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Face Coverings

The Masconomet Regional School District is committed to providing a safe environment for all students and staff as the buildings reopen during the COVID-19 pandemic. In coordination with the Department of Elementary and Secondary Education (DESE), Center for Disease Control (CDC) and the Massachusetts and local Boards of Health (DPH), the following protocol is in place until further notice.

Face Mask/Coverings

Masks or face coverings are among the most critical components to reduce the transmission of COVID-19. The CDC recommends people wear masks in public settings and when around people who don't live in your household especially when other socially distancing measures are difficult to maintain. All students and staff are required to wear a mask/face covering that covers their nose and mouth at all times while indoors, with the exception of the following:

1. Meals (for more detail see separate lunch protocol).
2. Medical exceptions and special circumstances are addressed later in this document.
3. Scheduled mask breaks.

Acceptable face coverings include cloth, surgical and disposable masks. Students will wear their own mask from home. Masks will be available for students and staff who need them.

- Reusable masks should be washed by students daily.
- Disposable masks should be worn no longer than one day.
- Disposable masks should be discarded in PPE bins.

Using masks correctly:

- Individuals should be frequently reminded not to touch the face covering or mask and to wash their hands or use hand sanitizer frequently.
- To put on a mask-- Wash your hands. Place the mask over the nose and mouth, securing it under your chin, and fitting it snugly against the sides of your face.
- To remove mask-- Untie strings behind your head or stretch the earloops. Handle the mask only by ear loops or ties, being careful not to touch eyes, nose or mouth when removing. Bring inside corners of mask together, keeping the outside layer out and place carefully on a paper towel or napkin. Wash hands/use sanitizer after removal.
- Mask disposal--If a reusable mask breaks or becomes soiled/wet and needs to be thrown out or if a single-use mask needs to be disposed of, it should be placed into the nearest PPE bin by the individual who wore the mask. The individual should immediately put on a new mask after washing their hands.

Medical Exceptions and Special Circumstances:

Masks should not be placed on:

- Children younger than 2 years old
- Anyone who has trouble breathing or is unconscious
- Anyone who is incapacitated or otherwise unable to remove the mask without assistance.

Special Circumstances-use of masks may be challenging for some students, teachers, and staff, including:

- Students, teachers, and staff with severe asthma or other breathing difficulties. Contact your school nurse for information regarding medical exemptions.
- Students, teachers, and staff with special educational or healthcare needs, including intellectual and developmental disabilities, mental health conditions, and sensory concerns or tactile sensitivity. Contact Asst. Superintendent Patty Bullard for information regarding behavioral exemptions.

Medical Exception-While masks are strongly encouraged to reduce the spread of COVID-19, CDC recognizes there are specific instances when wearing a mask may not be feasible. In these instances, parents, guardians, caregivers, teachers, staff, and school administrators should consider [adaptations and alternatives](#) whenever possible. Medical documentation is required for an exemption from wearing a mask. Submit the appropriate documentation to the building principal who will notify the nurse as needed.

Clear Masks-People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired—may be unable to wear masks if they rely on lipreading to communicate. This may be particularly relevant for faculty or staff teaching or working with students who may be deaf or hard of hearing. In this situation, consider using a clear mask that covers the nose and wraps securely around the face. Clear masks should be determined not to cause any breathing difficulties or over heating for the wearer. Clear masks are not face shields. If a clear mask isn't available, consider whether faculty and staff can use written communication (including closed captioning) and decrease background noise to improve communication while wearing a mask that blocks your lips. In addition to those who interact with people who are deaf or hard of hearing, the following groups of teachers and staff may also consider using clear masks:

- Teachers of students who are English language learners
- Teachers of students with disabilities

Clear masks will be distributed at the direction of Asst. Superintendent Patty Bullard.

Considerations for Special Situations

- Masks may also be removed indoors when necessary to participate in elective classes, such as the use of wind instruments in band. When traditional masks cannot be worn, districts should consider additional mitigations, such as the use of instrument masks (masks with a slit or hole cut for the mouthpiece) or bell covers, along with physical distancing or outdoor classes as feasible.
- Masks are required for any sports-related activity for student-athletes and coaches when indoors, in alignment with guidance provided by the Massachusetts Interscholastic Athletic Association (MIAA).

- By federal public health order, all students and staff are required to wear a mask on school buses.

Responses to COVID-19 Scenarios

SECTION 1: KEY DEFINITIONS

This section outlines the list of COVID-19 symptoms, provides the definition of a close contact, and outlines situations where close contacts are exempt from COVID-19 testing and quarantine response protocols including isolation, quarantine, and Test and Stay.

Close contacts are defined as individuals who have been within 6 feet of a COVID-19 positive individual while indoors, for at least 15 minutes during a 24-hour period.^{1 2} Please note that the at-risk exposure time begins 48 hours prior to symptom onset (or time of positive test if asymptomatic) and continues until the time the COVID-19 positive individual is isolated.

In general, close contacts should follow the testing and quarantine response protocols in Section 2 of this document. **However, certain close contacts are exempt from testing and quarantine response protocols as noted below.**

CLOSE CONTACTS WHO ARE EXEMPT FROM TESTING AND QUARANTINE RESPONSE PROTOCOLS

The following close contacts are exempt from testing and quarantine response protocols:

- **Asymptomatic, fully vaccinated close contacts:** Individuals who are asymptomatic and fully vaccinated are exempt from testing and quarantine response protocols.
- **Classroom close contacts:** An individual who is exposed to a COVID-19 positive individual in the classroom while both individuals were masked, so long as the individuals were spaced at least 3 feet apart, is exempt from testing and quarantine response protocols.
- **Bus close contacts:** Individuals on buses must be masked according to federal requirements. As such, individuals who are masked on buses when windows are open are exempt from testing and quarantine response protocols.

