

**Martha's Vineyard Schools
Reopening School Health & Safety Plan
August 31, 2020**



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To the Martha's Vineyard Community,

We understand that there is apprehension about returning to in person learning in the fall. Every individual has their own set of circumstances and concerns for their health and their family's health. The Health and Safety Committee for the Island Task Force is committed to carrying out the health and safety requirements of our schools with the guidance from the MA Department of Public Health (MA DPH), Department of Elementary and Secondary Education (DESE), and the Centers for Disease Control and Prevention (CDC).

The Island Task Force Health and Safety Committee

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Local Boards of Health Agents

Martha's Vineyard Public School Health and Safety Document for Reopening Schools 2020

Preparation for a Safe Return to School (CDC)

Engage and encourage everyone in the school and the community to practice preventive behaviors.

Implement multiple SARS-CoV-2 mitigation strategies (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting).

Communicate, educate, and reinforce appropriate hygiene and social distancing practices in ways that are developmentally appropriate for students, teachers, and staff.

Integrate SARS-CoV-2 mitigation strategies into co-curricular and extracurricular activities (e.g., limiting or cancelling participation in activities where social distancing is not feasible).

Maintain healthy environments (e.g., cleaning and disinfecting frequently touched surfaces).

Make decisions that take into account the level of community transmission.

Repurpose unused or underutilized school (or community) spaces to increase classroom space and facilitate social distancing, including outside spaces.

Develop a proactive plan for when a student or staff member tests positive for COVID-19.

Develop a plan with the state and local health department to conduct case tracing in the event of a positive case.

Educate parents and caregivers on the importance of monitoring for and responding to the symptoms of COVID-19 at home.

Develop ongoing channels of communication with state and local health departments to stay updated on COVID-19 transmission and response in your local area.

Community Transmission Information

Schools will regularly communicate with the local Boards of Health on community spread and contact tracing.

What is Covid-19 and How Does the Virus Spread

Coronavirus (Covid-19) is an illness spread by a virus that can spread from person to person, and this illness has spread all over the world. Some people experience severe symptoms, but others experience mild or no symptoms of the illness. Coronaviruses are respiratory viruses and are generally spread through respiratory secretions (droplets from talking, coughing or sneezing) of an infected person to another person. There is preliminary evidence that airborne transmission in which the virus spreads in much smaller particles from exhaled air, known as aerosols. This is

why it is important to do what we can to improve ventilation of indoor spaces and encourage outdoor activities when possible.

The virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. That's why personal prevention practices such as handwashing and staying home when sick, and environmental cleaning and disinfection are important practices.

***Symptoms in children may be similar to adults, but children may also have milder symptoms. Children with Covid-19 may not initially present with fever and cough as often as adults.**

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have Covid-19:

- Fever of (38 C/ 100.0 F) or chills
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Congestion or runny nose (not due to other known causes such as allergies)
- Cough (not due to other known cause , such as chronic cough)
- Fatigue when in combination with other symptoms
- Muscle or body aches
- Sore throat
- Headache when in combination with other symptoms
- Nausea, vomiting, abdominal pain or diarrhea.

Transportation Safety

Several core practices will support safer school bus operations this fall:

Masks

All staff and students on the bus, regardless of age, are required to wear masks at all times. Exemptions for students due to medical and/or behavioral reasons – and associated protocols – are further described later in this guidance.

Distance

Students should not be seated on more than one student per bench, alternating sides for each row, which allows students to maintain 6 feet of physical distance. Children from the same household may sit together and in closer proximity (e.g., two students per bench).

*See Facilities and Maintenance Reopening Guidelines for Bus Seating Configurations and Capacity Estimates

Ventilation

Keep windows open at all times during operation, unless not possible due to extreme weather conditions.

Seat assignments

Students should be assigned to a single bus and a particular seat.

Bus monitors

Bus monitors are highly recommended (e.g., volunteer, student leader, or staff member) for every bus to ensure strict adherence to these health and safety guidelines.

Bus Seating Configuration

The Transportation Sub Committee will provide information regarding bus seating configurations.

Developing transportation plans

Schools will develop a transportation plan that follows the protocols outlined in this guidance. Schools should gather input to develop these plans. Drivers and other transportation staff (e.g., bus monitors, if applicable) must be trained on the transportation plan prior to school reopening.

The plan should address the following key areas:

Surveying expected ridership for the coming school year.

Strategies for encouraging alternative modes of transportation.

Addressing bus capacity challenges through modifications to bus routes and schedules, including potentially staggering school start and end times for greater bus capacity to enable more students to attend full-time, in-person school.

Modifications to boarding, pick-up, and drop-off protocols, including a plan for defining bus and seat assignments.

Health and safety protocols, including but not limited to screening, masks, physical distancing, hand hygiene, ventilation, and precautions for bus drivers and monitors.

Schedules and protocols for routine cleaning/disinfecting of vehicles.

Strategies, protocols, and training specific to transportation of students with disabilities, including those who require close contact with adults.

Communications and training for parents/caregivers, students, and staff.

Modify and augment school bus pick-up and drop-off procedures to minimize crowding.

Encouraging parents/caregivers to transport their children

Encouraging/facilitating carpooling within fixed cohorts

Consider creating or expanding before- and after-school programs to align with parent work schedules to make it easier for families to transport their children.

Modify and augment pick-up and drop-off procedures to account for increased driver traffic to minimize crowding.

Inform parents and students about appropriate health and safety guidelines, including the need to wear a mask if transporting students from multiple households and the need to maintain physical distance as is feasible.

Promoting walking/biking to school

Inform participating parents and students about appropriate health and safety guidelines, including the need to wear a mask at all times and the need to maintain maximum physical distance.

Engage local police departments when appropriate to help with safety protocols across extended walk zones.

Prepare for changing transportation patterns (e.g., more crossing guards, bike racks) and work with local authorities as needed.

Seat assignments and boarding

Keep bus staffing assignments as static as possible by assigning drivers and other transportation staff to a single bus and a specific route.

Assign students to a single bus and to an assigned seat. Children from the same household should be assigned seats together. Seating arrangements should also account for students with disabilities who require close contact from adults.

As students board the bus, occupy seats starting from the rear of the bus and fill sequentially to the front. Upon arrival at school, the bus should be unloaded in a controlled manner, starting from the front of the bus and emptying sequentially to the back.

Assign seats with the above boarding order and process in mind (i.e., based on when students will board during the route). For example, students boarding the bus at the beginning of the route should be assigned seats at the rear of the bus, and students boarding the bus at the end of the route should be assigned seats at the front.

Pick-up and drop-off protocols

Consider having one bus of students enter the building at a time. When weather allows, students who are not entering right away should wait outside, preferably with members of their cohort, in designated areas that are clearly marked for physical distancing.

Consider how to schedule students who will walk or bike to school or will be dropped off by car to limit crowding and support physical distancing.

Prepare to respond to changing transportation patterns (e.g., more crossing guards, bike racks/storage) and work with local authorities as needed.

Consider utilizing multiple entry/exit points and pick-up/drop-off locations (e.g., assign students/grade levels to different entrances at arrival and departure times).

Modify protocols for parent/caregiver pick-up and drop-off

Designate appropriate pick-up area(s) for parents/caregivers.

Parents/caregivers should remain in their vehicle while waiting for their child.

Parents/caregivers should maintain physical distancing standards and wear masks if they exit their vehicle.

High schools should consider designating extra parking spots or street spaces for student parking if surveys show that more students will be using personal vehicles.

Considerations for students with disabilities

Parents of students for whom special transportation is provided for in their IEPs and who transport their students are eligible for reimbursement, according to 603 CMR 28.07(6). In these cases, the student maintains the right to access transportation for a disability-related need at a future date. The IEP should not be amended to reflect the temporary change in transportation arrangements, but the family should be notified in writing of this temporary change if they agree to transport their student.

In cases where special transportation is provided for in the student's IEP and the family is unable to transport their student, school districts must coordinate and provide transportation for those students, including students in out-of-district placements.

Public transportation

Schools should work with their regional transportation authorities if students take public transportation to or from school. Schools should provide health and safety guidelines to students using public transit systems including:

Limit touching frequently touched surfaces such as kiosks, touchscreens, ticket machines, turnstiles, handrails, restroom surfaces, elevator buttons, and benches as much as possible.

Wear a mask at all times during transportation.

Follow physical distancing guidelines by maximizing space between riders as feasible. Practice hand hygiene (e.g., use hand sanitizer after leaving the transit station or bus stop).

Bus monitor

To ensure adherence to health and safety guidelines, we encourage districts to consider adding a bus monitor to every bus. This role could be a hired position, paraprofessional, current student, staff member, or volunteer, but should not be an individual at high risk for COVID-19.

Bus monitor responsibilities may include:

- Asking whether students received at-home pre-screening (see “Symptoms screening” below).

- Managing vehicle entry/exit processes including directing students to assigned seating.

- Ensuring all health and safety requirements are met (e.g., physical distancing, masks, ventilation, hand sanitizer, safe storage of health and safety supplies, etc.).

- Coordinating arrival/departure and entry/dismissal protocols.

- Assisting with routine cleaning and sanitization activities, as appropriate.

Symptom screening

Checking for symptoms each morning by families and caregivers, before students arrive at the bus stop, is critical and will serve as the primary screening mechanism for COVID-19 symptoms.

Bus drivers or bus monitors (if applicable) should be appropriately trained to observe students upon entry. If students appear symptomatic, and a parent/caregiver is present to take them home, they should not be permitted to enter the school bus. If a parent/caregiver is not present to take them home, bus monitors should refer students who may be symptomatic to the school healthcare point of contact immediately upon arrival. If a student who may be symptomatic must board the vehicle, they should be spaced at least six feet from other students as feasible. Close off areas used by the student, and do not use those areas again until after cleaning and disinfecting.

Post signs at bus entrances clearly indicating that no one may enter if they have symptoms of respiratory illness or fever.

