

COVID-19 HEALTH & SAFETY PROTOCOLS for HPS Staff

Updated 05/05/21

Information provided in this document is in accordance with the current guidelines from the CDC, MA DPH, and DESE. This is the most current information available at this time and is subject to change.

COVID-19 DEFINITION:

COVID-19 (coronavirus disease 2019) is a new disease, caused by a novel virus that has not previously been identified. The virus that causes COVID-19 is thought to spread mainly from person to person, through respiratory droplets produced when an affected person, coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

COVID-19 SAFETY MEASURES:

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 the risk of transmission.

1. DAILY PRE-SCREENING CHECKLIST:

Please monitor for the following signs of illness each day prior to coming to work:

- Fever (100.0 F or higher) without the use of fever reducing medication
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- Chills or shaking chills
- New loss of taste or smell
- Sore Throat
- Headache, when in combination with other symptoms
- Muscle or body ache
- Nausea/vomiting/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

Please stay home if you have any signs of illness.

Screening of staff and students is not required at the point of entry to the school. However, school staff (as well as bus drivers) should observe students throughout the day and refer students who may be symptomatic to the school nurse. Please note that universal temperature checks are not recommended as a screening tool due to the high likelihood of potential false positive and false negative results.

2. HANDWASHING

All staff and students will be expected to wash and/or sanitize their hands throughout the day. Specific times will be upon arrival to school, before and after eating, after touching their masks, after using the restroom and before dismissal. When handwashing, individuals should use soap and water, include between fingers and fingernails, scrub for 20 seconds. Hand sanitizer will be available throughout the school if soap and water isn't readily available. Please use an alcohol-based hand sanitizer that contains at least 60% alcohol and check labels to make sure methanol isn't an ingredient. Hand sanitizer is placed throughout the schools at building entrances, cafeteria & classrooms.

3. MASK/FACE COVERINGS

- a. All staff and students are required to wear a cloth mask/face covering that covers their nose and mouth. The mask should have 2 layers and ear loops. Gaiters, bandanas, masks with exhalation valves or vents and knitted masks will not be permitted.
- b. Face shields may be an option for those students with medical, behavioral, or other challenges who are unable to wear masks/face coverings.
- c. Transparent masks may be the best option for both teachers and students in classes for deaf and hard of hearing students. They may also be useful for teachers and younger students who rely on visual/facial cues.
- d. **Mask breaks-** It is recommended that students have at least two mask breaks per day. Space for mask breaks must allow students to be at least 6 feet apart and ideally outside, or at least with the windows open.
- e. If masks are visibly soiled on the outside, they should be changed.
- f. Even if students are spaced 6 feet apart in classrooms, the use of masks is still required unless students are eating lunch/snack or taking a mask break.
- g. Disposable masks will be available to anyone in need of a mask. Teachers and nurses will have a supply of disposable masks.
- h. Remove masks by the ear loops trying not to touch the main part of the mask.
- i. N95 masks are recommended only if staff will be in close contact with a suspected COVID-19 positive case and/or while performing aerosol-generating procedures.
- j. Teachers in need of any Personal Protective Equipment (PPE) should fill out a School Supply request or see/email the custodian in your building.
- k. Goggles or face shields that are used in addition to a mask may be reused. Please wash them with soap and water or clean them with at least 60% alcohol.

4. OTHER PERSONAL PROTECTIVE EQUIPMENT (PPE):

Personal Protective Equipment (PPE) protects you (the nurse, teacher or staff) from COVID-19 (or other potentially infectious patients or materials) when interacting with others (students or other staff). PPE is worn to minimize exposure.

Eye Protection: Goggles and face shields provide eye protection. Personal eyeglasses & contact lenses are not considered adequate eye protection.

- a. Goggles should fit snugly over and around your eyes. Use goggles during activities likely to generate splashes or sprays of body fluids.
- b. Face shields protect your face, mouth, nose and eyes. It should cover your forehead, extend below the chin, and wrap around the side of your face. Wear a face shield when there is a potential of exposure to splashes or sprays of body fluids, secretions or excretions. To provide full protection from respiratory droplets, shields should be used with a face mask.

Gowns: Gowns protect skin and/or clothing from fluid penetration. Wear a gown when doing student care activities or procedures that would entail contact of the clothing you are wearing.