¹ Note: To be a close contact, the 15 minutes must occur within 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.

² CDC definition of Close Contact. Available at:

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

- **Close contacts who have had COVID-19 within the past 90 days:** An individual who has been previously diagnosed with COVID-19 and then becomes a close contact of someone with COVID-19 is exempt from testing and quarantine response protocols if:
 - The exposure occurred within 90 days of the onset of their own illness
AND
 - The exposed individual is recovered and remains without COVID-19 symptoms.

SECTION 2: RECOMMENDED TESTING AND QUARANTINE RESPONSE PROTOCOLS

This section outlines testing and quarantine response protocols for individuals – students and staff – who test positive for COVID-19, close contacts who are not exempt from testing and quarantine response protocols, and symptomatic individuals. Each scenario outlines the duration of any recommended quarantine or isolation, the conditions to be met in order for the individual to return to school, and any additional considerations.

Overview of Protocol Categories:

- Protocol A: For individuals who test positive for COVID-19
- Protocol B: Protocol for asymptomatic close contacts
- Protocol C: Protocol for symptomatic individuals

Protocol A: For individuals who test positive for COVID-19

Protocol A for individuals who test positive

- **Duration:** Self-isolation for COVID-19 positive cases is a minimum of 10 days after symptom onset or after positive PCR test, if asymptomatic.
- **Return to school:** After 10 days³ and once they have:
 - Been without fever for 24 hours (and without taking fever-reducing medications); and
 - Experienced improvement in other symptoms; and
 - Individuals who do not meet these criteria after 10 days may receive clearance from either public health authority contact tracers (the local board of health or Community Tracing

³ If an individual tests positive as part of a group pooled test, the 10-day period begins the day the group pooled test returned a positive result.

Collaborative) or school health professional before returning to school.

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

Protocol B: Protocol for asymptomatic close contacts

Close contacts who are not exempt from testing and quarantine response protocols and are asymptomatic follow the guidelines in Protocol B below. Please recall that all asymptomatic, fully vaccinated individuals are exempt from close contact testing and quarantine response protocols and therefore do not need to follow Protocol B. However, fully vaccinated individuals are expected to monitor for symptoms and stay home and get tested if they experience symptoms, in alignment with statewide guidance⁴ and Protocol C.

Note: In some cases, individuals may be asked to follow specific testing and quarantine response protocols (including durations for quarantine/isolation) provided by contact tracers or local health officials which may differ from the recommended protocols below.

Protocol B for asymptomatic close contacts who are not exempt from testing and quarantine response protocols

Districts who participate in the statewide COVID-19 testing program or another similar testing program are strongly encouraged to utilize the new Test and Stay (B-1) protocol option to minimize the amount of time individuals are out of school. This testing and quarantine response protocol has been shown to be generally equivalent to quarantine for school-based contacts, and a safe alternative to at-home isolation.⁵ If schools choose not to participate in the statewide COVID-19 testing program and do not participate in a similar testing initiative, unvaccinated individuals follow the traditional quarantine (B-2) protocol.

Individuals who are part of the Test and Stay protocols may be eligible to participate in school sports and extracurricular activities, provided that they are in compliance with the applicable

⁴ Guidance for People who are Fully Vaccinated Against COVID-19. Massachusetts DPH; August 2, 2021. Available at:

<https://www.mass.gov/guidance/guidance-for-people-who-are-fully-vaccinated-against-covid-19>

⁵ Bernadette C Young, David W Eyre, Saroj Kendrick, Chris White, Sylvester Smith, et. al. "A cluster randomized trial of the impact of a policy of daily testing for contacts of COVID-19 cases on attendance and COVID-19 transmission in English secondary schools and colleges." (July 2021). medRxiv. Available at:

<https://www.medrxiv.org/content/10.1101/2021.07.23.21260992v1>

protocol. For events and sports that take place on non-school days, testing will still be required on those days to participate.

As part of Test and Stay, quarantine is still strongly recommended for individuals outside of school settings.

Protocol B-1 (Recommended) Test and Stay

- **Duration of Test and Stay:** 7 days from the date of exposure
- **Return to School:** Close contacts can remain in school and do not have to quarantine, as long as they:
 - Are asymptomatic
 - Wear masks in school at all times, other than when eating or drinking. When these individuals cannot be masked (i.e., when eating or drinking) they should maintain 3 feet of distance from other individuals to the extent feasible.
 - Take a rapid antigen test (e.g., BinaxNOW) on each school day and receive a negative result. When the 7 days from date of exposure includes weekends or holidays, individuals should quarantine on weekends, and if they remain asymptomatic, upon return to school be tested immediately. If the individual remains negative, they can stay in school.
 - Conduct active monitoring for symptoms through day 14, and self-isolate at home if symptoms develop.
- **Note:** If an individual has symptoms at the time they are designated as a close contact or develops symptoms during the Test and Stay period or the 14 days following initial exposure, they should follow the protocol for symptomatic individuals (Protocol C). If an individual tests positive at any time, they should follow the protocol for individuals who test positive for COVID-19 (Protocol A).

Protocol B-2: Traditional protocol (if school does not have access to rapid daily testing or family or adult individual chooses not to participate in Test and Stay)

- **Duration:** Quarantine is at least 7 days from the date of exposure
- **Return to School:** After 7 days, returning on day 8, provided that they:
 - Remain asymptomatic
 - Receive a COVID test (PCR) on day 5 or later and receive a negative result
 - Conduct active monitoring for symptoms through day 14, and self-isolate if symptoms develop.

