

Reading Public Schools

Protocol for COVID-19 Infection for Staff and Students and Mask Distribution

Documents

1. [DPH Guidance for School Health Professionals](#)
2. [Protocols for Responding to COVID-19 Scenarios](#)
3. [DPH Guidance for School Health Officials](#)
4. [Information for School Health Officials](#)
5. [Protocol for Mobile Rapid Response Unit](#)

Overview

The Reading Public Schools will be following the DESE Guidance (see documents above) for communicating any COVID-19 Infection for Staff and Students. Below is an overview of the guidance and the communication protocol that will be used.

Combination of Mitigation Strategies

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. In addition, Governor Baker has announced that the Commonwealth will remain in Phase 3 of Reopening Massachusetts in significant part to help support an overall environment for the safe return to our schools for as many students, staff and teachers as possible. Further with the announcement of the municipal specific COVID-19 metrics produced weekly since August 5, there is additional information on the collective continued vigilance towards health and safety measures to continue to contain COVID-19.
- **Staff must monitor themselves for symptoms daily and 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. Whenever possible, students in pre-kindergarten through grade 1 who can safely and appropriately wear, remove, and handle masks should do so. Exceptions must be made for students with medical, behavioral, or other challenges who are unable to wear masks/face coverings.
- **Hand hygiene is critical.** Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school, before eating, before putting on and taking off masks, and before dismissal. Handwashing with soap and water for at least 20 seconds is the best practice. However, hand sanitizer containing at least 60% alcohol should be substituted when handwashing is not available. Hand sanitizer stations should be set up where school staff are typically present, such as common areas, hallways, and classrooms. While the application of hand sanitizer may be necessary throughout the school day (especially if hand washing is less accessible) and does not require specialized instructions for use, districts and schools should avoid placing sanitizer stations in areas that are not typically supervised through the regular presence of staff.

- **Physical distance greatly reduces the risk of transmission.** Physical distancing is a critical tool in preventing the spread of COVID-19. The CDC¹ and DPH² recommend 6 feet of distance between individuals. The World Health Organization³ and the American Academy of Pediatrics⁴ recommend a minimum of 3 feet of distance. DESE recommends that districts aim for 6 feet of distance where feasible. When 6 feet is not feasible, 3 feet is an acceptable minimum as long as staff and students wear masks covering the nose and mouth at all times. If the 3 feet minimum is applied on the bus, all staff and students regardless of age must wear masks at all times. Please note that decisions to apply a 3-foot minimum will likely increase the number of close contacts associated with the occurrence of a case.
- **Cohorts/assigned seating.** Students organized in groups/classrooms and other cohorts help mitigate transmission of the virus. Assigned seating is important because it effectively creates even smaller groups within cohorts which minimize transmission. Assigned seats can also assist with contact tracing. Wherever possible, seats should be assigned (including classroom, bus, meals).

To support a culture of health and safety, **schools must have robust and reliable ways to communicate with all families, students, teachers, and staff** in order to send and receive key messages related to COVID-19.

Preparing to respond to COVID-19 scenarios

Even as we remain vigilant, and public health metrics in Massachusetts remain positive, the risk of exposure to COVID-19 in school will not be zero. As we prepare to reopen schools, we must also prepare to respond to potential COVID-19 scenarios, whether in school, on the bus, or in our communities. Depending on the circumstances, a positive COVID-19 test, a potentially symptomatic student, or exposure to someone in the outside community who has COVID-19 can each have health, safety, and operational implications.

Be prepared to provide remote learning

When students must stay home for quarantine or isolation, teaching and learning should not stop. It is the school's duty to provide remote learning for students who cannot be in school for any extended period of time.

Testing, tracing, and isolation

It is important to note that testing, combined with contact tracing and isolation, helps control the spread of COVID-19 in Massachusetts. All test results, both positive and negative, are reported to the Massachusetts Department of Public Health (DPH). When a person has a positive COVID-19 test, it is the local board of health or the Massachusetts Community Tracing Collaborative that will reach out to provide support so that these individuals can remain safely in medical isolation. They will also ask for help to identify close contacts. These organizations will then reach out to the individual's close contacts to provide important information that is aimed to stop the spread of the virus, including how to safely isolate/quarantine. While these organizations will provide support, to further assist with contact tracing the student/family and staff are asked to reach out to their personal contacts and notify the school.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

² <https://www.mass.gov/info-details/covid-19-prevention-and-treatment#social-distancing->

³ <https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>

⁴ <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Self-isolation for COVID-19 positive cases is a minimum of 10 days

Most people who test positive and have a relatively mild illness will need to stay in self-isolation for at least 10 days. People who test positive can resume public activities after 10 days and once they have:

- a. gone for 3 days without a fever (and without taking fever-reducing medications like Tylenol); and
- b. experienced improvement in other symptoms (for example, their cough has gotten much better); and
- c. received clearance from public health authority contact tracers (the local board of health or Community Tracing Collaborative).