Gloves: Gloves will protect hands against contact with infectious materials. Gloves should be worn when handling waste materials, blood, bodily fluids, secretions, excretions, contaminated items and trash. Gloves are not a substitute for hand washing, remember to wash your hands after removing gloves.

5. PHYSICAL DISTANCING

- a. All students and staff will remain **3-6 feet** distance from each other during school.
- b. Traffic in most hallways will move in one direction. The hallways and classrooms have specific floor stickers for reminders
- c. Desks should be faced in the same direction and spaced 6 feet apart

6. CLEANING OF SURFACES

Routine cleaning will be performed daily by district custodial staff assigned to that building or area. This will include daily cleaning and disinfecting of all classrooms, desks and chairs, offices, restrooms, floors, emptying trash and other building-based tasks.

- a. Kitchen and cafeteria area cleaning and disinfecting will be performed by Food Service Department staff
- b. A deep cleaning utilizing all available disinfecting tools (spray bottles of disinfectant, electrostatic micro mist devices) will occur on the chosen off day during the week.
 - i. Deep cleaned areas are all classrooms, cafeteria, and office surfaces.
- c. Routine high touch point surfaces will be disinfected a minimum of 3 times per day by day shift staff. Night shift custodial staff will perform a more substantial disinfection of all surfaces.
 - i. High touch point surfaces include the following areas: desks/chairs, door knobs and handles (interior/exterior), sink faucets, flush handles, phones, keyboards, door push plates, door panic bars, water fountains, light switches, locker combos, gym lockers, refrigerator door handles, stair railings, fitness center machinery, fitness center weights/bars, vending machines, copier, printer and fax controls, dispensers, file cabinet/drawer handles, push buttons, shared items (toys, etc.),

shared remotes, countertops, plexiglass dividers, face shields, mask break areas, outdoor play areas and items

- d. Restrooms will be disinfected every two hours during days of school occupancy
- e. Trash receptacles should be emptied twice daily with new liners inserted (post lunch period)
- f. Medical Waiting Room will be serviced on an on-call basis
- g. Staff are encouraged to wipe down their own personal high touched surfaces such as teacher computers, phones, smartboard controls & teacher desktops
- h. There should be no sharing of items
- i. All classrooms will receive a bottle of disinfecting spray

7. VENTILATION

- a. Open classroom windows as much as possible to circulate fresh air
- b. If feasible, keep classroom doors open as it helps to increase ventilation (with the exception of East and HMS as these building have different ventilation systems)

8. MEDICAL WAITING ROOM

- a. If a student becomes ill in class, the teacher will send the student to the nurse's office.
- b. If the nurse determines the student is too ill to be in school, the student will be monitored in the Medical Waiting Room which is a separate space from the nurse's office.
- c. The Medical Waiting Room will be supervised by an adult who will be wearing the appropriate personal protective equipment.
- d. Students will be kept 6 feet apart and provided a disposable mask to be worn in the Medical Waiting Room.
- e. Hand sanitizer will be used when entering and leaving this room.
- f. When possible, a window should be available for ventilation to the outdoors. If no window is available, an air-purifier will be used
- g. According to current DESE guidelines, a student who has any of the above COVID-19 symptoms (which can mimic the flu & common cold) will remain in the Medical Waiting Room until dismissed home.
- h. The nurse will notify the student's parent/guardian. If possible, the student will be picked up within one hour of being contacted
- i. Contingency pick-up plans should be in place by all parents/guardians.
- j. A recommendation will be made for the student to be evaluated at their PCP for possible COVID-19 testing or alternate diagnosis.

9. IF A STAFF MEMBER DEVELOPS COVID-19-LIKE SYMPTOMS DURING WORK

If a staff member is experiencing COVID-19-like symptoms while at work, they should notify the nurse and an administrator

- a. Class coverage for the rest of the day will be planned by administration
- b. The staff member should consult with their Primary Care Provider for further evaluation
- c. If an MOA is in place for a staff member as part of their bargaining unit, the staff member should follow the MOA directions for COVID-19 testing.

****Please be advised that a PCR test is recommended by the MA Department of Public Health.**

10. WHEN MAY A STAFF MEMBER RETURN TO SCHOOL AFTER THEY EXPERIENCED COVID-19-LIKE SYMPTOMS

If a staff member has COVID-19-like symptoms, they may return to school after they have met the following criteria:

- Have tested negative for COVID-19
- Have improvement in symptoms
- Have been without fever for at least 24 hours without the use of fever reducing medications

If a health care provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to school based on the recommendations for that alternative diagnosis (e.g. influenza or strep pharyngitis)

If a staff member presents with COVID-19-like symptoms and chooses not to be tested, they may return to school 10 days from the start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medications.

