

# Health Protocols Summary - July 2020

The Health Protocols Subcommittee was tasked with developing protocols related to procedures focused on the health and safety of students, staff, and families. The group met several times in July 2020 to synthesize national, local, and scientific information related to return to school procedures. Membership of the committee included LPS teachers, UTL leaders, Lowell Health Department members, school nurses, special educators, school administrators, and a parent. The members of the committee included Christine Adams, Brigitte Beauchesne, Bopha Boutselis, Lea Foley, Nancy Gomez, Molly Kelly-Muon, Kerry Marshall, Jason McCrevan, Beth Moffett, Kimberly Vespo, and Michelle Vicente. Several committee meetings and breakout subcommittee meetings synthesized the results into the following findings.

There are many opinions related to Return to School Health Protocols available for review from local and national organizations. After reviewing the information as a group it was obvious that conflicting information was present throughout many of the studies. Each organization tasked with developing these protocols had different timelines related to these protocols. Therefore as a group and with support from LPS Central Office we have concluded that it is best to recommend the ***most stringent protocols received from reputable sources*** in relation to Return to School Health Protocols. Therefore the following recommendations are synthesized from reviewing the following reports and recommendations:

1. HSPH. (2020). *Schools for Health: Risk Reductions Strategies for Reopening Schools*. Available at <https://schools.forhealth.org/wpcontent/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf>
2. Department of Elementary and Secondary Education. (2020). *Fall Reopening Facilities and Operations Guidance*. Available at <http://www.doe.mass.edu/covid19/on-desktop.html>
3. Department of Elementary and Secondary Education. (2020). *Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings*. Available at <http://www.doe.mass.edu/covid19/on-desktop.html>
4. Department of Elementary and Secondary Education. (2020). *Initial Fall School Reopening Guidance*. <http://www.doe.mass.edu/covid19/on-desktop.html>
5. CDC. (2020). *Considerations for Schools*. Available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

This committee was tasked with answering the following questions. Subgroups were created to develop these protocols and recommendations.

## **Question #1 - What is the protocol when a student or staff member is exposed to COVID? Tests positive for COVID?**

**Answer:** The Health Protocols Committee is recommending that anyone within close contact of a COVID-19 person should remain *out of school for 14 days and/or clearance from the local board of health*. If a student or staff member tests positive for COVID-19, he/she is to self-isolate as directed from the local health department. (Please see the flowchart below as Appendix A.)

**Notes:** As stated above conflicting information related to exposure time and incubation period is still being developed due to the nature and complexity of the new virus. Here is the most important information that was defined and synthesized by the subgroup.

1. Different procedures are recommended depending on exposure within school or reported from home.
2. Close contact is defined as “In school settings, close contacts include other students and staff who were within 6 feet of the student or staff for at least 10-15 minutes in a classroom, in other school spaces, on the bus, or at an extracurricular activity. In elementary and other school situations where the students are in self-contained classrooms for an extended period, all students/staff within this “cohort” are considered close contacts as they may have been within 6 feet of the person with a positive test result” (DESE, 2020, *Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings*, p. 3). Therefore any student on a bus, in self-contained class, or within 6 feet of the student and/or staff member should be considered a close contact.
3. Appendix B represents DESE guidance related to potential and confirmed exposure to COVID-19. While the DESE recommends that an individual found to be a close contact with a positive case should be masked for the remainder of the day, adhering to strict physical distancing (DESE Protocols, 2020), the committee recommends that the individual be dismissed from school immediately.
4. We are recommending that if someone is directly exposed at home or in school to COVID-19, the staff member or student should remain out of school the recommended 14 days. The exception to this rule is solely determined through the local board of health based on contact tracing. This belief is confirmed by both the CDC and the Harvard Healthy Schools reports. “In addition, close contacts of the infected individual should stay at home for 14 days after their last interaction with that person” Harvard, 2020, *Schools for Health: Risk Reducing Strategies for Reopening School*, p. 44) and “Date of last close contact with person who has COVID-19 + 14 days= end of quarantine” (CDC, 2020, *Preparing K-12 School Administrators for a Safe Return to School in Fall 2020*).
5. Full or partial closures of individual schools or the entire district due to multiple positive COVID-19 tests will be determined by the Superintendent’s office, in conjunction with Lowell Health Department, and the DESE.
6. School nurses, with consultation with the Lowell Health Department and local health boards, will follow-up with families about the date of return. If a positive result indicating COVID-19 occurs any siblings or students living in the household should remain home until cleared by the local health department.
7. Schools should consider keeping a database of students, using LASIDS *not names*, to maintain accurate records for possible dates of return to school and collaborate with school nurses.

