend school via remote learning.**
2. Monitor for symptoms and take your temperature twice daily. If you develop symptoms or a fever, then call your healthcare provider immediately.
3. Symptoms of COVID-19 are:
 - Fever (100.3° Fahrenheit or higher), chills, or shaking chills
 - Cough (not due to other known cause)
 - Difficulty breathing or shortness of breath
 - New loss of taste or smell
 - Unexplained skin rash
 - Sore Throat
 - Difficulty breathing or shortness of breath
 - Headache when in combination with other symptoms
 - Muscle aches or body aches
 - Nausea, vomiting, or diarrhea
 - Fatigue, when in combination with other symptoms
 - Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms
4. If you have a medical appointment, call the healthcare provider and tell them that you have travelled out of state.

5. 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
6. Avoid sharing personal items with other people in your household, like dishes, towels and bedding.
7. Clean all surfaces that are touched often, like counters, tabletops, doorknobs and bathrooms.

a. Field Trips

All in-person field trips are suspended until further notice. It is recommended that schools participate in virtual field trips to the extent possible.

17. 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.

18. 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 ($\geq 100.3^{\circ}\text{F}$), cough, shortness of breath, sore throat, headache, fatigue, body or muscle aches, nausea, vomiting, diarrhea, new loss of taste or smell, unexplained rash.

- In the past 14 days, my child has **NOT** been exposed to anyone with any of the following symptoms: fever, cough, shortness of breath, sore throat, 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.

- If my child has traveled outside of a [lower-risk state](#) in the past 14 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, 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 (100.3° Fahrenheit or higher), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache when in combination with other symptoms
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms
- New onset of unexplained skin rash

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

Symptoms of COVID-19: fever (>100.3), cough, shortness of breath, sore throat, 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 outside of a [lower-risk state](#) in the past 14 days?

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

19. Presence of Multiple Cases in School/District

If there is more than one confirmed COVID-19 case (students or staff) in the school at one time, or if there is a series of single cases in a short time span, school leaders and the superintendent should work with the local board of health to determine if it is likely that there is transmission happening in school.

For each individual case, FOLLOW STEPS UNDER: [Protocol: Student or staff tests positive for COVID-19](#). Note that when there is one isolated case, the student's close contacts will need to stay home and be tested, not the whole school.

When there is suspected in-school transmission beyond one cohort or a small number of cohorts, school and district leaders must consult with the local board of health as to proposed next steps. These steps could include, for example, making a decision to a) close part of the school or the entire school for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) close the school partially or fully for the longer duration of a 14-day quarantine period.

Should there be circumstances where there are multiple cases in multiple schools, school and district leaders must consult with the local board of health as to proposed next steps. These steps could include, for example, making a decision to a) shut down the district for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) shut down the district for the longer duration of a 14-day quarantine period.

Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.

If the decision is made to close for some number of days, the school and/or district should send clear information and instructions to families and staff:

- Informing them that it is possible COVID-19 is being transmitted in the school and/or district
- Noting that there may be more potential cases that are not yet symptomatic
- Recommending students quarantine and not have contact with others
- Reminding families of the importance of not having contact with higher-risk individuals (e.g., grandparents)
- Reminding families of the list of COVID-19 symptoms for which to monitor

- Ensuring that remote learning is immediately provided to all students

Before bringing students back to school:

- Check inventory levels of needed supplies (e.g., disposable masks, soap, hand sanitizer, cleaning products); re-order replacement inventory
- Consider a school-wide refresher training on the importance of correct hygiene procedures (masks, physical distance, handwashing)
- Reiterate the critical nature of masks, physical distancing, and hand hygiene when students return to school

20. Recess

Weather permitting, recess will occur outdoors only. During recess, students will not be using any playground equipment nor sharing any equipment. **Without masks**, recess can occur if students maintain with 10 feet of distance between individuals. **With masks**, recess can occur if students maintain 6 feet of distance between individuals.