*If an MOA is in place for a staff member as part of their bargaining unit, the staff member should follow the MOA directions for COVID-19 testing.

11. IF A STAFF MEMBER TESTS POSITIVE FOR COVID-19

- a. Staff member informs the proper school official that they tested positive for COVID-19
- b. The staff member must remain at home (except to get medical care).
- c. The staff member should self-isolate for at least 10 days **and** until at least 24 hours have passed with no fever (without the use of fever reducing medication) **and** improvement in other symptoms.
- d. A positive individual will be contacted by a public health authority (Community Tracing Collaborative (CTC), Local Board of Health, or school nurse). They will review demographics, symptoms and close contacts of people they may have been in close contact with 2 days prior to symptom onset.
- e. **Close contacts of a positive COVID-19 case should be tested.** For general guidance, DPH defines close contact as:
 - Being within 6 feet of a COVID-19 case (someone who has tested positive) for a total of 15 minutes during a 24 hour period. Multiple brief or transitory interactions (less than a minute) throughout the day are unlikely to result in 15 minutes of cumulative contact and do not meet the definition of close contact. Being in the same room as an individual if you are consistently separated by 6 feet of distance does not meet the definition of a close contact **OR**
 - Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.
- f. All areas in the school visited by the COVID-19 positive individual will be promptly closed off until such areas can be cleaned and disinfected. The areas can be used 12 hours after cleaning/disinfecting has occurred

- g. A communication will be sent to staff and families informing them of the positive test maintaining the confidentiality of all involved.
- h. The Superintendent or designee will contact DESE Rapid Response Help Center at 781-338-3500 to report the case.
- i. A positive individual may return to work when the following criteria is met:
 - At least 10 days have passed since symptoms first appeared. If asymptomatic, at least 10 days have passed from the positive test collection date
 - At least 24 hours have passed since resolution of fever without the use of fever reducing medications. A fever is considered 100.0°F or higher.
 - Significant improvement of other symptoms especially respiratory

12. CLOSE CONTACT

Close contacts of a positive COVID-19 case should be tested. For general guidance, DPH defines close contact as:

- Being within 6 feet of a COVID-19 case (someone who has tested positive) for a total of 15 minutes during a 24 hour period. Multiple brief or transitory interactions (less than a minute) throughout the day are unlikely to result in 15 minutes of cumulative contact and do not meet the definition of close contact. Being in the same room as an individual if you are consistently separated by 6 feet of distance does not meet the definition of a close contact
- Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

***Updated Quarantine Guidance (as of 4/20/21) for school related exposure only:**

- If both a positive case and a close contact were masked and exposure was within 3-6 feet, in a classroom or on the bus, the exposed individual is still a close contact, but does not need to quarantine.
- If one person is masked, but not the other, quarantine is required.
- If an individual was within 3-feet of distance of an infectious person for a total of 15-minutes during a 24-hour period they would have to quarantine.

None of these updates apply if someone was identified as a close contact outside of the classroom or bus (e.g., in sports, extracurriculars, lunch, etc).

The following is a summary of individuals who are considered a “close contact” but do not have to quarantine:

- Masked staff member, who was within 3-6 feet in the classroom or bus to a masked infectious person.
- Staff member who is fully vaccinated. Individuals are considered fully vaccinated two weeks after their second dose of a two-dose series (Pfizer or Moderna) or two weeks after a single-dose vaccine (Johnson & Johnson).
- Staff member who was previously diagnosed with COVID-19 within 90 days from symptom onset or test date if asymptomatic

The following is a summary of a staff member who is considered a “close contact” and must quarantine:

- If the exposure occurred outside the classroom (lunch, field trip, sports, extracurriculars)

- If either the staff member who is a close contact or the infectious person didn't have a mask on
 - If the close contact has COVID-19-like symptoms
 - If the close contact was within 3 feet of the infectious person
- a. Contacts should be tested for COVID-19 at a Massachusetts test site. It is ideal to have the test performed no sooner than 5 days after the last contact with a positive case. Tests performed too early can be falsely negative.
 - b. All close contacts should be tested, and may need to self-quarantine consistent with the new guidance outlined above.