**Question #2 - Will students in Pre-K through 1st grade have to be 6 feet apart instead of 3 since they are not required to wear masks?**

**Answer:** The Health Protocol Committee is recommending that all staff and students sit at **6 feet apart and all staff and students wear masks**. Exceptions will be considered, individually, for children with documented medical or behavioral concerns.

**Notes:** As stated above conflicting information states that students and staff should maintain social distancing between 3-6 feet depending on the grade level. Although the DESE is stating that children in Pre-K-Grade 1 can be socially distanced at 3 feet, by maintaining the most stringent recommendations for safety, we are recommending that all students maintain the 6 feet social distancing requirement. Our youngest of students may struggle to maintain distancing requirements due to the nature of children. If we start at 6 feet in all grades it gives the youngest students and their teachers the ability to have some flexibility in maintaining the appropriate distance. Both the CDC and Harvard studies recommend social distancing of 6 feet for all students. The DESE recommends 6 feet to all students grades 2 and above and 3 feet for learners grade 1 and below.

### **Question #3 - How and when will students and staff cleanse hands?**

**Answer:** Each school will need to determine the schedule related to hand-washing, but the following list gives detailed examples of times students and staff may be most susceptible to transferring or obtaining the COVID-19 virus.

**Hand Washing Routines:** - Hand washing/sanitizing should take place throughout the day as needed as well as at the following routine times:

- Upon entry to the building.
- Prior to entering the classroom.
- After sneezing, coughing or nose blowing.
- After using any shared equipment or school materials.
- Prior to and after handling food.
- Immediately after removing PPE equipment.
- After using the bathroom.
- Prior to dismissal.
- After contact with bodily fluids.
- Prior to and after putting on/taking off PPE equipment.
- Before and after recess.

*Guidelines provided by the Department of Early Education and Care, CDC, DESE and Harvard Public Health*

#### **Notes:**

- “Remember, frequent hand-washing is the best defense against transmission from contaminated surfaces” (Harvard, 2020, *Schools for Health: Risk Reducing Strategies for Reopening School*, p. 39). The above list is not meant to be exhaustive. It is better to wash hands than not wash. When in doubt wash. When sinks and soap are available please wash hands rather than sanitize. If sanitizing is only available, please use with alcohol content above 60 percent.
- Masks should be cleaned daily.

### **Question #4 - What are the sanitation protocols?**

**Answer:** Each school will require a sanitization schedule based on both *priority* and *high-contact* areas. Below are two resources which will aid schools in developing sanitation protocols.

#### **C. General Guidelines for Cleaning, Sanitizing, and Disinfecting: Programs must follow these general guidelines for cleaning, sanitizing, and disinfecting.**

. (1) Intensify the program’s routine cleaning, sanitizing, and disinfecting practices, paying extra attention to frequently touched objects and surfaces, including door knobs, bathrooms and sinks, keyboards, and bannisters.

. (2) Clean and disinfect toys and activity items, including sports and specialty camp activity equipment (e.g. and climbing walls), used by children more frequently than usual and take extra care to ensure that all objects that children put in their mouths are removed from circulation, cleaned, and sanitized before another child is allowed to use it.

. (3) While cleaning and disinfecting, staff must wear gloves as much as possible. Handwashing or use of an alcohol-based hand sanitizer after these procedures is always required, whether or not gloves are used.

*Guidelines provided by the Department of Early Education and Care, CDC, DESE  
and Harvard Public Health*

In addition the Harvard study has created the following list of school materials and areas that should be prioritized and the frequency for the cleaning.