- **Note:** If an individual has symptoms at the time they are designated as a close contact or within the 14 days following initial exposure, they follow the protocol for symptomatic individuals (Protocol C). If an individual tests positive at any time, they follow the protocol for individuals who test positive for COVID-19 (Protocol A).

Protocol B-3: Alternate protocol for those who choose not to receive a COVID test

- **Duration:** Quarantine is at least 10 days from the date of exposure⁶
- **Return to School:** After 10 days, returning on day 11, provided that they:
 - Have not experienced symptoms up to this point
 - Conduct active monitoring for symptoms through day 14 and self-isolate if symptoms develop.
- **Note:** If an individual has symptoms at the time they are designated as a close contact or within the 14 days following initial exposure, they follow the protocol for symptomatic individuals (Protocol C). If an individual tests positive at any time, they follow the protocol for individuals who test positive for COVID-19 (Protocol A).

Protocol C: Protocol for symptomatic individuals

Protocol C applies to **vaccinated and non-vaccinated individuals** who experience the COVID-19 symptoms listed in Section 1 applicable to their status.

Protocol C for symptomatic individuals:

Protocol C-1 (Recommended): Return to school post-symptoms with test

- **Duration:** Dependent on symptom resolution
- **Return to School:** Individuals may return to school after they:
 - Have received a negative PCR test result for COVID-19. Note: So long as the individual is not a close contact, if a medical professional makes an alternative diagnosis for the COVID-19-like symptoms, the individual may use this recommendation (e.g., for influenza or strep pharyngitis) in lieu of a PCR test.
 - Have improvement in symptoms
 - Have been without fever for at least 24 hours without the use of fever-reducing medications.

⁶ CDC Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing. Dec 2, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html>.

- **Note:** If the symptomatic individual was a close contact who is not exempt from testing and quarantine response protocols, after symptoms resolve and they receive a negative PCR test, they should follow Protocol B-1 for Test and Stay.
 - If Test and Stay is not available or the family or adult individual opts not to participate, they follow Protocol B-2 or B-3.

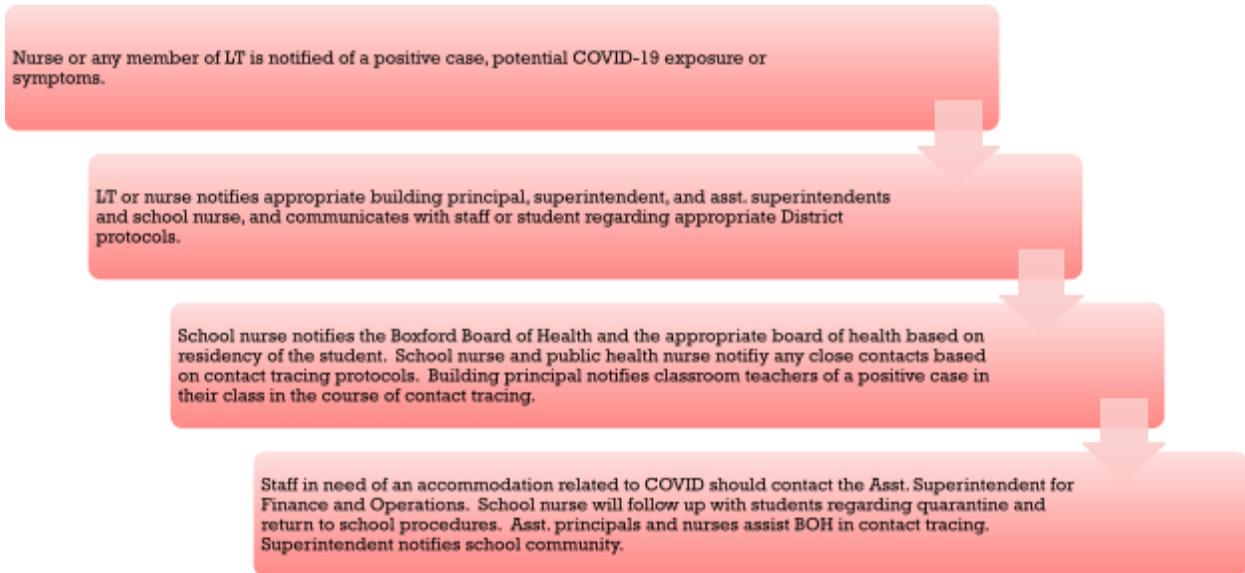
Protocol C-2: Alternative protocol for symptomatic individuals who are not close contacts and choose not to receive a COVID test to return to school

- **Duration:** Isolation is at least 10 days from symptom onset⁷
- **Return to School:** After 10 days, returning on day 11, assuming they:
 - Have improvement in symptoms
 - Have been without fever for at least 24 hours without the use of fever-reducing medication.

⁷ CDC Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19. Mar 16, 2021. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

COVID-19 Case Reporting Process

The Masconomet Regional School District will follow the process below when notified of a positive COVID-19 case, close contact of a COVID-19 individual, or symptomatic individual.



Masconomet Health Services Protocols

GENERAL INTRODUCTION

School nurses play a critical role in monitoring and supporting the health and safety of students and school staff. The importance of this role has been magnified during the COVID-19 pandemic. These protocols will address the concerns that are of particular importance to the school nurse and will provide the guidance needed to operate the health office and isolation room safely and efficiently.