Below are the current quarantine guidelines for those who have to quarantine:

i. **At least 7 days, provided that all the following are satisfied:**

- They are tested (either PCR or antigen test) on Day 5 or later from their last exposure to the positive individual and receive a negative test result
- They have not experienced any symptoms up to this point
- They conduct active monitoring for symptoms through day 14, and self-isolate if new symptoms develop

While most exposed close contacts do not contract COVID-19, this quarantine option may not identify 5% of those who still have the potential to transmit infection after quarantine ends. In other words, 95% of individuals who could still transmit infection after quarantine ends would be identified with this strategy.

ii. **At least 10 days, provided that all the following are satisfied:**

- They have not experienced any symptoms up to this point
- They conduct active monitoring for symptoms through day 14 and self-isolate if new symptoms develop
- No test is necessary under this option for the purposes of exiting quarantine

While most exposed close contacts do not contract COVID-19, this quarantine option may not identify 1% of those who still have the potential to transmit infection after quarantine ends. In other words, 99% of individuals who could still transmit infection after quarantine ends would be identified with this strategy.

iii. **At least 14 days after the last exposure to the person who tested positive, if:**

- They have experienced any symptoms during the quarantine period, even if they have a negative COVID-19 test; or
- They are unable to conduct active monitoring of symptoms

This option provides the maximal risk reduction

- c. When individuals exit quarantine, masking and other safety measures remain critical. It may be best for individuals who are not able to adhere to masking and distancing to exit quarantine after 10 or 14 days. Active monitoring requires individuals to actively monitor their symptoms and

take temperature once daily. If even mild symptoms develop or the individual has a temperature of 100.0°F, they must immediately self-isolate, and contact the public health authority overseeing their quarantine, and be tested.

- d. Contacts should be tested for COVID-19 at one of Massachusetts's test sites. It is ideal to have the test performed no sooner than 5 days after the last contact with a positive case. Tests performed too early can be falsely negative.
- e. The full guidance can be found here: [Information and Guidance for Persons in Quarantine due to COVID-19](#)
- f. If you test positive, follow the COVID-19 Positive Case Scenario listed above.
- g. Please communicate your test result to your administrator.
- h. While in the quarantine period, people should not leave their home except to be tested or for urgent medical care.
- i. Watch yourself closely for COVID-19 symptoms, especially fever of 100.0°F or higher.
- j. Wear a mask if you must be in contact with other people in your home. To the extent possible, stay 6 feet away.
- k. Do not have visitors in your home.
- l. You may return to work:
 - After you have self-quarantined consistent with the guidance above
 - Developed no symptoms of COVID-19

If a staff member has been exposed to a family member with COVID-19 and the staff member has no symptoms, they are still considered a close contact and must be quarantined in compliance with the above quarantine guidance per Board of Health regulations.

13. CONTACT TRACING

We are prepared to respond to potential COVID-19 scenarios, whether in school, on the bus or in our community. We continue to be working closely with the Hingham Health Department and the MA Department of Public Health.

Contact tracing slows the spread of COVID-19 by:

- a. Letting people know they may have been exposed to COVID-19 and should monitor their health for signs and symptoms of COVID-19.
- b. Helping people who may have been exposed to COVID-19 to get tested
- c. Asking people to self-isolate if they have COVID-19 or self-quarantine if they are a close contact of someone who has COVID-19.

14. MOBILE TESTING UNIT FOR K-12 SCHOOLS

To further promote health and safety for students, faculty and staff, DESE and the Department of Public Health (DPH) have created an option where local school officials, both public and private, in consultation with public health authorities, will be able to request a state-sponsored mobile rapid response unit to test a group of students and/or staff when a potential cluster of COVID-19 cases has been identified and transmission occurred within the school.

The purpose of the mobile rapid response unit is to provide free, optional testing of asymptomatic individuals, who are not known to be close contacts, when there is evidence that COVID-19 transmission is likely to have occurred within a classroom or school within the past 14 days. Mobile rapid response unit testing is not intended to provide testing for individuals who develop COVID-19

symptoms or who are close contacts of individuals with confirmed positive COVID-19 test results. These individuals should be tested by their healthcare provider or at a COVID-19 testing site.

The decision to deploy the Mobile Testing Unit will be done collaboratively with an Epidemiologist from Massachusetts Department of Public Health, Hingham Board of Health & HPS Administration. Students less than age 18 must have written permission to be tested by the Mobile Testing Unit.