Repeat testing prior to return is not recommended. Return to school should be based on time and symptom resolution.

Close contacts of a positive COVID-19 case should be tested. For general guidance, DPH defines close contact as:⁵

- Being within less than 6 feet of COVID-19 case (someone who has tested positive) for at least 10-15 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case while the case was symptomatic or within the 48 hours before symptom onset, OR
- Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

If someone in the school setting tests positive

- If a student or staff member tests positive for COVID-19, their close contacts will be defined as only those who have been within 6 feet of distance of the individual for at least fifteen minutes, while the person was infectious. The infectious period begins 2 days prior to symptom onset. If someone is asymptomatic, the infectious period is considered to begin 2 days prior to the collection of their positive test. While previous guidance stated that all students in an elementary classroom would be defined as close contacts, this new guidance provides a narrower definition of a close contact which mirrors DPH guidance.

Policy of when a close contact may return to school

- All close contacts should be tested but must self-quarantine for 14 days after the last exposure to the person who tested positive, regardless of test result. After further consultation with the medical community, we are updating this guidance as the virus can cause illness from 2-14 days after exposure and even asymptomatic individuals can transmit the virus. Going forward, even if an individual identified as a close contact receives a negative test result, they must continue to self-quarantine for the full 14 days as the virus may take up to 14 days to cause illness.

Policy of when a student/staff person may return to school after COVID-19 symptoms

- If a student or staff member has COVID-19-like symptoms, they may return to school after they have tested negative for COVID-19, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If a provider makes an alternative

⁵ <https://www.mass.gov/doc/covid-19-testing-guidance/download>

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 student or staff member presents COVID-19-like symptoms and chooses not to be tested, they may return to school 10 days from 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 medication.

Most common symptoms of COVID-19 and testing requirements

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:^{6 7}

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills (CDC has lowered the temperature from 100.4 to 100.0)
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache *when in combination with other symptoms*
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*

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

Every school should have a list of available test sites.⁸ A [list of test sites is available here](#), and Massachusetts also has an [interactive testing map](#). Staff and students who have symptoms should also contact their primary care physician for further instructions. More information related to the availability of testing will be provided later this summer.

DESE FAQ

- 1. In what circumstances does someone need to self-quarantine (when they have been exposed but are not sick) or isolate (when they are sick)?**

Individuals are required to self-quarantine if they have been exposed to a COVID-19-positive individual.

All close contacts should be tested but must self-quarantine for 14 days after the last exposure to the

⁶ Massachusetts DPH, [Testing of Persons with Suspect COVID-19](#). (2020, May 13).

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

⁸ A [list of test sites is available here](#); this is Massachusetts's [interactive testing map](#)

person who tested positive, regardless of test result. Individuals are required to self-isolate if they test positive for COVID-19. In these scenarios, the self-isolation period is a minimum of 10 days with at least 24 hours having passed with no fever and with improvement in other symptoms. *(Revised)*

- 2. The guidance states that individuals who are exposed to COVID-19-positive individuals should stay home and get tested four or five days after their last exposure. If the exposure is ongoing (e.g., exposure to household members or other close contacts who are unable to self-isolate), what is considered the “last exposure?”**

If a student’s or staff member’s exposure to an infected individual is ongoing, then the student or staff member should stay home in self-quarantine until the infected individual is no longer considered infectious per [Department of Public Health guidance](#). Once the infectious period is over, the student or staff member should be tested four or five days later. *(No change)*

- 3. The guidance states that if someone is symptomatic or has been exposed to a COVID-19-positive individual, they must get tested prior to returning to school. In other places, the guidance states individuals who choose not to get tested must adhere to a 14-day self-quarantine prior to returning to school. Are these conflicting statements?**

Per the [DESE/DPH joint memo](#) (*download*) clarifying key health and safety requirements, a close contact may not return to school prior to 14 days after the last exposure to an individual with COVID-19. *(Revised)*

- 4. If someone in an elementary classroom tests positive for COVID-19, is the whole class required to self-quarantine? If so, when is the earliest students can return to school?**

The guidance states that in elementary schools, close contacts should stay home and get tested. If a student or staff member tests positive for COVID-19, their close contacts will be defined as only those who have been within 6 feet of distance of the individual for at least 15 minutes while the person was infectious. All close contacts must self-quarantine for 14 days, regardless of test results. During the period that students are in self-quarantine, it is the school’s duty to provide them with remote learning. *(Revised)*

- 5. The guidance states that if an individual tests positive for the virus, they must self-isolate for at least 10 days and until at least 24 hours have passed with no fever and with improvements in other symptoms. At what point do you start the 10 day count and 24 hour count, respectively?**

The test date or day of onset of symptoms is Day 0, and the individual must complete 10 days of isolation (ie return on day 11) as long as symptoms have improved and they have been fever free for 24 hours.