PERSONAL PROTECTIVE EQUIPMENT

Schools and districts should follow the [DPH Comprehensive PPE guidance](#) to guide the proper PPE needed to care for students and staff in the school setting. School health offices and medical waiting rooms, as the health care practice locations of licensed clinical providers, are subject to the mask requirements for certain locations.⁸ Additionally, clinical staff providing care to students with presumed or confirmed COVID-19 should wear a fit-tested N-95 respirator, eye protection, gown, and gloves.⁹ The District will provide all necessary PPE to school nursing personnel.

Respiratory Protection Program

The Occupational Safety and Health Administration (OSHA) requires a "written respiratory protection program with required worksite-specific procedures and elements for required respirator use" when respirators are used in the workplace.¹⁰ Massachusetts law also specifies that requirements for Massachusetts workplaces include public sector workplaces and be "as strict as OSHA. No stricter or more lenient."¹¹ Under OSHA standards, N95 respirators and their

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<https://www.mass.gov/info-details/covid-19-mask-requirements#mask-requirements-in-certain-locations->

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<https://www.mass.gov/doc/updated-comprehensive-personal-protective-equipment-june-24-2021/download>

¹⁰ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

11

<https://www.mass.gov/news/osha-safety-for-public-sector-highlights-of-updated-law-mgl-c149-ss6-12>

alternatives are respirators that filter particles from the air when appropriately fitted on the user. The Massachusetts Department of Labor Standards provides a [template for a Respiratory Protection Program](#). A Respiratory Protection Program includes the following elements:

- A **Program Administrator** who is responsible for administering the respiratory protection program.
- **Supervisors** who are responsible for ensuring that the respiratory protection program is implemented in their particular areas.
- The requirement that employees are not permitted to wear respirators until a physician or other licensed healthcare professional has determined that they are **medically able to do so** (OSHA provides a [health questionnaire](#) to be reviewed with the physician or licensed healthcare professional).
- The requirement that employees who are required to wear respirators will be **fit-tested**.

It is possible that a municipality already has a Respiratory Protection Program in place that can address the needs of the school/school district in that municipality. School administration should check with their local public health department, fire and rescue department and/or their local hospital to learn if they are able to provide components of the Respiratory Protection Program, like fit testing.

DESIGNATED MEDICAL WAITING ROOMS

Districts/schools should consider maintaining medical waiting rooms for the purpose of separating students or staff who have tested positive on a BinaxNOW rapid antigen test in school, or who are symptomatic with negative or unknown vaccination status. If an individual is symptomatic on the bus or at school or tests positive for COVID-19 while at school, they should be masked, and when feasible, be in a separate room with the door closed until they can be picked up. This space must be supervised. If more than one student must be in the same waiting room, each student must be at least 6 feet apart (and should be spaced as far apart as possible). 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. If a separate room is not available, they should adhere to strict 6 feet of physical distancing until they can go home. CDC guidance regarding what to do if children become ill at school can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html>

Staffing, Communication, and Staff PPE

Students that are unvaccinated or have an unknown vaccination status who become symptomatic during the school day should be referred to the designated medical waiting room for pickup by a caregiver, and will have an assessment by the school nurse prior to transfer to the medical waiting room. Staff that are supervising children in the designated medical waiting room should

wear appropriate PPE per [DPH Comprehensive PPE guidance](#). Designated medical waiting rooms do not need to be staffed by a school nurse or other medical professional but can be staffed by an adult school staff person who is CPR/AED certified. Schools should maintain records of adult staff present in the designated medical waiting room for contact tracing purposes. These staff are delegated the task of monitoring the designated medical waiting room by the school nurse per the Board of Registration in Nursing Advisory Ruling 9803.¹² Individuals staffing the designated medical waiting room should be in close communication with the school nurse. This type of delegation (delegation of activities) can be performed by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) and does not require registration with the MDPH.

Masks for Students and Staff

All individuals in the designated medical waiting room must always wear a facemask. Students should wear a facemask that is a disposable facemask; if the student had been wearing a cloth face covering at school, the school should provide a disposable facemask for the student to wear while in the designated medical waiting room. While wearing gloves, place the student's cloth mask into a plastic bag to return home with the child, dispose of the gloves, and perform hand hygiene.

Multiple Students with COVID-19 Symptoms

Ideally, students with COVID-19 symptoms should be isolated, separate from other students, until they can be picked up by a parent or guardian. However, there may be situations when more than one student is experiencing COVID-19 symptoms at the same time. If possible, these students should be kept in separate isolation spaces until they can be picked up; however, identifying multiple isolation rooms in a given school building is likely very difficult. When multiple students must share the designated medical waiting room at the same time, they must remain masked and 6 feet apart at all times. Partitions may be used to provide an additional barrier between students if available. Any hard surfaces in designated medical waiting rooms, including partitions, should be cleaned and disinfected after students leave the designated medical waiting room, according to industry standards. CDC guidance regarding what to do if children become ill at school can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html>

Additional Considerations

School nurses are encouraged to work with their district leadership and Local Boards of Health (LBOH) as appropriate to develop plans and procedures that address:

- Students who cannot be picked up immediately.
- Students who do not have transportation home other than the school bus.

¹² <https://www.mass.gov/doc/ar-9803-delegation-to-uap/download>

- Students who urgently need clinical care beyond the capacity of the school nurse.
- Notification procedures for students who do not initially test positive for COVID-19 but who spent an extended period of time in the designated medical waiting room with a student who has tested positive for COVID-19.

HEALTH OFFICE PROTOCOLS

Physical Exam Requirements

The requirements for physical examination of students pursuant to [105 CMR 200.100 \(B\)](#) should continue to be followed.