If children become sick during the day, they should not be permitted to travel home via school bus.

Masks

Everyone on the bus and waiting at bus stops must wear masks that cover the nose and mouth at all times.

Adults, including drivers and other transportation staff (e.g., bus monitors), are required to wear masks.

Students are required to wear masks, regardless of age, when on the bus.

Exceptions to masks for students: Face shields may be an option for students with medical, behavioral, or other challenges who are unable to wear masks. Please see the “physical distancing” section below for protocols on how to work with families of students who cannot wear masks due to medical, behavioral, or other challenges.

Masks should be provided by the student/family, but schools must ensure that sufficient extra disposable masks are made available on all buses for any student who needs them.

Physical distancing

Distancing requirements apply both while waiting at bus stops and while in transit.

Children from the same household should be seated together and may be seated two or more students per bench (closer than 6 feet).

As may be appropriate, consider marking off ground at bus stops where students can wait at 6 feet of physical distance from one another.

Students should face forward at all times and refrain from eating, shouting, singing, or sharing items while in transit.

Determine and post maximum occupancy for each bus while following these distancing guidelines.

Students who are not able to wear a mask while riding the bus should maintain 6 feet of distance between themselves and other students. If possible, the student should wear a face shield while on the bus. Districts should work with the families of students who are regularly unable to wear a mask regarding possible alternative transportation arrangements (i.e. walking to school or the family transporting the student).

Hand sanitizing

Install hand sanitizer dispensers on buses for students and drivers to clean hands as they board and exit. Alcohol-based hand sanitizer with at least 60 percent ethanol or at least 70 percent isopropyl content can be used. Hand sanitizer should be applied to all surfaces of the hands in sufficient quantity that it takes 20 seconds of rubbing hands together for the sanitizer to dry.

Hand sanitizer dispensers should be placed only at the entrance of school buses within view of the bus driver or monitor to ensure appropriate use. Students and staff are required to exercise hand hygiene (hand washing or sanitizing) upon arrival to school.

During winter months, students wearing gloves upon entry should be encouraged to keep gloves on at all times during transit to the extent possible. If the student wishes to remove

the gloves, they should follow the hand sanitizing protocols outlined above upon entry and exit.

Students must always be monitored by an adult when using hand sanitizer

Ventilation

Mitigate airborne transmission by increasing outdoor air ventilation. Doing so helps dilute the concentration or displace the presence of an airborne virus. Opening windows can greatly increase the level of ventilation within a school bus and therefore reduce COVID-19 transmission risk.

Keep windows open at all times during operation, unless not possible due to extreme weather conditions. Even in cold or rainy weather, bus windows should be kept open at least partially (a couple of inches), if possible.

Consider keeping roof hatches open on buses during operation for further ventilation.

Cleaning and disinfecting

Coordinate with the district transportation department and contracted transportation providers to ensure vehicles are properly cleaned and disinfected. At a minimum, high-touch surfaces (see examples below) must be cleaned and disinfected thoroughly after each morning route and after each afternoon route using EPA-approved disinfectants. The interior of each vehicle must be cleaned and disinfected thoroughly at least once each day.

Clean high-touch surfaces first and most frequently, including buttons, handholds, pull cords, window latches, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions.

Conduct thorough routine cleaning of vehicles, including dusting and wet-mopping vehicle floors, removing trash, wiping heat and air conditioner vents, spot cleaning walls and seats, dusting horizontal surfaces, cleaning spills, etc.

Routine cleaning outlined above should be completed prior to disinfection to remove all surface matter.

Doors and windows should remain open when cleaning the vehicle.

Staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills. All sanitizing and disinfecting solutions must be labeled properly to identify the contents and kept out of the reach of students.

Drivers and monitors should have adequate supplies of soap, paper towels, tissues, hand sanitizer, garbage bags, and other critical cleaning supplies. School cleaning and disinfecting

Precautions for transportation staff

Avoid touching surfaces often touched by passengers.

Wear masks covering the nose and mouth at all times.

Use gloves if required to touch surfaces contaminated by bodily fluids.

Maintain proper hand hygiene. Wash hands regularly with soap and water when available for at least 20 seconds or use an alcohol-based hand sanitizer.

Drivers must prescreen themselves each day and if they are sick, they must not report to work. If they become sick during the day, they must not return to drive students. Don't report for duty if sick.

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Core health and safety practices

Facility Health and Safety Requirements

A safe return to in-person school environments will require a culture of health and safety every step of the way. Specifically:

It is not one mitigation strategy but a *combination* of all these strategies taken together that will substantially reduce the risk of transmission. No single strategy can ever be perfect, but all strategies together will reduce risk. It will take collective continued vigilance towards health and safety measures to continue to contain COVID-19.

Staff must monitor themselves daily for symptoms. Students, with the assistance of families, must also be monitored daily for symptoms. Staff and students must stay home if feeling unwell. Everyone must do their part to protect others and not come to school if they are exhibiting any COVID-19 symptoms or are feeling sick.

Masks are among the most important single measures to contain the spread of

COVID-19. We require students second grade and above and all staff to wear masks that *adequately cover both their nose and mouth*. Younger children are strongly encouraged to wear masks. Exceptions must be made for students with medical, behavioral, or other challenges who are unable to wear masks/face coverings.

Hand hygiene is critical. At minimum, Students and staff are required to exercise hand hygiene (hand washing or sanitizing) upon arrival to school, before and after eating, before putting on and taking off masks, before and after entering classrooms, before and after using bathrooms, and before dismissal.

Physical distance greatly reduces the risk of transmission. As COVID-19 is transmitted through respiratory droplets, putting distance between yourself and others reduces risk. In classroom settings, when all parties are wearing masks, a minimum of 6 feet of separation is required; (Kindergarten and first grade students without masks may be 6 feet apart, but no less, which is permissible given the lower susceptibility of the age group).

Cohorts/assigned seating. Seats should be assigned (including classroom, bus, meals). Students organized in groups/classrooms and other cohorts help to mitigate transmission of the virus, minimize transmission, and assist with contact tracing.

Masks. See Mask Policy

For the purpose of this document a mask is defined as a paper surgical mask, or a two-ply cloth face covering, that completely covers the mouth and nose. Wearing a neck gaiter is not an acceptable mask for school. It poses a safety risk because it is worn around the neck. Also, a bandana is not an acceptable mask for school purposes.

- a. Schools will provide reminders to wear masks and how to remove them safely. Schools will have a supply of masks for staff and students if needed. Schools will provide education on safely disposing of soiled or unusable masks, and identifying spaces that are appropriate for mask breaks. Masks covering the nose and mouth are to be worn by students (required for grade 2 students and up and strongly encouraged for kindergarten and grade 1), staff, visitors, vendors and everyone else who is on school campus. Exceptions for meals, mask breaks, and medical exemptions are permitted. Please note: *All persons are required to wear masks during school transportation.*

Masks should not be placed on:

Anyone who has trouble breathing or is unconscious

Anyone who is incapacitated or otherwise unable to remove the face covering without assistance

Anyone who cannot tolerate a mask due to development, medical or behavioral health needs

Mask Disposal: If a reusable mask breaks, it needs to be thrown out or if a single-use mask needs to be disposed of, it should be placed into the nearest trash can by the individual who wore the mask. The individual should immediately put on a new mask after washing their hands.

Handwashing and hand sanitizing: Schools will require hand hygiene practices for all persons arriving at school until their departure. This includes providing hand washing or sanitizing stations (touchless if feasible) in commonly used areas (e.g., entries and exits, classrooms, bathrooms, eating areas, stairwell exits, etc.), ensuring sufficient supplies to accommodate frequent hand washing, and having hand sanitizer readily accessible.

Physical distancing: Schools require a physical distance of 6 feet at all times. It is important to understand how these requirements will affect space layouts and movement protocols.

Close Contact: Is defined by an individual who has been within 6 feet of a positive case for 15 minutes or more.

Creating cohorts wherever possible: By grouping students and staff into cohorts, interaction will be limited. This means that if there is a positive COVID-19 case in the school, fewer individuals will have interacted with that person. Cohorts should be used to the extent feasible for classes, transportation, mask breaks, meals, recess, and extra-curriculars. To assist with establishing cohorts, all students should be assigned seating in each class, meals, and other activities.

School cleaning and disinfecting: Schools will follow CDC and use EPA approved products when cleaning and disinfecting. See cleaning and disinfection

Ventilation: Schools will follow state safety guidelines regarding building ventilation to ensure healthy air quality.

Traffic flow within schools: Establish clear movement signage/direction to avoid crowding, maintain cohorts, and minimize unnecessary person-to-person interactions. These protocols should include a plan for arrival and dismissal times, transitions between

classes, and bathroom breaks, as well as outlining one-way movement pathways for hallways and cafeterias.

Fire code and safety: Schools should be aware of their fire code and building safety guidelines as they work to maximize space within buildings. Ensure that desks are not blocking means of egress in the event of an emergency and that desks are adequately spaced from radiators or other heating or cooling elements. Avoid obstructing means of egress if you are storing items in hallways.

If appropriate, consider propping open doors to improve air circulation and reduce the number of times people touch door handles.

Plexiglass barriers: We do not recommend setting up plexiglass barriers in regular classrooms, since they represent an additional high-risk surface to clean and disinfect. Barrier use is permitted if classroom/office furniture cannot be replaced such as in shared table or laboratory settings where there is limited capacity and desks are often heavy or immovable.

- **Usage:** Barriers should only be used in laboratory settings where desks are unable to be moved or cannot be replaced with moveable desks.
- **Height:** Barriers should be tall enough to extend beyond a staff or student's standing height
- **Width:** Barriers should extend at least one foot past the edge of the table and abide by fire and safety regulations
- **Cleaning:** Barriers should be properly cleaned between uses
- **Rubber edges:** Consider use of rubber edges to avoid risk of injury when plexiglass extends beyond tables
- **Classroom protocols:** Make sure that plexiglass barrier use is aligned to safety procedures and consider adjusting classroom experiments to avoid potential fire hazards

Bathrooms

Hand dryers: Do not use hand dryers. Replace hand dryers with disposable paper products. Doing so will mitigate transmission of virus particles.