*Note: Building-specific procedures are being developed by school administration and will be added once complete.

21. Remote Learning Environment

The expectations for the remote learning environment are similar to that of classroom expectations.

- Students will be dressed appropriately for the learning environment. A shirt is required.
- It's expected students will attend and be attentive to the instruction. This includes cameras on during a class session.
- Students should work to ignore distractions and not create distractions for others.
- Students should enter the virtual room on mute, be respectful of others in the class, and the camera should be on.

22. Sick Child/Staff

When should I keep my child home from school?

- If your child has any of the following potential Covid-19 symptoms:
 - Fever of 100.3°F or higher
 - Cough (not due to other known cough)
 - Chills
 - Muscle aches or body aches
 - Sore throat
 - Shortness of breath or difficulty breathing
 - New loss of taste or smell
 - Headache when in combination with other symptoms
 - Nausea, vomiting or diarrhea
 - Fatigue, when in combination with other symptoms
 - Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms
 - New onset of unexplained skin rash
- If your child has a contagious illness such as flu or strep throat.
- If your child's eye is pink, red or itchy, and/or a crusty drainage from the eye is present.
- If you discover your child has head lice, contact your primary care provider for treatment options.

When can I send my child back to school?

Non- COVID-19 related:

- 24 hours after the start of antibiotic therapy for a diagnosed bacterial infection.
- In accordance with school policy, students who have 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 your child 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.¹² An individual who does not wish to be tested should instead isolate for 14 days¹³ and until asymptomatic.
- Your child should get tested at one of Massachusetts's test sites.¹⁴ 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: Your child needs stay home until asymptomatic for 24 hours. Proof of negative test results and a note from your child's doctor with alternative diagnosis is needed to return to school.

IF POSITIVE: Your child 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 3 days have passed with no fever and improvement in other symptoms. The school will need a note from your child's doctor or the local health department for approval to return to school.

23. Significant Amount of Cases in Municipality

In the case of significant municipal outbreak, as determined by the local board of health or DPH, the superintendent and school leaders must consult with the local board of health to determine whether it is appropriate to close a specific school, schools, or an entire district.

Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.

24. 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 six feet of distance between individuals as much as possible.
- 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.
- Where possible and needed, hallways will be restricted to one-way traffic or monitored to maintain distance among students.

Factors to be considered to maximize physical distancing:

- **Congestion:** Each school will include in their plans ways to minimize congestion.
- **Student Drop Off and Pick Up: Distancing:** Each school will modify boarding, pick-up, and drop-off protocols to support assigned seats and other efforts to support social distancing during arrival and departure times.
- **Recess:** Each school will have staggered/scheduled recess times to diminish intermingling of classroom cohorts.
- **One-Directional:** When possible, each school may make hallways one-directional to prevent students from directly passing each other.
- **Stairwells:** Stairwells will be properly marked and one-directional when feasible.
- **Emergency Evacuation Routes:** Each school will evaluate emergency evacuation protocols and communicate any relevant changes.
- **Stagger Class Transitions:** Each school will stagger class transitions.
- **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.

- Some stalls may be closed to promote distancing in the restroom.
- **Personal Belongings:** Each school will develop systems to keep each student's belongings separated from others.
- **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.

25. Statewide Regression to a Previous Reopening Phase

Massachusetts is tracking its overall statewide reopening in phases according to the Reopening Massachusetts plan. Currently, Massachusetts is in Phase 3 of reopening, where even more businesses can resume operations with specific guidance.

If Massachusetts moves back into a prior phase, DESE (in consultation with the Massachusetts COVID-19 Command Center) will communicate with school districts and schools to determine whether in-person school should continue.

26. Transitions

*Note: Building-specific procedures are being developed by school administration and will be added once complete.

27. Visitors/Volunteers

Goal: To limit any nonessential visitors, volunteers, and activities involving external groups or organizations.