<b>Cleaning Frequency</b>	<b>Examples</b>
<b>Daily</b>	<ul style="list-style-type: none"><li>• Classroom desks, tables, and chairs</li><li>• Shared spaces</li></ul>
<b>Multiple times per day</b>	<ul style="list-style-type: none"><li>• Door handles</li><li>• Light switches</li><li>• Handrails</li><li>• Sink handles</li><li>• Restroom surfaces</li><li>• Cafeteria surfaces</li><li>• Exterior buttons</li></ul>
<b>Between uses</b>	<ul style="list-style-type: none"><li>• Toys, games, art supplies, instructional materials</li><li>• Keyboards, phones, printers, copy machines</li><li>• Seats on bus</li></ul>

**Notes:**

1. Administrators and custodians should develop a sanitizing/disinfecting schedule. Foggers can be used to aid in the disinfection process. Internal data collection this summer shows that it takes between 3-5 minutes to disinfect a room with a fogger. Schedules should allow custodians to have 10 minutes per room for this task. Fogging schedules will be determined by the Facilities Phase 2 Group.
2. Schools should work to minimize shared student materials.
3. Educators should keep accurate and updated seating charts for all students. These can be used for contact tracing if an exposure occurs at school.
4. When possible, please keep doors open to avoid contact by multiple people.
5. Students should not be in the room during the disinfection process.
6. Special attention should be placed on keeping bathrooms disinfected.
7. Schools should not use public drinking fountains including school bubblers.

**Question #5 - What are the protocols for staff who need to be in close contact with students?**

**Answer:** Many students require additional supervision requiring staff to often enter the recommended 6 foot social distancing space. Some of these reasons could include toileting, physical restraint, hands-on assistance (feeding, dressing, physical prompting, escorting, etc...) The following protocols address this need.

**Protocols for Staff that need to come into close contact with students:**

- Follow the guidelines provided by the state agencies for social distancing and reduction transmission of the virus.
- PPE equipment
- Staff required to provide physical support or remain in close proximity to students should limit skin exposure. Consider the use of long sleeves or gowns during the school day during these times.

**Direct service providers:**

- When possible, keep at least 6 feet of distance between yourself and others in the home or community setting.
- Wear a cloth face covering when you are at work.
- Encourage your client to wear a cloth face covering.
- If there is potential that you may be splashed or sprayed by bodily fluids during your work, use standard precautions. Personal protective equipment (PPE) includes a facemask, eye protection, disposable gloves, and a gown.
- Wash your hands with soap and water: when entering and leaving the home or community setting; when adjusting or putting on or off face masks or cloth face coverings; or before putting on and after taking off disposable gloves. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.
- Wear disposable gloves when touching the client (e.g., dressing, transferring, toileting, feeding), handling tissues, when changing linens or doing laundry. Safely dispose of gloves after use. As noted above, wash your hands before and after taking off disposable gloves. If gloves are unavailable, wash hands immediately after touching the client or handling their belongings.
- Launder work uniforms or clothes after each use with the warmest appropriate water setting for the items and dry items completely.
- To protect themselves, staff who care for students requiring hands-on assistance such as feeding, washing, dressing, physical prompting, helping students sit at a desk, manipulating academic materials, and prompting students to use a communication device, etc., should wear appropriate protective equipment based on the activity and risk level and wear long hair up or tied back during all activities requiring direct contact with a child.

**Considerations during toileting:**

- Staff must change students' clothing and their own clothing when soiled with secretions or body fluids. Students' soiled clothing must be bagged and sent home sealed in a plastic container or bag.
- Toileting and diapering areas (including tables, pails, countertops, toileting chairs, sinks/faucets, toilets, floors, etc.) must be cleaned and disinfected after each use.
- Disinfect when students are not in the area. Surfaces should be dry by the time students use the area.
- Toileting/diaper procedures (including extra COVID-19 steps) must be posted in the bathroom changing area.
- Signage should be kept simple and in multiple languages if needed. Posting the multistep procedure may help direct service providers maintain the routine, which is designed to reduce contamination of surfaces.
- To ensure the student's safety, make the change more efficient, and reduce opportunities for contamination, assemble all necessary supplies before bringing the student to the changing area.
- To reduce contamination, wash the student's hands after the toileting/diaper change.

**Physical Intervention and Restraint Protocols:** Direct service providers should be mindful that seeing staff putting on protective equipment or being approached by staff wearing protective equipment can create anxiety in students. Use a student-centered approach and offer reassurance throughout interactions.

- **Limiting Risk of Infection Prior to a Physical Restraint**
  - Plastic protective gowns that can be easily ripped or torn are not advised as they may become a hazard.
  - Ensure staff are wearing disposable gloves, disposable masks, face shields, and long sleeves to the maximum extent possible.