The Department continues to encourage in-person physical examination of all students, when possible, to help detect physical and developmental abnormalities. By definition, a physical exam cannot take place during a telemedicine visit, whether it is conducted via phone or video. School nurses are encouraged to prioritize for follow up students who do not have a recent (less than 4 years) record of physical examination on file.

Mandated Screenings

Requirements for health screenings (vision, hearing, height, weight, postural, and SBIRT) pursuant to M.G.L. c.71, §§57 and 97 and 105 CMR 200.400 and 105 CMR 200.500 will resume for the 2021-2022 school year. Districts will need to consider how screenings can resume in a safe and effective manner given the changes to the school environment. Districts should consider prioritizing screenings for selected students at greatest risk at the start of the school year, which include:

Age/Grade Level

- **Preschool and Kindergarten students** are at greater risk for negative outcomes when screening opportunities are missed. This age group has a potential for greater developmental impact related to undiagnosed hearing and/or vision loss.^{13 14 15}
- **High school** will be the final opportunity for most students to receive a universal hearing and vision screening, so every effort should be made to include students who did not receive their final screening (typically, during 10th grade) due to the pandemic.

Type of Screening

- Based on data collected by the MDPH School Health Unit regarding numbers of referrals and completed referrals for mandated screenings, vision screening with appropriate adaptations¹⁶ and follow-up to eye care for timely intervention¹⁷ should continue to be a priority. Remote learning has increased the level of visual demand for children of all ages.
- Additionally, Screening, Brief Intervention and Referral to Treatment (SBIRT) for problem substance use occurs only twice during a student's educational experience, once in middle school and once in high school. These screenings should be prioritized.

¹³ Kulp MT, Ciner E, Maguire M, et al. Uncorrected hyperopia and preschool early literacy: results of the Vision in Preschoolers Hyperopia in Preschoolers (VIP-HIP) Study. *Ophthalmology*. 2016;123(4):681e689.

¹⁴ Bruce A, Kelly B, Chambers B, et al. The effect of adherence to spectacle wear on early developing literacy: a longitudinal study based in a large multiethnic city, Bradford, UK. *BMJ Open* 2018;8: e021277. doi:10.1136/bmjopen-2017-021277.

¹⁵ Allen D, Buz Harlor, Charles Bower. Hearing Assessment in Infants and Children: Recommendations Beyond Neonatal Screening. *Pediatrics* Oct 2009, 124 (4) 1252-1263; doi: 10.1542/peds.2009-1997.

¹⁶

<https://preventblindness.org/covid-19-childrens-vision-screening/#1597935474766-7d9cd38e-0353>

¹⁷ <https://childrensvision.preventblindness.org/when-to-take-your-child-eye-doctor/>

Screening History

- Students who have no record of having a postural, height and weight (body mass index), hearing and/or vision screening.
- Students who have repeatedly had an abnormal postural, hearing and/or vision screening, or have deviated from their growth curve, and have no record of completing a referral.

Individual Student Need

- Students being evaluated for an Individualized Education Program (IEP) or 504 Plan.
- Students who exhibit signs of a problem, or are referred by a staff member, family member, or who self-refer.

If a school is advised to close due to an outbreak of infectious disease, suspend all in-person screenings until permitted to resume by local public health. Ensure that students whose caregivers have opted out of screening on religious grounds, in writing, are not screened. Screening personnel should document the parent or caregiver's decision. Finally, remember that children who have diagnosed neurodevelopmental delay (including cognitive or hearing impairment, speech delay, Down syndrome, motor disabilities such as cerebral palsy, and autism spectrum disorders) **should continue to be referred directly to an eye doctor for a comprehensive eye exam.**

In-person Screening Logistics

Location

Typically, screenings occur at the school of attendance. Screenings should be conducted in a location that protects confidentiality, minimizes distractions from other students, allows for safe distancing, and follows any cohort rules of the school/district. Consider using spaces that allow for easy access to handwashing and efficient disinfection of equipment and surfaces in addition to areas with maximized ventilation. Screenings should not occur in spaces where students and staff are evaluated for illness, such as the health office.

Equipment

Availability of screening equipment may be an issue as not every building has a designated device, and equipment is often shared among multiple sites. Strong communication and shared scheduling can help to address this obstacle.

Individuals Conducting the Screenings

Individuals conducting in-person student screenings may be allowed in the school buildings as an essential service provider and should comply with the school's health screening protocols and requirements prior to entry into the screening area.

Safe Screening Practices

- Consider asking students about symptoms consistent with COVID-19 and recent exposure to someone who has tested positive for COVID-19 prior to screening.
- Limit exposure to students and/or adults to under 15 minutes.
- Maintain 6-foot distancing unless the screening procedure requires closer contact.
- Student and screener must remain masked. Where possible, consider using clear masks or other approved face coverings that allow students and staff to see each other's mouths and facial expressions.
- A face shield and/or divider may be used in addition to a face mask.
- Wash hands or perform proper hand hygiene before and after each screening (student and screener).¹⁸
- Disinfect all touched surfaces in between students with an appropriate disinfectant,¹⁹ making sure to follow manufacturer's instructions for disinfecting screening equipment.²⁰
- Disposable eye occluders, headphone coverings, and other disposable barriers and tools may be useful for while conducting screening.

¹⁸

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

¹⁹ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>

²⁰

<https://www.asha.org/siteassets/uploadedFiles/Infection-Prevention-and-Control-for-Audiology-Equipment.pdf>

Immunization Requirements/Records

Immunization requirements should continue to be followed. Documentation of immunization status should be submitted to schools within 60 days of school start; however, excluding students from school based on immunization status during the 60-day grace period is discouraged except in the case of a documented school-based outbreak of a vaccine-preventable disease.