Place signage in multiple languages (if necessary) outside of main entryways noting:

- A. that persons may not enter the building if they have any currently known symptoms of COVID-19, such as fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea;
- B. a 6- foot distance from others must be maintained as much as possible;
- C. face covering must be worn at all times; and
- D. shaking hands or engaging in any other physical contact is prohibited in school buildings.

Visitors shall not have access beyond the main office unless accompanied by an employee and approved in advance. All visitors must report to the main office and if applicable be escorted to the meeting site following all internal protocols.

Main office personnel will be partitioned from visitors via some type of plastic partition. Visitors allowed into the building, with permission and escort, should be given disposable name badges and not reusable lanyards.

Volunteers will not be allowed in the schools until such time as there is a vaccine. School groups such as the PTA's should be encouraged to host meetings via remote conferencing.

Restriction of visitors (if allowed) to the main office area, when possible.

Hand hygiene facilities or hand sanitizer should be readily available for visitors to use upon entry.

Keep accurate records of visitors, including the individual's reason for visit, contact information, and all locations visited, in case contact tracing is needed.

Consider an outdoor drop box for material drop-off.

Encourage electronic submission of documents and electronic payment of any fees.

Any discipline meetings, IEP and 504 meetings, and other meetings between staff and visitors/families should be held remotely, to the greatest extent possible. However, if parents/guardians are unable to engage in a required meeting remotely, socially distanced in-person meetings may be held. Parents/guardians should be escorted from the main office to the meeting location.

Visitor Protocol:

1. Seek approval for the visit from the person to be visited.
2. Complete a health check survey upon entry to the building..
3. Arrive wearing a mask.
4. Sanitize hands upon entry.
5. Comply with social distancing norms.

Approved visitors must enter any building through the Main Entrance only. Please note adjustments to the COVID-19 Visitor Policy may be adjusted throughout the year based on our experience with it.

Parent Volunteers and Visits:

We know parent support is a critical component of our community engagement and partnership. Unfortunately, during the pandemic, BMR will limit parent volunteer activities and limit parent visitation during the school day until further notice. At times, we know parents may need to drop off an item for their child during the school day. If this situation arises, we will require parents to check in with the administrative assistant to leave the items. The assistant will not handle the items and will get your child to retrieve the items.

Students are discouraged to leave school for appointments during the school day:

Doctor appointments and other appointments are encouraged to be scheduled outside the school day when possible. The administrative assistant in each division should be notified 24 hours in advance of the scheduled appointment. Do not enter the building to pick up your child, contact the administrative assistant and let her know you are outside waiting in your car. Parents are not permitted to come into the building to sign students out for these appointments. Younger students will be escorted out of the building to the parent car. Parents will need some type of identification before the child is released.

All students returning to campus after an appointment will be required to sign in at their designated check in point, complete the health check, and sanitize hands before proceeding back to the classroom.

Parent Meetings/Conferences:

All parent meetings including Parent/Teacher Conferences will be scheduled virtually until further notice.

28. References

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Blackstone-Millville Regional School District

COVID-19 Parent/Guardian Agreement

I _____, parent/guardian of
(print parent/guardian name)

STUDENT NAME _____

GRADE _____ TEACHER _____

agree to:

- complete the checklist each day before my child arrives at school.
- If my child is ill, I will not send them to school.
- If my child has been a close contact to someone with COVID-19 symptoms or someone who has tested positive for COVID-19 in the past 14 days, I will not send them to school.
- If I have administered fever reducing medication to my child in the past 12 hours, I will not send them to school.
- If my child has traveled outside of a [lower-risk state](#), I will not send them to school. I will notify the school and follow the quarantine guidelines from the [MA Travel Order](#).
- If my child is ill at school and needs to be dismissed, I will pick up my child in 30 minutes. I will provide my updated contact information and the names and contact information for emergency contacts, who must be willing to pick up my ill child.

Parent/Guardian Signature

Date

Email

Phone number