- Only staff required for safely restraining a student should be involved; one additional staff member should monitor and address protective equipment needs for those staff who are involved in the restraint in the event that protective equipment needs to be altered or adjusted.
- **Limiting Risk of Infection During a Physical Restraint**
  - Keep hands clear of eyes, mouth, and nose of self and others.
  - First responders should be relieved as soon as possible if not wearing appropriate protective equipment.
  - Given the risk of COVID-19, it is even more important than usual to try to avoid long and extended restraints.
- **Limiting Risk of Infection After a Physical Restraint**
  - Remove and dispose of and/or clean protective equipment immediately in the manner that you were trained.
  - Avoid touching your face and limit contact with hard surfaces before immediately washing hands.
  - To minimize exposure, it is recommended that staff have a change of clothes available in cases where their clothes become contaminated.
  - Once all health and safety issues have been addressed, follow debriefing and reporting procedures for the restraint.

**Notes:**

- Changing tables should be cleaned after each use.
- Trash after changing should be sealed in individual bags within the barrel. Gowns and gloves should be disposed of after each use. All trash should be double-bagged and thrown out. Shields should be kept, but disinfected after each use.

**Question #6 - What are the parameters for selecting a medical waiting/ isolation room? What is the procedure for dismissing a child with a suspected case?**

**Answer:** Guidelines for the requirements of a medical room / isolation room independent from the school nurse's office are outlined below. Optimal placement of the Medical Waiting Room would be in close proximity to the nurse's office. Students should be dismissed from school using the path of least resistance. The Medical Waiting Room Designee should escort the student out of the building with minimal contact throughout the school building. The family member should remain outside. The Medical Waiting Room Designee should confirm the family member's identity and report who picked up the child to the school clerk, instead of using the regular sign-out sheet.

**Medical waiting room**

- **Purpose:** This is a separate space from the nurse's office or the regular space for providing medical care. It may be located near a nurse's or other health related office. The medical waiting room will be used when a student presenting COVID-19 symptoms needs to be separated. From a facilities perspective, 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, as well as before and after eating.
- **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 (as the mask will have to be taken off for eating). If it is not possible to go outside, one student can consume food or drink at a time in the medical waiting room, but, again, only if all others remain at least 6 feet away.
- **Ventilation:** When possible, 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.

*(Guidelines are from Fall Reopening Facilities and Operations Guidance. July 22, 2020. DESE)*

**Notes:**

- The school should identify multiple staff members as Medical Waiting Room Designees to serve as back-ups to supervise the medical waiting room. Training related to this medical waiting room should be facilitated by the school nurse.
- When possible, the medical waiting room should have direct exterior access to dismiss the student without unnecessary movement throughout the interior of the building. (Path of least resistance)
- If possible, the room should be close to a toilet and unnecessary furniture and clutter should be removed.
- If possible the furniture selection should contain the following items:
  - Examination Couch
  - Desk
  - 2 chairs
  - Sanitation Station
  - Telephone
- Other equipment should include a trash barrel, vomit bag, face masks, bottled water, and a digital thermometer.
- The cleaning regiment following room membership should follow all guidelines related to PPE sanitation and disinfection. All waste should be removed and treated as clinical waste (double-bagged, tied, and disposed of - but not considered biohazard). If possible, dispose of trash immediately.
- Custodians should deep clean the medical waiting room between cases.
- Schools with multiple buildings should consider multiple medical waiting rooms.
- No-contact parent sign-out procedures are recommended.

**Question #7: What should a teacher do if s/he suspects a student has COVID symptoms?**

**Answer:** The educator calls the nurse and contacts school administration. The student should be masked if not already before going to the medical waiting room. When possible the student will be escorted to the medical waiting room by the nurse. If the nurse is busy, the COVID-19 point person will meet the student and bring he/she to the medical waiting room for evaluation. It is recommended for the staff member to use strict PPE precautions, assuming the worst case scenario. (DESE, 2020, *Protocols for Responding to COVID Scenarios in School, on bus, or in community settings*, p. 6, p. 14)

**Protocol: Student is symptomatic at school**

1. Although families are the most important first line of defense for monitoring symptoms, teachers will play an important role in referring possible symptomatic students to the school nurse or other medical point of contact. (Note: This will require training for teachers.)