Touchless technology: Place a trash can and paper towels by the bathroom door to allow students and staff to avoid touching door handles directly. If possible, consider installing touchless technology in the bathroom equipment (e.g. hand soap, paper towel dispensers, automatic doors).

Ventilation: When feasible, open windows and entrance doors in bathrooms that do not pose a safety or privacy risk and if not against HVAC system standards.

Bathroom use: Consider encouraging students to use the bathroom during scheduled times. Otherwise use the bathroom sign out system to reduce the number of students in bathrooms at one time.

Provide marks on the floor of restrooms to indicate proper physical distancing

Lockers

Limit usage: Consider suspending the use of lockers. If lockers are needed, stagger access times and monitor students for masking and physical distancing.

Shared lockers: Is not permitted.

Hallways

Create standard routes: Schools will outline a plan for hallway use to minimize congestion. Make hallways one-directional to prevent students from directly passing each other. This is especially important for small hallways. Ensure that stairwells are also properly marked and one-directional. Staff should reinforce these directions, adherence to physical distancing, and masking. **Schools should test emergency evacuation protocols and carefully communicate any relevant changes.**

Close off certain hallways: Consider closing off hallways or areas that are too narrow for proper physical distancing and unable to be one-directional.

Stagger class transitions: Develop a plan for transitions between classes to avoid crowding in hallways. Consider dismissing students grade-by-grade or according to other cohort models. Consider identifying facility monitors or class monitors to ensure students wear masks, maintain distance, and do not linger in the hallway.

Elevators

One person at a time in the elevator (with exceptions for individuals being escorted in a wheelchair)

Masks must be worn

Elevators will be disinfected daily

Signage

Ensure clear and age-appropriate signage is posted in highly visible locations throughout school property, reminding students and staff to follow proper health and safety protocols. Signage on how to wear masks and reminders to wash hands are provided by both the DPH and CDC.

Signage should be translated into a language understood by each student. Signage should be posted in the following key areas (non-exhaustive):

- By hand washing and hand sanitizing stations
- In bathrooms
- By entry/exits

- By eating areas
- By mask break areas
- In classrooms
- Around playgrounds
- In hallways
- Next to frequently shared equipment
- Areas for physical distancing
- In restricted areas

Mask Breaks

Purpose: It is recommended that students have at least two mask breaks per day (e.g. mealtime and recess). If additional mask breaks are scheduled, identify what spaces (ideally outdoors) will be used.

Requirements: Spaces for mask breaks must allow students to be at least 6 feet apart and less than 15 minutes if indoors. Consider using tape or other markers to identify where students should be to maintain 6 feet of separation. Hand washing facilities or hand sanitizer must be available upon entering and leaving this space. **Provide napkins or paper towels for masks to be set on (inside face up) when removed.** Consider adding signage in mask break areas on how to properly put on and take off masks. As mask wearing is recommended for children younger than second grade during the school day, it is important to note that these students may need additional mask breaks during the day.

Covid-19 Medical waiting room

Purpose: This is a separate space from the nurse's office. It may be located near a nurse's office.

The medical waiting room will be used when a student presenting COVID-19 symptoms needs to be separated. Every effort should be made to find a self-contained space, ideally near an exit/entrance and with a dedicated bathroom.

Staffing: When occupied, the medical waiting room should always be monitored by appropriate staff.

Masks required: Masks are always strictly required in this space, even for students in kindergarten and grade 1. The individual supervising this space must always maintain 6 feet of physical distance, remain masked, and wear a face shield or goggles. Be sure to have face shields or appropriate goggles available to staff. Personal protective equipment guidance recommends that nurses or other staff in this area be equipped with N-95 masks. If a student is unable to wear a mask, there should be no other students in this room.

Hand hygiene: Hand washing facilities or hand sanitizer needs to be used when entering and leaving the space.

Food/drink: 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, only if all others remain at least 6 feet away.**

Ventilation: This space should have windows that open and exhaust directly into the outdoors. Depending upon the facility, other options should be explored to increase ventilation to this area and/or otherwise improve the air filtration.

Size: This space should be large enough to accommodate several individuals at least 6 feet apart. All people in the COVID-19 waiting room must be as far apart as possible and no less than 6 feet apart, even when masked.

Recess

Hand hygiene: Hand washing facilities or hand sanitizer needs to be used upon entering and leaving recess space.

Cohorting: Consider designating outdoor spaces to separate cohorts and support 6 feet of physical distancing while still providing recess opportunities.

***Students may not share recess equipment**

Masking: If students are outdoors and maintain a distance of at least 6 feet, consider using recess as an unmasked time.

Activities: Playgrounds can be used with staff monitoring to ensure physical distancing and masking. Consider whether the number of staff at recess will need to be increased. Additional staff may be needed during high-risk times

Handwashing and hand sanitizing stations

Handwashing removes pathogens from the surface of the hands. While handwashing with soap and water is the best option, alcohol-based hand sanitizer (at least 60 percent ethanol or at least 70 percent isopropyl) may be utilized when hand washing is not available.

Provide handwashing or hand sanitizing stations in the following common areas and ensure there are enough supplies (soap and sanitizer) at all times to accommodate frequent hand washing and sanitizing:

- All entries and exits
- In bathrooms

- **In classrooms**
- **Next to meal distribution and consumption areas**
- **Next to mask break areas (if additional mask break areas are identified)**
- * **Next to water bottle filling stations**
- ***Note hand sanitizer needs to be used in the presence of an adult**

Other safety and health considerations:

All rooms should have a sign in sheet that tracks the movement of students and staff. This will be utilized for the purpose of contact tracing.

Remove all soft and cloth-based materials/furniture, such as rugs, pillows, stuffed animals, and dress-up clothing.

Learning centers: Students will have their own set of manipulatives that are not being shared with other students throughout the day.

Marking spaces: Consider marking spaces with footprints facing the correct direction the children's feet would be pointing to indicate one way in and one way out.

Water and Ventilation Systems

When reopening a building after it has been closed for a long period of time, it is important to keep in mind that reduced use of water and ventilation systems can pose their own health hazards. There is an increased risk for bacteria that comes from stagnant or standing water. Schools must take steps to ensure that all water systems and features are safe to use after prolonged facility shutdown by following the CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation to minimize the risk of diseases associated with water

Prepare ventilation systems

Clean ventilation system: Ensure the school ventilation system is properly cleaned.

Run HVAC systems: Operate HVAC systems with outside air dampers open for a minimum period of one week prior to reopening schools.

Consider upgrading filters: In buildings with mechanical ventilation systems, consider upgrading filters to increased efficiency ratings. Schools that are not able

to upgrade filters may explore alternative ways to improve ventilation (e.g., through open windows), if appropriate for their system.

Increase outdoor air ventilation

Adjust HVAC settings: Some mechanical ventilation systems can forcibly bring outdoor air inside and then distribute that fresh air to different areas of the building. If possible with the site's HVAC system, adjust settings to increase the flow of outdoor air. If your system can do this, evaluate the impact of adjusting windows or doors manually, as they may negatively impact the system itself.

Open windows or doors (when appropriate and safe): For facilities without the above HVAC capability, evaluate the options to open windows and doors when safe to do so, as well as the feasibility of increasing outdoor air intake with fan boxes in windows.

Prevent or minimize air recirculation: Facilities staff should evaluate how to eliminate or minimize air recirculation in their HVAC systems to the extent possible.

Maintain ventilation for longer hours: If possible, schools should leave ventilation systems running longer than normal. Ideally, ventilation systems would run continuously, but it is recommended they run at least two hours before and after school, as there may still be individuals in the building (students or staff).

Indoor spaces without windows

For any spaces without windows that may be used for student activities, special attention must be made to ensure that there are adequate HVAC capabilities for the space.

Otherwise, indoor spaces without windows and adequate HVAC should not be used or only used as may be appropriate for storage or similar uses.

If you have specific questions about ventilation and HVAC, please contact Matt Deninger at Matthew.J.Deninger@mass.gov or 781-338-3117.

Safety Procedures

Review and Modify Emergency plans and evacuation plans as needed

If an Emergency occurs during the school day, the emergency is the priority in the moment. During a "Fire drill" the priority is getting students and staff out of the building

safely. Once students are out of the building, line students up 6 feet apart. During a “Lock Down,” the priority is to get students and staff to the “Safe Spot” in the classroom. Students and staff should follow procedure with masks on. During a “Shelter in Place,” students can remain in their seats 6 feet apart with masks on and continue to follow standard procedures.

Cleaning and Disinfection

Cleaning removes germs, dirt, and impurities from the surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from the surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.(CDC)

Disinfection kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.(CDC)

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection. (CDC)

Although it is not the main way the virus spreads, it may be possible for an individual to get COVID-19 by touching an object that is contaminated and then touching their own mouth, nose or possibly eyes. Ensure facilities are properly cleaned and disinfected each day following the guidelines below:

Any person who cleans or disinfects must wear gloves and must clean their hands before putting on and removing gloves. Refer to the Personal Protection Equipment section.

Frequency: Cleaning and disinfecting should occur at least daily for shared spaces and furniture. For high-touch surfaces (e.g., door handles, light switches, water filling

stations, toilet seats) cleaning and disinfecting should occur three to four times per day or more.

Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from students.

CDC requires EPA acceptable cleaning and disinfection products.

Desks: Desks should be cleaned frequently. For situations when cohorts of students move between classrooms or where meals are eaten at desks, cleaning of desks must take place between classes and before and after meals.

Items should not be shared among students. If they must be shared, the items must be cleaned and disinfected before being used by other students.