Occupational Exposure and Return to Work Guidance

Licensed school health professionals are health care workers. In the case of an occupational exposure to COVID-19, school nurses should follow guidelines for health care workers in DPH's Occupational Exposure and Return to Work Guidance.²¹ Health care workers may continue to work after an exposure if they are not experiencing COVID-19 symptoms and were wearing appropriate PPE at the time of exposure. All health care workers should wear appropriate PPE and self-monitor for symptoms that may be consistent with COVID-19 each day prior to arriving at the school.

If health care workers are experiencing COVID-19 symptoms or have tested positive for COVID-19, they should isolate. Detailed return to work guidance to determine the duration of isolation can be found in the Occupational Exposure and Return to Work Guidance.

Health Education Related to COVID-19

The school community should share responsibility for educating students and staff on proper hand hygiene. Resources can be found on the CDC and MDPH websites.²² 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 readily available. School Nurses are responsible for training school building staff on the safe use, adverse effects, and hazards of hand sanitizer. For training materials, please see the CDC website.²³

School nurses can find training materials regarding PPE use on the [BU SHIELD website](#). These materials may be used for training health care, teaching and other school staff on the proper use and disposal of PPE in the school setting.

²¹ <https://www.mass.gov/doc/return-to-work-guidance-updated-march-8-2021/download>

²²

<https://www.mass.gov/service-details/handwashing-education-materials-for-the-general-public>

²³ <https://www.cdc.gov/handwashing/index.html>

Use and Availability of Hand Sanitizer

This guidance is a supplement to the guidance, *Handwashing Recommendations and Alcohol-based Hand Sanitizer Use in Schools* that was issued from the Massachusetts Department of Public Health (MDPH) School Health Services Unit (SHU) June 30, 2020.²⁴

- Alcohol-based hand sanitizers have been linked to many child overdoses, even deaths, in schools.²⁵ It is imperative that steps be taken to avoid inappropriate hand sanitizer exposure.
 - Hand sanitizer stations should be set up where school staff are typically present, such as common areas, hallways, and the front of classrooms. Do not place hand sanitizer dispensers in locations that children frequent unsupervised, like bathrooms or empty hallways. Please evaluate the position of each hand sanitizer dispenser and assess the ability to keep the location supervised. This vigilance is key for the safety of all students.
 - Consider the use of foaming hand sanitizer, which is more difficult to ingest.
 - Be aware that younger students may ingest hand sanitizer unintentionally and exhibit symptoms such as drowsiness, eye irritation, abdominal pain, nausea, and vomiting. Always contact Poison Control with any ingestion or exposure of toxic material.
 - Older students have been observed ingesting hand sanitizer intentionally to attempt to become intoxicated through the oral, nasal (inhalation), dermal, mucosal, or ocular routes. Deliberate mucosal exposures have been reported in the anal or vaginal route using a tampon delivery system.
- Please see the FDA website for updates on hand sanitizers consumers should not use.²⁶ School districts/schools are advised to have the School Physician write a standing order for the use of hand sanitizer in school. Please see Appendix A for a sample standing order. More details on how this order should be written can be found in the document [Administration of Alcohol-Based Hand Sanitizer: Waiver of Requirements under 105 CMR 210.000](#), updated June 11, 2021.
- As early in the school year as possible, a notice should be sent home to

²⁴ <https://www.mass.gov/doc/handwashingsanitizer-guidance/download>

²⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5657893/>

²⁶

<https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-methanol>

parents/guardians informing them that hand sanitizer will be used in their child's school building and give them an option to opt out. This can be part of a school/district existing notice regarding standing orders for other "over-the-counter" products.

- Parents and guardians have a right to opt their child out of hand sanitizer use in school. Schools/school districts need to put a plan in place to manage opt out notification to appropriate staff. Teaching regarding what to do with opt outs can be presented with all other reopening staff professional development/COVID-19 training. Extra hand washing opportunities should be advised for students who are not using hand sanitizer to keep the teachers and other students in the classroom safe.
- The District will provide hand sanitizer stations throughout the buildings and in every classroom.

CPR during COVID-19

Please refer to the American Heart Association guidelines on this topic found at:
<https://cpr.heart.org/en/resources/coronavirus-covid19-resources-for-cpr-training>

HEALTH OFFICE PROCEDURES FOR SPECIFIC POPULATIONS

Parents/guardians should be encouraged to consult their child's health care provider to discuss the appropriateness of students with high-risk medical conditions attending in-person instruction. This group includes students who depend on mechanical ventilation and children with tracheostomies. A collaborative approach should be used to inform decision-making relative to how the student can safely access in-person instruction.

Aerosol-Generating Procedures

AGPs are those that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These procedures potentially put staff at increased risk for pathogen exposure and infection. AGPs put school health professionals at risk and should be performed in the school setting only as necessary. Discuss alternative treatments to AGPs with the student's providers prior to the start of school.

Aerosol-Generating Procedures Room

Nurses should perform AGPs in a separate room away from other students and staff. Procedures should be conducted with an open window, if possible, while remaining more than 6 feet away from the student. Use of a portable HEPA filtration unit can provide additional protection and

should be strongly considered.²⁷ ²⁸ Appropriate PPE for DSPs performing or providing care during AGPs should be worn at all times while in the AGPs room (N95 respirator or alternative, eye protection, gloves, and gowns) unless the student is asymptomatic, fully vaccinated, and the COVID-19 status is unknown or negative OR the student is asymptomatic, not fully vaccinated, and a COVID-19 test obtained within the last three days is negative.²⁹ Hard surfaces should be disinfected between students, and it is advised to let the room air out with an open window between students as long as possible; the length of time necessary to air out the room depends on the quality of ventilation, and nurses should consult with facilities personnel in their school for more information.³⁰ The room should have good ventilation and ability to close the door. Keep the door to the AGPs room closed at all times, and limit movement of staff/students in and out of the room.