2. Teacher ensures the student is wearing a mask that fully covers nose and mouth at all times.
3. Teacher 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.
4. 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:
    - 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. - Student waits to be picked up in the medical waiting room. A staff member escorts the student out of the building. Caregivers must wear a mask/face covering when picking up their student. Students should not ride the school bus to get home. Caregivers and students should wash their hands upon arriving at home and change their clothes as a precaution.

**Notes:**

- Staff should use full precautions when escorting students to the medical waiting room.
- Each school should designate ***multiple*** Medical Waiting Room Escorts in case many cases simultaneously arise.
- It is recommended that, if possible, daily student medication be given at home in order to avoid nurse’s office/exposure.
- Full PPE is not required for escort to the medical waiting room. A mask (preferably N-95), gloves should be worn.
- Staff training on symptoms of COVID-19 by the school nurses is recommended.

The subcommittee has been tasked with keeping students and staff as safe as possible during unprecedented times. Although this comprehensive report covers most aspects related to school we must remember that the virus cannot be completely controlled. At best our job is to minimize the spread by following the above protocols. Schools should contact local school boards when questions arise on these protocols.

**Appendix A: ([Flowchart](#))**

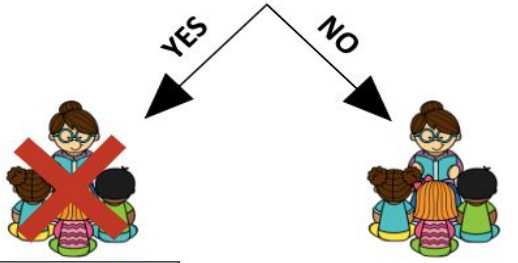


# Can I go to school?



**Do you feel sick or have COVID-19 symptoms\*?**

\*fever (100.4), chills, or shaking, cough, difficulty breathing, loss of taste or smell, sore throat, headache, aches, nausea, vomiting, diarrhea, fatigue, nasal congestion, runny nose)



**DO NOT GO TO SCHOOL**  
Consider COVID testing

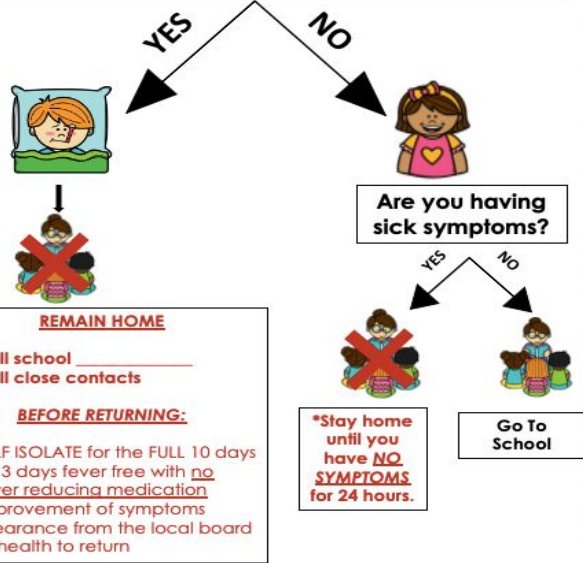
**GO TO SCHOOL**

*If you do NOT test, please contact your doctor for guidance.*

# I got a Covid-19 Test



**Was your test POSITIVE? (You HAVE COVID-19)**



**REMAIN HOME**

- Call school \_\_\_\_\_
- Call close contacts

**BEFORE RETURNING:**

- SELF ISOLATE for the FULL 10 days
- Be 3 days fever free with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

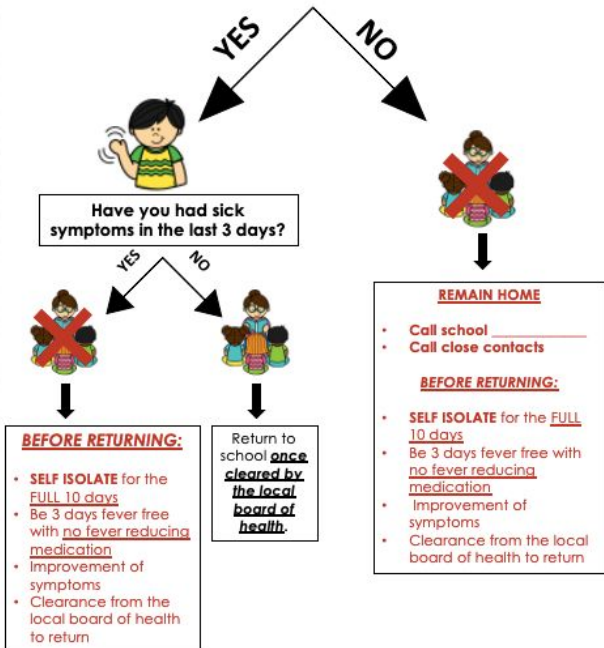
**\*Stay home until you have NO SYMPTOMS for 24 hours.**