To the extent possible, limit sharing of electronic devices, toys, games, learning aids, art material and other items that are difficult to clean or disinfect. Limit the use of supplies and equipment to one group of children at a time, and clean and disinfect items between uses. Library books may be checked out if students clean their hands before and after use and if students only select books from the shelves, instead of the return area. Books and other paper-based materials are not considered a high risk for transmission and do not need additional cleaning procedures. Identify and develop new classroom protocols that reduce passing supplies or items between students.

Hand hygiene: Frequent hand washing or sanitizing, including before and after using shared materials, is an important control strategy that should be reinforced when objects and materials will be shared.

Purchase additional items: Consider what supplies might need to be available on an individual basis, and purchase additional items as needed (e.g., assigning each student their own art supplies).

Storage: Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas. Similar to locker usage, make sure to stagger access to these areas to maintain physical distancing if used.

Electronics: Consider putting a flat, wipeable cover on electronics that are difficult to clean (e.g., keyboards). Follow manufacturer's instruction to determine the appropriate disinfectant solution and how to properly clean and disinfect. If there is no guidance, use alcohol-based wipes containing at least 60 percent ethanol or 70 percent isopropanol.

Outdoor play areas: Outdoor equipment will not be shared.

Responsibility: Dedicated custodial staff should handle all disinfection requiring chemicals for facilities (e.g., classrooms, bathrooms, mask break areas) and high-touch objects (e.g., door handles, light switches, water fountains).

Students may clean their area with alcohol based disinfecting wipes that are at least 60% ethanol or 70% isopropyl alcohol

Disinfectant solutions: To select the proper disinfectant, review the list on the EPA website. **Consider using an alcohol solution with at least 60 percent ethanol or 70 percent isopropanol, a diluted bleach solution (if prepared daily to ensure efficacy), or an EPA-approved disinfectant unless otherwise instructed by the manufacturer’s instructions.** When selecting a disinfectant solution, consider the dwell time, which surfaces are used as eating surfaces, and the potential risk of triggering asthma symptoms for sensitive individuals.

List of Products that are in Compliance with EPA-Novel Coronavirus (COVID-19)—Fighting Products: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>

Classes That Require Enhanced Health and Safety Measures

Chorus, singing, brass or woodwind instrument use, physical education activities, dance, and theater require enhanced health and safety measures, because they may involve increased respiration.

We strongly encourage these courses and activities to be held fully or partially online if possible.

Singing carries a relatively higher risk of virus transmission because voice projection generates respiratory droplets.

Safety requirements for these activities are as follows:

For chorus, singing, musical theater, and using brass or woodwind instruments:

Note: At this time, these activities are not permitted indoors.

Masks are encouraged with these outdoor activities.

These outdoor activities can occur without a mask if at least 10 feet of distance between individuals is maintained.

For non-musical theater:

If outdoors, masks are encouraged. These activities can occur with at least 6 feet of distance between individuals.

If indoors, masks are required. These activities can occur with 6 feet of distance between masked individuals.

Note: These activities cannot occur indoors without a mask.

For physical education activities 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.

Note: These activities cannot occur indoors without a mask.

Classes that involve regular sharing of equipment:

Many courses and activities use equipment and materials that are regularly shared between students, including music, visual arts, and physical education. The sharing of equipment and materials (e.g., building blocks, computers) is permitted with the following modifications.

Require students to wash hands, wear masks, and maintain distance

Students should wash or sanitize hands before and after using equipment; frequent handwashing is likely the best way to protect against transmission from surfaces.

Students must be 6 feet apart. Masks must cover the nose and mouth and be on at all times.

Materials and equipment must be cleaned and disinfected between uses

Minimize and modify shared equipment usage

Consider lesson plans that minimize the use of shared equipment.

Reduce class sizes for classes requiring equipment to reduce the need for equipment sharing.

Procure additional pieces of equipment in order to limit sharing.

Assign specific students to specific pieces of equipment or workstations (e.g., computers, art stations) that they can use for each class session. This is similar to having assigned seats in classrooms so that specific students are always near the same other students.

If there is not enough equipment for each student to have their own, consider creating cohorts, e.g., having students work in pairs or small groups and keeping those groups the same.

One student can physically touch the equipment (e.g., camera) and the other students can play roles that do not involve physically touching the equipment (e.g., arranging items to be photographed).

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 (for example, woodwind instruments cannot be shared). Disposable protective covers should be removed, disposed of and replaced with a new cover between uses, and the equipment must be cleaned and disinfected between uses. Instruments that do not come into contact with the mouth (e.g., piano) can be shared if cleaned and disinfected between uses. **Woodwind or brass instruments (e.g., flute, saxophone, trumpet, clarinet) cannot be shared.** Do not share equipment or objects that are hard to clean and disinfect (e.g., any materials with fabric or irregular surfaces such as stuffed animals or playdough).

Shared equipment cleaning

Shared equipment must be cleaned and disinfected before and after each use. An EPA approved disinfectant should be made available in each room for this purpose. Sufficient inventory of disinfectant supplies must be maintained at all times.

Specific guidance by type of class

Chorus and singing instruction. Singing carries a relatively higher risk of virus transmission because voice projection generates respiratory droplets.

Consider pursuing musical pieces that are at a lower volume. The lower the volume, the less projection required. Consider the volume of any background music. The higher the volume of background music, the more vocalists will need to project to be heard.

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

Students and teachers should avoid sharing materials (e.g., music stands) when feasible.

When it is not possible to continue with singing instruction based on the guidelines for instance, when activities cannot be held outdoors due to inclement weather or in colder seasons – courses could focus on other aspects of music instruction, such as history of music, music theory, or vocal anatomy. These courses could also be conducted virtually.

Theater

Singing and voice projection, both common in theater, carry a relatively higher risk of virus transmission.

Intentionally select artistic works that may facilitate reduced in-person interaction, such as those that involve smaller casts or that are easily rehearsed outdoors.

Avoid sharing equipment. Any sharing of equipment, including props, set pieces, rails, and voice amplification equipment, should follow the equipment sharing protocols. Do not share makeup or anything that comes into close contact with mouth or eyes (e.g., microphones). Do not share costumes and wigs.

Any rental equipment should be thoroughly disinfected upon receipt and before returning and regularly cleaned and disinfected, as with other equipment.

Band and the use of musical instruments

As is the case for chorus and singing, some musical instruments carry a relatively higher risk of virus transmission.

Instruction for musical instruments that require air blowing (e.g., flute, oboe, clarinet, trumpet, saxophone, trombone) can only occur outdoors when individuals are at least 10 feet apart. These instruments should never be shared.

Instruction for musical instruments that do not involve air blowing (e.g., strings, percussion, piano) may continue indoors or outdoors as long as health and safety requirements are met. If needed, these instruments can be shared between students in accordance with the above guidance on shared equipment.

For cleaning guidelines specific to each instrument, the National Federation of State High School Associations, the National Association for Music Education, and the National Association of Music Merchants Foundation have published COVID-19 Instrument Cleaning Guidelines.

<https://nafme.org/>

<https://www.namm.org/about>

Dance

While dance does not typically involve vocalization, it is a physically intense activity, similar to physical education, and can result in an increased risk of transmission due to increased respiration. Dance courses and activities must use the guidelines for classes that require enhanced health and safety measures.

In addition:

Prioritize forms of dance that allow for adequate distancing; dances reliant on close-proximity partners must be adapted to maintain physical distancing requirements.

All sharing of equipment should follow the shared equipment guidance.

Keep music at a volume that minimizes the need for the instructor to project their voice.

Physical education

This section contains guidance for physical education classes during the school day. With physical activity, individuals tend to breathe more heavily and speak louder, which increases the potential for dispersal of respiratory droplets. Physical education classes should follow the guidance for courses that require enhanced health and safety measures and equipment sharing and follow these guidelines:

No physical education classes can have activities with close physical contact. Students need to be outdoors and spaced at least 10 feet apart for masks to be removed

Physical education should prioritize activities that do not require shared equipment. For example, consider agility training exercises, bodyweight strength training (such as push-ups), yoga, track and field, running, step aerobics, or racquet activities (as long as racquets are disinfected before and after use).

Prioritize outdoor activities, whenever possible.

Students should wash or sanitize hands before and after physical education.

Particular attention should be paid to washing and sanitizing hands before and after masks are removed and put on, if applicable.

No sharing of water bottles, towels, mouth guards, helmets or other equipment that comes into contact with the nose or mouth is allowed.

If feasible, close communal areas, including athletic locker rooms. If not feasible, stagger locker assignments and access such that students who need to use lockers at the same time (e.g., those in the same physical education class) will be able to maintain physical distance. Athletic locker rooms should be cleaned and disinfected at least daily.

As part of the school cleaning/disinfecting protocols, frequently clean and disinfect high-touch surfaces (e.g., any equipment used) between uses and at least daily.

Visual arts

Visual arts courses and activities may involve the sharing of specialized equipment among students, such as paint brushes, paints, and cameras. Visual arts courses and activities must follow the guidance on equipment sharing.

Additional suggestions for visual arts courses and activities include:

Pay particular attention to adding disposable protective covers to shared cameras and any other equipment that requires close eye or mouth contact.

Adapt curricula when feasible to avoid expensive equipment (such as printers) that students need to share.

Prioritize activities that require minimal supplies, such as sculpting clay, or create individual art kits with assigned supplies (e.g., colored pencils, markers) to use for the semester.

Emphasize any elements of classes that could involve outdoor time such as drawing outdoors or nature photography.

Change the focus of activities to avoid shared equipment use (e.g., switching a visual art class from screen printing to a focus on charcoal drawings where individual supplies can be used each class).

Assign small student groups, create cohorts, at the beginning of the semester for visual arts courses which last for the entire semester. For example, consider assigning one student per camera to a photography assignment, with other students studying a famous photographer for one unit, and then switch these groups of students for the next unit.