For some students, the need to undergo an AGPs is urgent, and moving to a specific room may not be feasible. Planning for these students should occur prior to school start. The classroom should have a window that can be opened, and appropriate PPE for the AGP should be securely stored in the classroom. In the event that an urgent AGP is needed, a staff member should remove all other students and caregivers from the room while the AGP is being performed. Hard surfaces should be disinfected after the procedure is performed, and it is advised to let the room air out with an open window before students and staff return to the space. If possible, remain evacuated from the room for the remainder of the day.

²⁷

https://www.ashrae.org/file%20library/about/position%20documents/pd_infectiousaerosols_2020.pdf

²⁸ Lindsley WG, Derk RC, Coyle JP, et al. Efficacy of Portable Air Cleaners and Masking for Reducing Indoor Exposure to Simulated Exhaled SARS-CoV-2 Aerosols — United States, 2021. MMWR Morb Mortal Wkly Rep. ePub: 2 July 2021. DOI:

<http://dx.doi.org/10.15585/mmwr.mm7027e1>.

²⁹

<https://www.mass.gov/doc/updated-comprehensive-personal-protective-equipment-june-24-2021/download>

³⁰ <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html>

Nebulizer treatments and other considerations for children with chronic respiratory conditions/asthma

Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether aerosols generated from this procedure may be infectious and so, out of an abundance of caution, they should be treated as AGPs.³¹

- For students with respiratory conditions, the continued use of regular preventive (controller) and rescue (albuterol) inhalers is critical.
- School health professionals should work with primary care providers to identify alternatives to nebulizer treatments, such as metered dose inhalers (MDIs) with a spacer, in the school setting whenever possible. However, if no alternative to nebulizer use is feasible for an individual student, nebulizer treatments can be allowed in the school setting and must take place in the AGP room.
- Students who regularly use a rescue inhaler with a spacer should be permitted to do so with supervision.
- For students needing a rescue inhaler without a spacer, the child should be permitted to use the inhaler by removing the portion of the face covering over the mouth for the inhalation of the medication, *re-covering the mouth/nose, and then permitting exhalation to avoid mixing air particles*. Students who self-administer will need to be trained in this procedure. Six feet of separation from adults and other students should be maintained.
- CDC guidance states it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. For some people with asthma, using a peak flow meter can trigger a cough. But based on limited data, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19.³²

More information on considerations for children with asthma can be found at <https://www.aafa.org/managing-asthma-and-covid19-in-school>.

³¹

<https://www.mass.gov/doc/update-to-defining-aerosol-generating-procedures-and-recommended-ppe/download>

³² <https://www.cdc.gov/coronavirus/2019-ncov/downloads/FAQ-schools-child-care.pdf>

Suctioning

Maintaining an open airway for students is an essential health care service but has additional medical challenges due to the need for PPE, space, and cleaning requirements to ensure the safety of students and staff. School nurses, school staff, families, and medical providers should collaborate to develop a plan of care that seeks to avoid or minimize the need for urgent procedures like suctioning.

Nasal/oral or inline (closed system) tracheostomy

Oral or nasal suctioning is not considered an AGP if completed with a bulb syringe or mushroom adapter. Tracheostomies that are set up with a closed or in-line suction system are not considered AGPs as the entire suctioning process is contained in a closed system. If those procedures are done:

- The nurse or school staff member must use PPE for providing personal care to students without suspected COVID-19 where they could be exposed to spills or splashes of bodily fluids (facemask, eye protection, and gloves).
- Ideally, these procedures should take place in a separate space with good ventilation and ability to close the door. If this is not possible, these procedures may occur within the classroom, with physical distancing between the student and other students and adults of at least three feet, but as much as possible. Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
- The room should undergo complete routine cleaning and wiping down of hard surfaces after the procedure is complete. When cleaning, staff members should wear PPE (facemask and gloves).

Open tracheostomy suctioning

Open suction of a tracheostomy where the caregiver is working on an open tracheostomy is considered an AGP. If this procedure is done:

- Use the AGPs room whenever possible.
- Limit the people in the room to the student and staff performing the procedure.
- The nurse or school staff member must use PPE for performing or providing care during AGPs (N95 respirator or alternative, eye protection, gloves, and gowns) unless the student is asymptomatic, fully vaccinated, and the COVID-19 status is unknown or negative OR the student is

asymptomatic, not fully vaccinated, and a COVID-19 test obtained within the last three days is negative.³³ In this case staff members must use PPE for providing personal care to students without suspected COVID-19 where they could be exposed to spills or splashes of bodily fluids (facemask, eye protection, and gloves) to prevent fluid crossing from the student to the staff in the forms of drainage or splatter.

- The space should be separate with good ventilation and ability to close the door. Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
- When the procedure is completed, the room should be closed for as long as possible to allow aerosolized particles to settle.
- The room should undergo complete cleaning and wiping down of hard surfaces after the procedure is complete. When cleaning, staff members should wear PPE (N95 respirator or alternative, eye protection, gloves, and gowns).