Communication Protocol for COVID-19 Cases in the Schools

In the event we have a staff or student who has tested positive for COVID-19, the communication protocol is as follows:

- Staff member impacted or Parent impacted should notify building principal immediately if they have been exposed, are getting tested for COVID-19, show symptoms (see above) and/or test positive. Please note that information may come first from Board of Health to Director of Nurses.
- Building Principal/Director of Nurses should both be notified and then notify the Superintendent of Schools.
 - Director of Nurses will call DESE COVID-19 hotline at 781-338-3500
 - Superintendent will notify CFO
 - CFO will notify Director of Facilities and will work with Facilities department to determine course of action for cleaning, disinfecting and any other mitigation steps that need to occur with infected areas.
- Superintendent, Director of Nurses, and Building Principal will develop communication that will go out to the building and the Community.
- Building Principal will contact all staff individually and verbally who may be directly impacted by case.
- Building Principal will send out internal communication to entire staff, followed by communication to school community.
- Superintendent will send out communication to School Committee.
- Superintendent will send out communication, if appropriate, to Community.
- Determine if Mobile Rapid Response Unit needs to be deployed

The following describes minimum conditions, as determined by the Department of Public Health, when a mobile rapid response team may be deployed.

- 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 percent, 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 percent 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 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.
- Director of Nurses will maintain communication with Board of Health, Superintendent, and Principal

Mask Distribution

The Reading Public Schools is committed to providing the safest environment possible for our staff and students. As defined by DESE, DPH, and CDC, there are several mitigation strategies that all must happen in tandem for maximum protection against COVID-19. This includes wearing of face coverings, frequent hand washing/hand sanitizing, proper physical distancing, and cleaning and disinfecting.

DESE has recommended that direct service providers at a minimum follow OSHA guidance for “Jobs Classified at Medium Exposure Risk.” All staff must wear face coverings, with the exception of individuals for whom it is

not safe to do so due to age, medical condition, or other health or safety considerations. Staff should wear appropriate PPE based on the specific interactions they are having with students (e.g., instruction, behavior support, activities of daily living, etc.). Please note that DESE provided guidance on the provisioning of key safety supplies on June 5, 2020 in order to help schools and districts determine the quantities of the protective equipment described below.

*Protective Equipment Recommendations for Direct Service Providers (DSPs)**

<i>Classification of Individual Wearing PPE</i>	<i>N95 or KN95 Respirator</i>	<i>Facemask</i>	<i>Cloth Face Covering</i>	<i>Eye Protection (Face Shield/ Goggles)</i>	<i>Disposable Gloves</i>	<i>Gowns/Other Body Covering**</i>
DSPs in care areas of students with known or suspected COVID-19	X	X (with face shield if N95/KN95 not available)		X	X	X
DSPs in the same facility but not in the care areas for students with suspected COVID-19		X				
DSPs providing personal care to students without suspected COVID-19 where the DSPs could be exposed to spills or splashes of bodily fluids		X		X (preferred)	X	
DSPs performing or providing care during AGPs such as nebulizer treatments, chest physiotherapy (chest PT), and open tracheostomy suctioning	X			X	X	X
Transportation personnel/monitors who must come in direct physical contact with passengers (e.g. buckling/unbuckling, performing wheelchair safety services)			X		X	

*CDC recommends that guidance for healthcare providers be followed for [direct service providers \(DSPs\)](#).

DSPs include personal care attendants, direct support professionals, paraprofessionals, therapists, related services personnel, assistants, school nurses, health office staff, and any other staff who must come into close contact (6 feet or closer) with students with disabilities.²

**Disposable gowns are preferred but reusable gowns or other body coverings may be used if disposable gowns cannot be obtained.

PPE will follow the DESE guidelines as follows:

- All staff who require medical accommodations under the American with Disabilities Act will receive appropriate PPE to be able to do the essential functions of the job, in person.
- All staff who are not Direct Service Providers, Nurses, Custodians, Food Service Staff or who are not receiving accommodations will be given the regular PPE distribution.
- Masks will be available for students, if needed.
- All Direct Service Providers will be distributed PPE as described above.
- The Director of Student Services will identify which special education program staff will require a higher level of PPE.