Food service operations

Eating areas for students: As students will be unmasked to eat, there is a strict requirement of 6 feet of physical distance between each student. Based on current CDC recommendations, it is preferable for students to eat in classroom spaces. This may not be feasible for all sites, given classroom sizes, room scheduling, and physical distancing requirements. Schools may need to explore alternative options for students to eat their meals. Our prioritized recommendation includes the following options.

Eating in the classroom: Based on CDC recommendations, it is preferable for students to eat in classroom spaces. Meals can be delivered to classrooms, or students can bring food back from the cafeteria to eat. Schools may consider having half of the class take an outdoor mask break or recess time while the other half eats and then switching these groups to enable 6 feet of distancing. Additional staff may be needed to supervise, as the students are in two separate spaces in this model. The desks and other surfaces that students are using for meals should be cleaned and disinfected between groups. Cleaning includes using an approved EPA disinfectant on these surfaces and then appropriately disposing of the materials used to wipe down the surfaces.

Eating in the cafeteria: If a single large lunchroom is to be used for eating (and is not utilized for classroom space), clearly mark spaces where cohorts and students can sit. Students must maintain 6 feet of distance when unmasked. Ensure that students do not

mingle with other cohorts. The tables and other surfaces that students are using for meals must be cleaned and disinfected between groups. Cleaning includes using an approved EPA disinfectant and then appropriately disposing of the materials used to wipe down the surfaces.

See Appendix C: Cafeteria Seating of Fall Reopening Facilities and Operations Guidance July 22, 2020 for further guidelines

Eating in alternative spaces: Outdoor meal consumption can be an effective way to ensure physical distancing if weather is permitting. Consider other available spaces as well that will not obstruct egress or create other fire code issues. For example, use of hallways for mealtime may be possible depending on hallway width. Half of the students could eat their lunch in the classroom, with strict 6 foot distancing in place. The other half could eat in the hallway on benches or chairs, with 6 feet of distance between each student. The benches and other surfaces that students are using for meals must be cleaned and disinfected between groups. Cleaning includes using an approved EPA disinfectant and then appropriately disposing of the materials used to wipe down the surfaces.

Food Preparation and Serving Spaces

Evaluate kitchen workstations: Modify stations for physical distancing. If the kitchen is small, consider moving workstations into larger areas. Face workstations in the same direction or against the wall.

Stagger service staff: For large food service staff, consider having the staff work in cohort-based schedules to reduce opportunities for transmission.

Ensure food continuity: Consider methods for ensuring continuity of food service operations if food service staff become sick. This could include setting up coverage from other schools within the district or purchasing a supply of shelf-stable meals.

Receiving deliveries: Work with kitchen staff and vendors to determine safer ways to handle deliveries given COVID-19 considerations. Mark entrances where deliveries will be handled, and schedule deliveries in a way that reduces crowding. If the vendor plans to drop deliveries outside and reduce the number of visitors inside the building, consider investing in dollies or assisting kitchen staff with moving deliveries to avoid workplace injuries.

Ensure food safety training: Ensure that food service staff and substitutes have food safety training. Review current food safety plans and revise as needed. Free web-based food safety resources include:

- John Stalker Institute Food Allergy Resources
- Breakfast in the Classroom operational and safety protocols
- School Food Service Safety Precautions for School Nutrition Professionals
- Massachusetts Food Safety and Education Safe Bag Lunches:

- CDC Food and Coronavirus

Preparation and distribution of Food

Health and safety requirements: Adjust food preparation and service procedures to minimize shared items (i.e. serving utensils), maintain physical distance, and comply with health and safety regulations.

Detailed guidance on safe food preparation can be found in Massachusetts' Safety Standards and Checklist: Restaurants.

Individually packaged meals: Adjust food offerings to provide individually packaged, to-go style lunches, instead of buffet style served directly to students. Consider developing non-contact pre-payment systems for schools when offering individually packaged meals, if feasible.

Schedule and distribution: Establish a meal serving schedule and distribution process that limits interactions between classrooms and reduces contamination of food items or meal distribution areas. For instance, schools may schedule classroom deliveries or set times for each classroom to pick up their meals from a central location. Meal distribution should limit high-touch surfaces and exclude buffet style serving. If meals are delivered to the classroom, consider how students can pre-order meals to ensure the correct number of meals are delivered to the class each day. Consider how to return meal service materials (i.e. carts, trays) to a central location each day.

Special dietary accommodations: Ensure new menus offer meal accommodations for special dietary needs. Ensure these meals are clearly marked and transported without risk for cross-contamination to alternative points of service. Communicate special dietary accommodations to staff distributing meals ensuring student safety and privacy.

Non-essential food distribution: Consider closing non-essential food distribution, such as school stores or vending machines to limit eating or food preparation outside of set breakfast and lunch times. Discontinue the use of any self-service food or beverage distribution in the cafeteria.

Meal consumption

Masks: Ensure proper removal and placement of masks before eating. Masks should be removed by handling the ties or back/ear areas of the mask once seated. Do not touch the outside or inside of the part covering the face. While eating, masks should be placed on a napkin, paper towel, or other container on the table, with the inside of the mask facing up. Masks should be put back on before leaving the seat.

Distancing: Individuals must be at least 6 feet apart at all times when masks are removed.

Hand hygiene: Individuals must properly wash or sanitize hands before and after eating.

Water fountain usage: Schools must provide potable water to students during mealtimes. Touchless or motion activated fountains are for reusable water bottles. **Water fountains cannot be used for direct consumption.** Water jugs or coolers must be managed by an adult. Encourage students/staff to bring in their own water bottles.

Food allergies: Stay informed of student needs, including food allergies or any needed feeding assistance to enable safe meal service and clean up. Please refer to Students with Life Threatening Allergies Policy.

Food waste removal: Work with nutrition and facilities staff to determine protocols for waste management. Additional garbage cans may be needed to accommodate food waste, especially if classroom spaces are used for meals.

All students will use a barrier while eating at their desk. This could include a placemat, tray, etc.

Meals for remote learners

Schools must continue to offer meals to eligible students who are learning remotely from home. Begin planning how to operate lunch, breakfast, and/or snack programs (as applicable) for students who will not be attending in-person school five days a week. Additional guidance will be provided by DESE's Office for Food and Nutrition Programs.

Communication: Communicate with families on how remote meal processes will be different from this past spring.

Delivery Methods: Begin planning for drive-through, delivery, curbside pick-up, or end of school day take-home meals (as appropriate) for students who are not attending in-person school five days a week. Meal distribution methods utilized this past spring, including parent pick-up, can be continued, including providing meals to cover multiple days.

Visitors and volunteers

Reduce outside visitors or volunteers: No outside visitors and volunteers are recommended, except for contracted service providers for the purpose of special education, required support services, or program monitoring as authorized by the school or district. Assign a staff member to enforce this protocol.

Single entry/exit: Designate a single entry and exit point for all visitors and volunteers to be visually screened and logged in.

For visitors who need to enter: They must first make an appointment with the school. The visitor will be provided appropriate COVID-19 procedures. Ensure that these

individuals all are wearing masks covering their nose and mouth at all times and are aware of any other health and safety protocols for the school. They must wash hands upon entering the building

Track visitor log: A log of all visitors must be kept and maintained for 30 days, with the date, contact phone number, arrival/departure times, and areas visited within the building for each visit.

Visitors necessary for drop off or pick up must wear masks.

Visitors must wash hands upon entering the building.

Visitors must maintain 6 feet distancing at all times.

Schools should encourage only one guardian to visit a building when possible and continue to utilize virtual communication options with families (e.g., for parent-teacher conferences).

Personal Protective Equipment Preparedness/Education

Education and Training:

Training for staff on the use of PPE and other hygiene measures will occur prior to school opening and will include post test for staff and demonstration of donning and doffing PPE

Training for students/families on mitigation strategies such as mask wearing, hand hygiene, and social distancing will occur prior to school opening.

PowerPoint presentation created by MVPS nurses and Videos for Educational Training or purchase Covid-19 trainings for K-12 schools-Online Training for Educational Professionals

Includes: Teachers, Administrators, Nutrition and Food Service, Bus Drivers, Parents, Students in K-5, and Students in 6-12