**Go To School**

# I have/had Covid-19



**Has it been at least 10 days since a positive test?**



**REMAIN HOME**

- Call school \_\_\_\_\_
- Call close contacts

**BEFORE RETURNING:**

- SELF ISOLATE for the FULL 10 days
- Be 3 days fever free with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

**BEFORE RETURNING:**

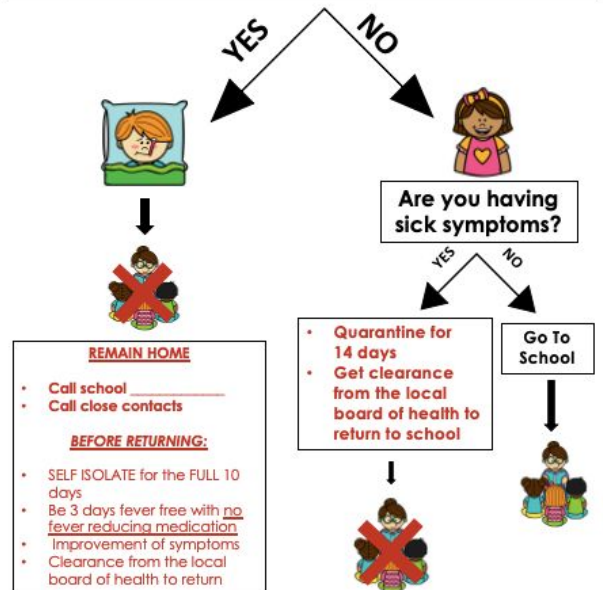
- SELF ISOLATE for the FULL 10 days
- Be 3 days fever free with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

Return to school **once cleared by the local board of health.**

# A Close Contact Was COVID-19 Positive

- **GET TESTED 4 to 5 days after exposure**
- **Please quarantine for 14 days**

**Was your test POSITIVE (you have COVID-19)**



**REMAIN HOME**

- Call school \_\_\_\_\_
- Call close contacts

**BEFORE RETURNING:**

- SELF ISOLATE for the FULL 10 days
- Be 3 days fever free with no fever reducing medication
- Improvement of symptoms
- Clearance from the local board of health to return

- Quarantine for 14 days
- Get clearance from the local board of health to return to school

**Go To School**

## Appendix B

### Quick reference sheet: Key actions for individual COVID-19 events

Event	Location of Event	Testing Result	Quarantine
<b>Individual is symptomatic</b>	<p>If an individual is symptomatic <b>at home</b>, they should stay home and get tested.</p> <p>If an individual student is symptomatic <b>on the bus or at school</b>, they should remain masked and adhere to strict physical distancing. Students will then be met by the nurse and stay in the medical waiting room until they can go home. They should not be sent home on the bus.</p> <p>If an individual staff member is symptomatic at school, they should find coverage for their duties and then go home and get tested.</p>	Individual tests <b>negative</b>	Return to school once asymptomatic for 24 hours
		Individual tests <b>positive</b>	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual <b>is not tested</b>	Remain home in self-isolation for 14 days from symptom onset
<b>Individual is exposed to COVID-19 positive individual</b>	<p>If an individual is <b>at home</b> when they learn they were in close contact with an individual who tested positive for COVID-19, they should stay at home and be tested 4 or 5 days after their last exposure.</p> <p>If an individual is <b>at school</b> when they learn they were in close contact with an individual who tested positive for COVID-19, they should be masked for the remainder of the day (including K-1 students) and adhere to strict physical distancing. At the end of the day, they should go home and should not take the bus home. They should stay at home and be tested 4 or 5 days after their last exposure.</p>	Individual tests <b>negative</b>	Return to school, if asymptomatic or once asymptomatic for 24 hours
		Individual tests <b>positive</b>	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual <b>is not tested</b>	Remain home in self-quarantine for 14 days from exposure