Criteria for Mobile Testing Unit:

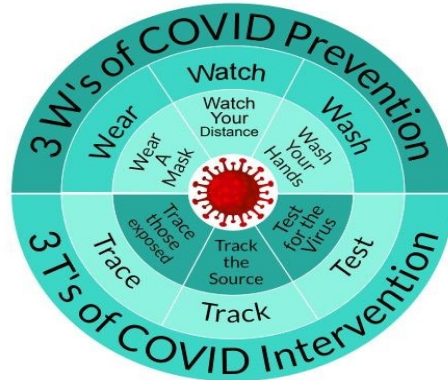
- ❑ Within a 14-day period, if two or more individuals within a single classroom test positive for COVID-19 and transmission/exposure is likely to have occurred in the classroom, a mobile rapid response unit may be deployed for all asymptomatic individuals within that classroom.
- ❑ Within a 14-day period, if 3 or more individuals or 3%, whichever is greater, of a given grade or cohort test positive for COVID-19 and transmission/exposure likely occurred in the school, a Mobile Rapid Response Unit may be deployed for all asymptomatic individuals in that grade or cohort.
- ❑ Within a 14-day period, if more than 3 % of a school tests positive for COVID-19 and transmission/exposure likely occurred in the school, a Mobile Testing Unit may be deployed for the entire school population that is asymptomatic.
- ❑ Within a 14-day period, if 2 or more individuals within the same bus test positive for COVID-19 and transmission/exposure likely occurred on the bus, a Mobile Rapid Response Unit may be deployed for all asymptomatic individuals on that bus.

15 .OTHER COVID-19 INFORMATION:

COVID-19 testing site locations:

<https://www.mass.gov/doc/ma-covid-19-testing-sites/download>

MODEL OF PREVENTION AND INTERVENTION FOR COVID



Adapted from Healthcare Channel

16. MA Travel Order-If you have any upcoming travel plans, please be sure to review and follow all terms of the [MA COVID-19 Travel Advisory](#). Compliance with the Travel Advisory is recommended of all HPS students and staff.

17. RECOMMENDED RESOURCES:

a. Tim Ciolkocz's PPE Training Video

https://www.youtube.com/watch?time_continue=7&v=IL8w7Fek3qM&feature=emb_logo

b. Boston Children's Hospital Video:PPE in Schools

bostonchildrens.zoom.us/rec/play/1I1PC2NeSVk5XSlyJ0QzPt61TjD_CHZCXSMcZZo6vwUJ8dZ11co9EKJE3fZtR4hIS6TkHsMwwC9wCZa5.PRtf1SuAHs6aZvqn?continueMode=true&xzmrtaid=HKesIgjzReavsvBdAWWmQA.1600434294270.b3bf87dc5dfea6543ad8bd552da3ee85&xzmrhtaid=696

c. Boston Children's Hospital Slides: PPE in Schools

http://www.childrenshospital.org/-/media/Centers-and-Services/Programs/F_N/Nursing/CEI/Session-II-How-to-Protect-Yourself-and-Others_PPE-and-Infection-Control-in-Schools-8_25_20.ashx?la=en&hash=5A692945BE6133C407FA6444104F078F1589AABD

d. Dr. Klompas Slides:  Dr. Klompas--HPS--COVID 19--9-9-20

18. OTHER RESOURCES:

DESE Fall Reopening Facilities and Operation Guidance – July 22, 2020

DESE Protocols for Mobile Rapid Response Units and COVID-19 Reporting- 9/11/20

DESE- Protocols for Responding to COVID-19 Scenarios in School, on the Bus, or in Community Settings-Revised September 14, 2020

DESE & Massachusetts Department of Public Health – Memorandum clarifying key Health and Safety Requirements for Schools – dated August 18, 2020

Hingham Public School District Reopening Plan 2020-2021– 8/7/2020

Massachusetts Department of Elementary and Secondary Education (DESE) Initial Fall School Reopening Guidance – June 25, 2020

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/clean-disinfect-hygiene.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

<https://www.mass.gov/guidance/information-and-guidance-for-persons-in-quarantine-due-to-covid-19> .

<https://www.mass.gov/info-details/covid-19-updates-and-information>

<https://www.mass.gov/info-details/covid-19-travel-advisory>

<http://www.doe.mass.edu/covid19/on-desktop.html>

<https://www.hingham-ma.gov/186/Board-of-Health>

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