These videos can be customized

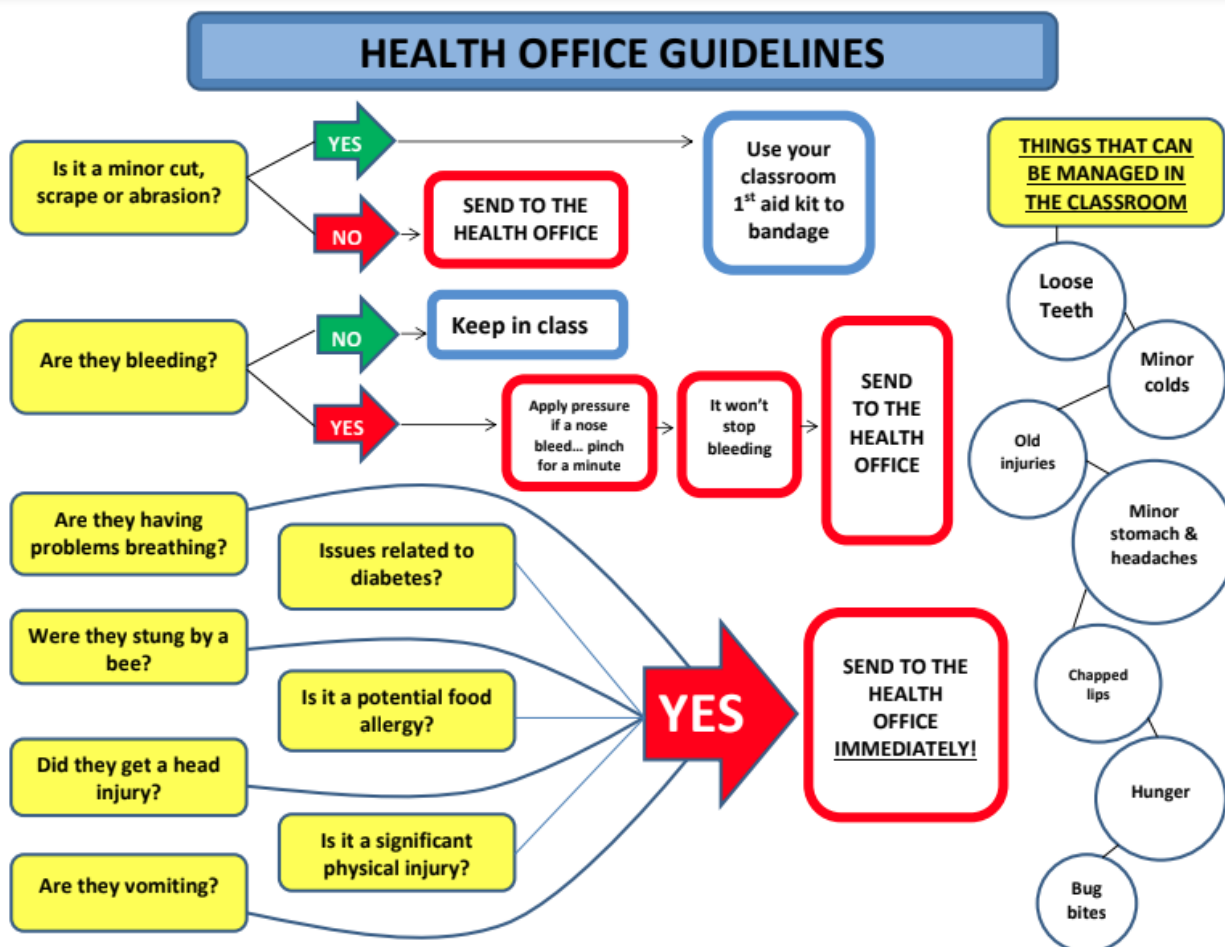
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Guidance for Healthcare Providers on the Use of Personal Protective Equipment In Schools During Covid-19: (National Association of School Nurses)

PPE Types	Situation -- Lowest Risk	Situation – Moderate Risk	Situation -- Highest Risk	Notes:
	School personnel and students must interact, and physical distancing cannot always be maintained. **	Tasks include those that require close/direct contact with (i.e., within 6 feet of) people who are not known or suspected to have COVID-19.	Tasks include the physical assessment of any individual suspected of having COVID-19. Aerosol-generating procedures.	PPE should be used as a “last resort” when administrative or engineering controls are not able to eliminate the hazard. PPE is only effective if worn properly. Training on the types of PPE, how to properly put on/take off, the limitations and care instructions must be provided to employees who wear PPE.
Cloth Face Covering (Not PPE)	X			Provides source control, i.e. control that prevents transmission of potentially infectious respiratory droplets. These are not PPE.
Gloves		X – situation dependent	X	Wearing gloves is not a substitute for hand washing with soap and running water. Washing hands between patients/students will prevent cross contamination.
Eye Protection		X – situation dependent	X	Provides protection from fluid entry into eyes along with mouth and nose if worn with fluid resistant surgical mask.
Surgical Facemask		X	X	Provides source control and protection from fluid entry into the nose and mouth. As soon as possible and as tolerated, sick individuals should wear a surgical mask until they are picked up from school or leave to a health care facility.
Gown / Coveralls			X	Depending on product, may be resistant or impermeable to fluids. Needs to be changed

				between care for presumptive cases to prevent cross contamination.
Respirator (N95) *			X	Best practices prior to the COVID-19 pandemic was for healthcare workers to use N95 or greater protection respirators when in contact with patients who may spread infectious diseases via airborne secretions. If respirator is determined not essential, or is unavailable due to shortage, wear facemask and face shield.
<p>Moderate Risk: Tasks include those that require close contact with (i.e., within 6 feet of) people who are not known or suspected to have COVID-19. These precautions are recommended since some people with the disease may be asymptomatic or in the pre-symptomatic phase of illness at the time of contact. Although there is risk with these tasks, not all PPE listed may be needed for all situations. These tasks include, but are not limited to first aid, oral medication administration, vision screening, hearing screening, consultation, blood glucose checks (diabetes care), metered-dose inhalers (MDIs) for students/staff with asthma.⁷</p> <p>High Risk: Tasks that require close contact with (i.e. within 6 feet of) people who are not known or suspected COVID-19 patients but are undergoing procedures with potential for aerosol generation or body fluid contact, such as, but not limited to: open suctioning of airways, sputum induction, non-invasive ventilation (e.g., BiPAP, CPAP), manual ventilation. It would be advisable to do this assessment and any other airway procedures in a well-ventilated room isolated from others. Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. MDIs can be used as young as 6 months of age; families should contact primary care provider for education on use of MDI prior to school. During this COVID-19 pandemic, nebulizer treatments at school should be reserved for students who cannot use or do not have access to an inhaler (with or without spacer or face mask).⁸ Since some people can be asymptomatic with COVID-19 reasonable attempts should be made to reduce possible aerosol and respiratory droplet induction during care or treatment. Proper ventilation and cleaning of the room must be completed before using again.</p>				
<p><i>School Setting Notes:</i></p> <p>* To use N-95s schools must have a fit test program in place. If this is not in place or there is a shortage, a surgical face mask should be used.⁹ Some schools may have access to KN95 respirators that have been declassified and <i>not</i> suitable for highest risk tasks without a full-face shield.¹⁰ They may also be allowed as non-PPE per individual states.</p> <p>** The use of cloth face coverings for students will be determined by multiple state and local stakeholders, public health data, and</p>				

Guidance for Teachers In Sending Students to the Nurse's Office



- Staff members will contact the nurse via phone or radio before sending a student to the health office.
- Students are not allowed to go to the health office without an adult present.
- Self-care stations/small first aid kits may be provided.

Medication Administration, Asthmatics and Treatments

For daily medication administration students will be seen outside of the health office.

This will help mitigate healthy students from entering the health office.

The School Nurse will follow CDC guidelines regarding aerosol treatments

A plan for administering medication including a plan for the treatment of students with asthma and other chronic illness. School health professionals should work with primary care providers (provided they have parental consent to do so) to identify alternatives to nebulizer treatments in the school setting, such as metered dose inhalers (MDIs) with a spacers

Coping and Resilience

Mask breaks, and physical activity breaks for all students throughout the school day.

Prepare families/students about how school is going to look when they arrive the first day. Videos and letters should be sent home in advance to prepare students and families for what return to school will look like. Use of social stories for children will be helpful.

Remind parents that they will not be allowed into the building to walk their child to their classroom. Parents will also not be allowed to volunteer in their child's classroom, etc.

Work with administration and guidance to identify families in need that may be experiencing income and/or food insecurity.

Connect families to community, in-school resources, and counseling as needed.

Parents and teachers should be educated in the recognition of unhealthy stress responses in their children and students (education could be in the form of handouts, electronic resources, etc) (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>).

Parents and teachers should be educated in ways to support their children and students during this unprecedented time (again, handouts, etc.)

Teachers should try to incorporate stress reduction strategies whenever possible in the classroom.

Nurses should work with the guidance department in each building to develop a procedure for communicating with counselors when there may be a student in need of mental health services while in the nurse's office.

Riverside Trauma Center is an organization that may be able to provide mental health resources for families and students

<http://riversidetraumacenter.org/resources/>

Other Links for support:

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

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Libraries/covid-19/resources_helping_kids_parents_cope.aspx
<https://childmind.org/coping-during-covid-19-resources-for-parents/>

Protecting Vulnerable Populations

Nurses will compile a list of at-risk students in each building.

Nurses will contact families via phone or email and encourage parents to speak with their child's healthcare provider about the safest option for the child. If the child does return to school, school nurses will work with families and healthcare providers to make a plan for their return to in-person learning (extra safety measures, etc. TBD.)

Train staff on proper use of PPE specific to the needs of the child and staff (ex. The donning of full PPE for diaper changes, and when handling bodily fluids). Consider the use of face shields or plexi-glass on student work tables, wheelchair trays, etc.

Work with families to determine a system for symptom assessment/reporting for non-verbal students.

School Immunization Requirements for Entry into School have remain unchanged and are expected of all students for in-person and hybrid learning

Communication

Health Communication with Staff and Families will be ongoing and will be provided in appropriate languages

All signage throughout the school will be provided in English and other appropriate languages

Translation services may be needed to assist bus monitors and bus drivers in the field
In collaboration with individual school administrators, nurses will assist to deliver updates to staff and families via email and school websites.

Nurses will work with the Superintendent and Assistant Superintendent to deliver school health updates to staff and families as requested.

School nurses will contact families directly if a student is symptomatic while at school. It is expected that families have several emergency contacts in case the primary caregiver is unreachable. Symptomatic students will need to be picked up immediately.

School Health and Safety Protocols

School Attendance Guidelines

Families, in consultation with their medical providers, will ultimately make the decision as to whether their children attend in-person instruction, or whether their children will continue with remote learning. Families are not required to provide medical documentation to decline in person learning. All districts will have a remote learning program in place for students who are unable to return to in-person school.

Before the school year begins, families will sign an acknowledgement and an agreement to perform the Daily Self-Checklist on their student. See the agreement and checklist below.

School nurses will follow the Health and Safety Protocols

Martha's Vineyard Public Schools
Daily Self Checklist

Families/Caregivers of students, and staff are **required** to pre-screen each day prior to coming to school **using the daily self-check list below.** All people must stay home if they do not feel well. This is very important in preventing the spread of Covid-19.

Note that some symptoms of COVID-19 are the same as the flu or a bad cold; please do not assume it is another condition. When in doubt, stay home. Please STAY HOME if you have any of the symptoms listed.

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- Cough (not due to other known causes)
- 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 when in combination with other symptoms (not due to other known causes, such as allergies)

***Follow the State requirements of quarantine if you have traveled out of the State of Massachusetts. If you have questions about this, please contact your healthcare provider, local board health or school nurse.**

Protocols

Protocol: Daily Self Checklist for Families and Staff

The single most important thing to do if any of the following symptoms are present is to **STAY HOME**. Our collective health relies, in part, on individual attention and responsibility. Note that some symptoms of COVID-19 are the same as the flu or a bad cold; *please do not assume it is another condition.*

When in doubt, stay home!

Please STAY HOME if you have any of the symptoms listed.

Below is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves:

- Fever (100.0° 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, abdominal pain 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

If staff or students have any of these symptoms, they must get a test for active COVID-19 infection prior to returning to school.

Do not plan to see your school nurse if your child has any symptoms. The school nurse will not be able to test your child. You must stay home and contact your primary care provider. **If staff or students have any of these symptoms, they must get a test for active COVID-19 infection prior to returning to school.**

Protocol: Student or staff tests positive for COVID-19

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 and disinfecting has occurred.

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 have improvements in other symptoms.

2. The student's parent/caregiver or the staff member informs the school nurse that the individual has tested positive for COVID-19. The school nurse notifies the appropriate contacts.

3. Determine whether the student or staff member was in school during the time frame that started two days prior to symptom onset (or testing positive if not symptomatic) until the time of isolation.

a. 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.

d. Promptly clean and disinfect all areas the student or staff has been in contact with.

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

1) 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.

2) Communications sent to families/staff should:

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

b) 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”

- c) 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.)
 - d) Explain that if close contacts choose not to be tested, the student or staff member should remain home in self-quarantine for 14 days.
 - e) 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).
 - f) Remind families and/or staff of the list of COVID-19 symptoms for which to monitor.
- 3) 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:
- a) Make sure these students are wearing masks, including in kindergarten and first grade. Extra masks may be needed and will be provided by the school. Enforce strict physical distancing. Require students to wash their hands.
 - b) The school should quickly identify the individuals who may be “close contacts” of the student and notify students and their families.
 - c) 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.
 - d) Close contacts may not come back to school until they have received the results of testing (or elected to instead quarantine for 14 days) and need to communicate their test results to the school.
 - e) 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):

- 1) 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 at extracurricular activities, or any other place close contact may have occurred.
- 2) Follow the communication and other relevant Elementary School protocols above.
- 3) Close contacts should be tested for COVID-19.
- 4) Instruct the student or staff member to isolate while waiting for the results of their test.
- 5) 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: Close contacts can return to school immediately if they test negative and do not have symptoms; however, strict mask wearing covering the nose and mouth must be maintained at all times. The wearing of masks includes K- 1 students for this 14-day period. If they have symptoms but test negative regardless, they should wait until they are asymptomatic for 24 hours before returning to school.

Protocol: Close contact of student or staff 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.
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 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 K-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, or if they do not wish to be tested, quarantine at home for 14 days. 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 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 exhibit improvement in other symptoms. **FOLLOW STEPS UNDER:** “Protocol: Student / staff tests positive for COVID-19.”

Protocol: Student is symptomatic at home

Please do not assume it is another condition. When in doubt, stay home!

- 1) Families should monitor students at home each morning for the most common symptoms of COVID-19 (see list above).
 - a) **IF NO SYMPTOMS:**
 - i) Send students to school.
 - b) **IF ANY SYMPTOM: CONTACT YOUR HEALTHCARE PROVIDER**
 - i) Do not send the student to school.
 - ii) Call the school’s COVID-19 point of contact and inform them the student is staying home due to symptoms.
 - iii) 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 should instead isolate for 14 days and until asymptomatic.
 - iv) The student should get tested at one of Massachusetts’s test sites.

- v) Isolate at home until test results are returned.
- vi) Proceed as follows according to test results:
 - (1) **IF NEGATIVE:** Student stays home until asymptomatic for 24 hours.
 - (2) **IF POSITIVE:** Students 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 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 show improvement in other symptoms. **FOLLOW STEPS UNDER:** “Protocol: Student / staff tests positive for COVID-19.”

Protocol: Student is symptomatic on the bus

- 1) **Families are the most important first line of defense for monitoring symptoms**, bus drivers and bus monitors also play an important role in flagging possible symptomatic students.
- 2) If symptoms are noticed as the student is getting on the bus and if there is a caregiver present, do not allow the student to board the bus. Caregiver should then **FOLLOW: “Protocol: Student is symptomatic at home.”**
- 3) If a student is already on the bus, ensure the student is masked and keeps the mask on. Ensure other students keep their masks on. Ensure the student keeps the required physical distance from other students.
- 4) Bus driver/monitor should call ahead to the bus service dispatch. The bus service dispatch should be equipped with appropriate cell phone numbers for school and district personnel (nurse or other medical personnel). The dispatch should contact the school to inform the school nurse (or school medical point of contact) of a possible symptomatic child.
- 5) The school nurse (or school medical point of contact) should meet the bus as it arrives, wearing a mask. As practical, students with possible symptoms should exit the bus first.
- 6) Bus will be cleaned and disinfected.
- 7) The nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Most common symptoms of COVID-19”).

a) **IF ANY SYMPTOM: CONTACT YOUR HEALTHCARE PROVIDER**

- i) Place the student in the designated medical waiting room. There is no specific capacity limit for the medical waiting room, but all students in the medical waiting room must be as far apart as possible, and no less than 6 feet. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room.
- ii) Contact caregiver for pick-up.
 - (1) Student waits to be picked up in the medical waiting room.
 - (2) Caregivers will notify the nurse when they have arrived outside.
 - (3) Nurse or assistant will escort the student to the caregiver's vehicle.
 - (4) Caregivers must wear a mask/face covering when picking up their student.
 - (5) Students will not ride the school bus or any public transportation to get home.
 - (6) Caregivers and students should wash their hands upon arriving at home and change their clothes, as a precaution.
- iii) 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 should instead isolate for a minimum of 14 days and until asymptomatic.
- iv) Students should get tested at one of Massachusetts's test sites. memamaps.maps.arcgis.com/apps/webappviewer/index.html?id=eba3f0395451430b9f631cb095feb13
- v) Isolate at home until test results are returned.
- vi) Proceed as follows according to test results:
 - (1) **IF NEGATIVE:** If the student does not have COVID-19, the student may return to school based upon guidance from their health care provider and necessary management of another diagnosis. Students

stay home until asymptomatic for 24 hours.

(2) **IF POSITIVE:** Students 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 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. **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19.”

b) **IF NO SYMPTOMS:**

i) If the evaluation shows the student does not have symptoms, send the student to class.

**Protocol: Student is symptomatic at school
(During the school day and extracurricular activities)**

- 1) **Families are the most important first line of defense for monitoring symptoms,** School staff will play an important role in referring possible symptomatic students to the school nurse or other medical point of contact.
- 2) School staff ensures the student is wearing a mask that fully covers the nose and mouth at all times.
- 3) School staff calls the nurse or school medical point of contact to inform them that they have a possible case. Nurse or school medical point of contact comes to get the student from class or activity.
- 4) Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Daily Self Checklist for Families and Staff”).

a) **IF ANY SYMPTOM:**

i) Place the student in the designated medical waiting room. There is no specific capacity limit for the medical waiting room, but all students in the COVID-19 waiting room must be as far apart as possible, and no less than 6 feet. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room

- ii) Contact caregiver for pick-up.
 - (1) Student waits to be picked up in the medical waiting room.
 - (2) Caregivers will notify the nurse or school medical point of contact when they have arrived outside.
 - (3) Nurse, assistant, or school medical point of contact will escort the student to the caregiver's vehicle.
 - (4) Caregivers must wear a mask/face covering when picking up their student.
 - (5) Students will not ride the school bus or any public transportation to get home.
 - (6) Caregivers and students should wash their hands upon arriving at home and change their clothes, as a precaution.
- iii) 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 should instead isolate for a minimum of 14 days and until asymptomatic.
- iv) Students should be tested at one of Massachusetts's test sites. See resource section for information on local test sites.
- v) Isolate at home until test results are returned.
- vi) Proceed as follows according to test results:
 - (1) **IF NEGATIVE:** If the student does not have COVID-19, the student may return to school based upon guidance from their health care provider and necessary management of another diagnosis. Students stay home until asymptomatic for 24 hours.
 - (2) **IF POSITIVE:** Students 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 having improvement in other symptoms. **FOLLOW STEPS UNDER:** "Protocol: Student or staff tests positive for COVID-19."
 - (3) **IF NO SYMPTOMS:**
 - (a) i. If the evaluation shows the student does not have symptoms, send the student back to class or activity.

Protocol: Staff is symptomatic at home

Please do not assume it is another condition. When in doubt, stay home!

- 1) Staff should monitor themselves at home each morning for the most common symptoms of COVID-19 (see list above: “Most common symptoms of COVID-19”).
 - a) **IF NO SYMPTOMS:**
 - i) Come to work.
 - b) **IF ANY SYMPTOM:**
 - i) Do not come to work.
 - ii) Contact the COVID-19 point of contact and/or other absence reporting mechanism established by the school.
 - iii) 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 should instead isolate for 14 days and until asymptomatic.
 - iv) The staff member should get tested at one of Massachusetts’ test sites.
 - v) Isolate at home until test results are returned.
 - vi) Proceed as follows according to test results:
 - (1) **IF NEGATIVE:** If the staff member does not have COVID-19, they may return to school based upon guidance from their clinician and necessary management of another diagnosis. Staff members stay home until asymptomatic for 24 hours.
 - (2) **IF POSITIVE:** Staff members 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 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. **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19”.

Protocol: Staff is symptomatic at school

- 1) As noted above, staff should be encouraged not to come to school if they are experiencing any symptoms of COVID-19.
- 2) If a staff member suspects any symptoms during the day, they should follow the school’s protocols for getting another adult to cover their class mid-day, if needed, and see the school nurse (or school medical point of contact) to be evaluated for symptoms.

- a) **IF NO SYMPTOMS:**
 - i) The staff member should follow the school’s standard protocols for being excused due to illness.
- b) **IF ANY SYMPTOM:**
 - i) 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 should instead isolate for 14 days and until asymptomatic.
 - ii) The staff member should get tested at one of Massachusetts’s test sites.
 - iii) Isolate at home until test results are returned.
 - iv) Proceed as follows according to test results:
 - (1) **IF NEGATIVE:** Staff member stays home until asymptomatic for 24 hours.
- c) **IF POSITIVE:** Staff members 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 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 exhibiting improvement in other symptoms. **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19”.

Section 2: Protocols for potential school closure (partial or full) or district closure

Protocol: Presence of multiple cases in the school or district

- 1) 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.
- 2) 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.
- 3) 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.
- 4) 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.
- 5) **Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.**
- a) **Contacts: Russell Johnston**, Senior Associate Commissioner, Russell.Johnston@mass.gov, 781- 605-4958.
 - b) **Erin McMahan**, Senior Advisor to the Commissioner - Fall Reopening Implementation Lead, Erin.K.Mcmahan@mass.gov, 781-873-9023.
- 6) 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:
- a) Informing them that it is possible COVID-19 is being transmitted in the school and/or district
 - b) Noting that there may be more potential cases that are not yet symptomatic
 - c) Recommending students quarantine and not have contact with others
 - d) Reminding families of the importance of not having contact with higher-risk individuals (e.g., grandparents)
 - e) Reminding families of the list of COVID-19 symptoms for which to monitor
 - f) Ensuring that remote learning is immediately provided to all students
- 7) Before bringing students back to school:
- a) Check inventory levels of needed supplies (e.g., disposable masks, soap, hand sanitizer, cleaning products); re-order replacement inventory
 - b) Consider a school-wide refresher training on the importance of correct hygiene procedures (masks, physical distance, handwashing)
 - c) Reiterate the critical nature of masks, physical distancing, and hand hygiene when students return to school

Protocol: Presence of significant number of new cases in a municipality

- 1) 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.
- 2) **Before a final decision is made on a school or district closure, the superintendent**
- 3) **must consult with DESE for further guidance.**
 - a) **Contacts:**
 - i) **Russell Johnston**, Senior Associate Commissioner, Russell.Johnston@mass.gov, 781- 605-4958.
 - ii) **Erin McMahon**, Senior Advisor to the Commissioner - Fall Reopening Implementation Lead, Erin.K.Mcmahon@mass.gov,
 - iii) 781-873-9023.

Protocol: State-wide regression to a previous reopening phase

- 1) Massachusetts is tracking its overall statewide reopening in phases according to the Reopening Massachusetts plan.
- 2) 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.

Videos for Education of Staff

Can Covid-19 last on surfaces and in the air?

<https://www.youtube.com/watch?v=IQvhoFMdXJo>

PPE Training Program from Relias Industries-Free-includes hand hygiene, infection control basics, infection control for healthcare professionals, and PPE

<http://www.relias.com/topic/coronavirus>

PPE Training Video

https://mymedia.bu.edu/media/PPEforCOVID-19/1_7asqqmdw

Donning PPE (Putting on Personal Protective Equipment) CDC

<https://www.youtube.com/watch?v=of73FN086E8>

Doffing PPE (Taking Off Personal Protective Equipment

<https://www.youtube.com/watch?v=PQxOc13DxvQ> CDC

What Not to Do with PPE

<https://www.youtube.com/watch?v=EibPgMdlcVA>

Use of PPE CDC

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

How to Clean Your Face Shield for Reuse

<https://www.youtube.com/watch?v=3RvPKkp5EJs>

COVID Testing Info Martha's Vineyard

Island Health Care and Quest Diagnostics at MVRHS for asymptomatic adults

<http://health.questdiagnostics.com/IHC>

Martha's Vineyard Hospital Call Center (508)684-4500 for symptomatic adults and children

M-F 8:00am-5:30pm, Sat 8:30am-12:30pm

<https://www.mvhospital.com/health-resources/resources-and-information-on-coronavirus-covid-19>

Posters

Hand Washing and Use of Hand Sanitizer Poster

Poster that can be printed and posted

<https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering-building-entrance.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms-11x17-en.pdf>
 Help Protect Yourself and Others from COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/COVID19-symptoms-tablegraphic-v1.pdf>

Sequence of Donning and Doffing PPE Poster

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

Face Covering Do's and Don'ts Poster

<https://www.cdc.gov/coronavirus/2019-ncov/images/face-covering-checklist.jpg>

PPE and Caring for Patients with Confirmed or Suspected Covid-19 Poster

https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf

Stop the Spread of Germs Poster

<https://www.mass.gov/doc/stop-the-spread-of-germs-respiratory-diseases-like-flu-and-covid-19/download>

https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread_poster.pdf

https://www.cdc.gov/coronavirus/2019-ncov/downloads/317176-B_FS_ClothFaceCovering_BuildingEntrance_Portuguese.pdf

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs-portuguese.pdf>

Hand Washing Poster

English

<http://files.hria.org/files/HW3707.pdf>

https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread_poster.pdf

<https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-english-508.pdf>

<https://www.mass.gov/doc/nao-deixe-que-os-germes-se-espalhem/download>

<https://www.cdc.gov/handwashing/pdf/wash-your-hands-poster-portuguese-pt-508.pdf>

Social Distancing Poster

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-social-distancing-cloth-face-coverings-poster.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/COVID19-k-12-school-posters-keep-space-when-outside.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-social-distancing-cloth-face-coverings-poster-PTPT-Portuguese.pdf>

What to do if you are sick poster

What to do if you are sick with <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>

20 https://massclearinghouse.ehs.state.ma.us/mm5/merchant.mvc?Screen=PROD&Product_Code=CV1 https://massclearinghouse.ehs.state.ma.us/mm5/merchant.mvc?Screen=PROD&Product_Code=CV119

Novel

Coronavirus (2019-nCoV) https://massclearinghouse.ehs.state.ma.us/mm5/merchant.mvc?Screen=PROD&Product_Code=CV1

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/COVID19-k-12-school-posters-stay-home-when-sick.pdf>

Resources For Teaching Special Populations

Alpine Learning Group, NJ

Using Behavioral Principles to Teach Learners with Autism to Wear Masks

<https://www.alpinelearninggroup.org/media-center/video-library.php>

Autism Little Learners

<https://www.autismlittlelearners.com/2020/07/when-can-i-stop-wearing-mask-story.html>

When Can I Stop Wearing A Mask

<https://drive.google.com/file/d/1gMUzB-5ZcRZMebD3CWSpunyOLaSS7C8j/view>

Teachers Wearing Face Shield

https://drive.google.com/file/d/1M-1eGAZdfyAfAR5mPahSW_FI-Je0htZF/view

Why does my speech therapist look different?

<https://drive.google.com/file/d/12Q4yYyQcdf9U0fxpHyExNKqdXtxoBc-J/view>

Why does my OT look different?

<https://drive.google.com/file/d/1OQzrXvSjvh0Kgz42md7V3u1FF9tLnJNq/view>

Why does my teacher look different?

https://drive.google.com/file/d/1KNthxFtHuUc_pXus4FvMtwTTP0q48DHO/view

Wearing a Mask to school

https://drive.google.com/file/d/1R1ISbfZ8TRchbHCiK_4svK7WLH62ISIH/view

What is social distancing?

<https://drive.google.com/file/d/1UJfPIg32zi75gFnANganNVjKq622ye6/view>

The Autism Research Institute

<https://www.autismnj.org/article/helping-individuals-with-autism-wear-face-masks/>

Big Abilities Wearing Mask Program

Wearing a mask in small increments

<https://bigabilities.files.wordpress.com/2020/05/wearing-masks-program-pdf.pdf>

The Boggs Center on DD & Children's Specialized Hospitals to help children feel comfortable and wear masks

https://www.spsk12.net/news/what_s_new/vdoe_special_education_guide_for_wearing_a_mask

A Parent's Guide to Helping Your Child Wear a Face Mask

English Version:

<https://rwjms.rutgers.edu/boggscenter/Links/documents/ParentGuide-HelpingYourChildWearaFaceMask-F.pdf>

Spanish Version:

<https://rwjms.rutgers.edu/boggscenter/links/documents/ParentGuide-HelpingYourChildWearaFaceMask-SPA-F.pdf>

I Can Stay Healthy by Wearing a Face Mask

English Version:

<https://rwjms.rutgers.edu/boggscenter/Links/documents/ICanStayHealthybyWearingaFaceMask-F.PDF>

Spanish Version:

<https://rwjms.rutgers.edu/boggscenter/links/documents/ICanStayHealthybyWearingaFaceMask-SPA-F.PDF>

This VCU-ACE COVID-19 video resource helps individuals with ASD understand how to wear different types of masks and includes clips for video modeling. 3:50 minutes

<https://www.youtube.com/watch?v=ugjxzDBtiWU&feature=youtu.be>

Preparing Children to Wear Masks at School and Child Care 9:46 minutes

<https://www.youtube.com/watch?v=mHm5iPC9S7w&feature=youtu.be>

Resources

Source: MA Department of Elementary and Secondary Education, “Initial Fall School Reopening Guidance” June 25, 2020.

Source: CDC “What you should know about Covid-19”

Source: CDC “Operational Considerations for Schools”

Source: MA Department of Elementary and Secondary Education, “Fall Reopening Facilities and Operations Guidance”

Source: MA Department of Elementary and Secondary Education, “Guidance For Courses That Require Additional Safety Considerations for Fall 2020”

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

Source: Morawska L., Cao J. Airborne transmission of SARS-CoV-2: The world should face the reality. Environ. Int. 2020; 105730 doi: 10.1016/j.envint.2020.105730

Source: Strong Schools NC: Public Health Toolkit (K-12) Interim Guidance June 8, 2020

Sources: “Lexington Public Schools Back To School Blueprint”