Chest physiotherapy (chest PT)

Chest PT could potentially create aerosol particles, it is therefore recommended that this procedure occur with the following recommendations:

- The space should be separate with good ventilation and ability to close the door. Use of a portable HEPA filtration unit can provide additional protection and should be strongly considered.
- Limit the people in the room to the student and staff performing the procedure.
- The nurse or school staff member must use PPE for performing or providing care during AGPs (N95 respirator or alternative, eye protection, gloves, and gowns) unless the student is asymptomatic, fully vaccinated, and the COVID-19 status is unknown or negative OR the student is asymptomatic, not fully vaccinated, and a COVID-19 test obtained within the last three days is negative.³⁴ In this case staff members must use PPE for providing personal care to students without suspected

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<https://www.mass.gov/doc/updated-comprehensive-personal-protective-equipment-june-24-2021/download>

34

<https://www.mass.gov/doc/updated-comprehensive-personal-protective-equipment-june-24-2021/download>

COVID-19 where they could be exposed to spills or splashes of bodily fluids (facemask, eye protection, and gloves) to prevent fluid crossing from the student to the staff in the forms of drainage or splatter.

- When the procedure is completed, the room should be closed for as long as possible to allow aerosolized particles to settle.
- The room should undergo complete cleaning and wiping down of hard surfaces after the procedures are done. When cleaning, staff members should wear PPE (N95 respirator or alternative, eye protection, gloves, and gowns).

Urinary catheter care and catheterization

- Staff members must use PPE for providing personal care to students without suspected COVID-19 where they could be exposed to spills or splashes of bodily fluids (facemask, eye protection, and gloves) to prevent fluid crossing from the student to the staff in the forms of drainage or splatter.
- Students should also wear a face covering and/or non-medical face shield.
- A disposable absorbent covering or diaper should be used under the buttocks before and during the procedure to catch any drainage, deposit supplies, and contain supplies once the procedure is completed.
- Once the catheterization procedure is completed, gloves need to be removed, hands washed, and new gloves reapplied before dressing or assisting with dressing the student.
- After assisting the student, gloves need to be removed, hands washed, and new gloves reapplied to clean and disinfect the treatment area.

Gastronomy tube feedings

- Staff members must use PPE for providing personal care to students without suspected COVID-19 where they could be exposed to spills or splashes of bodily fluids (facemask, eye protection, and gloves) to prevent fluid crossing from the student to the staff in the forms of spillage, drainage, or splatter from feeding or gastric fluids.
- Students should also wear a face covering and/or non-medical face shield.
- Consider using a towel or a disposable absorbent covering around the stomach to catch any drainage, spilled feeding, or gastric contents.
- The student should be positioned to the side to avoid face-to-face interaction

during the procedure.

IV/Central line access and diabetes care (and other procedures exposing the nurse to blood):

- Staff members must use PPE for providing personal care to students without suspected COVID-19 where they could be exposed to spills or splashes of bodily fluids (facemask, eye protection, and gloves).
- Students should also wear a face covering and/or non-medical face shield.
- Students with diabetes can often perform their own blood glucose monitoring, carbohydrate counting, and mild hypoglycemic and hyperglycemic care with little to no supervision. In the event that a child needs supervision and management by a nurse, the student should not be cared for in the medical waiting room.
- Insulin administration or management of the insulin pump and/or continuous blood glucose monitor can be done safely with minimal contact. Use gloves and wash hands when in contact with a student or supplies.
- Attempt to perform the procedure with the student positioned to the side to avoid face-to-face interaction during the procedure.

WORKING WITH LOCAL BOARDS OF HEALTH

A “respiratory infection thought to be due to any novel coronavirus” is a reportable disease under 105 CMR 300, and thus should be reported “to the board of health in the community where the case is diagnosed or suspect case is identified.”³⁵ In limited circumstances, Massachusetts law also allows the disclosure of personally identifiable information (PII) for the purposes of disease prevention and control, and local health authorities routinely communicate with school nurses around other reportable diseases for the purposes of disease prevention and control in the school setting.

Neither the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule nor the Family Educational Rights and Privacy Act (FERPA) prevent the disclosure of personally identifiable information for the purposes of disease prevention and control. “HIPAA does not interfere with state public health reporting laws, nor does it prevent access to protected health information (PHI) for public health surveillance, investigations, and interventions,” and “HIPAA specifically allows public health reporting and access to PHI for public health activities without

³⁵ <https://www.mass.gov/files/documents/2017/09/11/105cmr300.pdf>

requiring an individual's authorization."³⁶ FERPA allows for the disclosure of PHI from the educational record without prior consent of the parent/guardian in the case of a public health emergency: "educational agencies and institutions may disclose to a public health agency PHI from student education records, without prior written consent in connection with an emergency if the public health agency's knowledge of the information is necessary to protect the health or safety of students or other individuals."³⁷ However, the school must follow the disclosure with documentation in the student record of the disclosure, the reason for it and to whom it was disclosed "within a reasonable period of time."³⁸

Notifying Local Boards of Health

School nurses must notify the LBOH of every *confirmed case of COVID-19* diagnosed in the school community (both students and staff), if the nurse has not already been notified of such by the LBOH. Parent report of a laboratory confirmed case to the school nurse is sufficient for LBOH notification, as well as a provider diagnosed presumed positive case. This information will assist LBOH with conducting contact tracing and determining whether changes in the educational models are warranted.

In regional school districts and collaboratives where students may come from multiple municipalities, the LBOH corresponding to the student's municipality of residence should be notified. In the case of residential schools, the LBOH corresponding to the location of the school (e.g., the student's residence) should be notified. If the residential school student lives at home on the weekends, that municipality's LBOH should also be contacted.

MAVEN use in contact tracing efforts

MAVEN access should be restricted to public health officials acting in their public health capacity. School nurses who have been acting as public agents to do contact tracing will need to separate those activities from their school nursing duties. However, some districts may choose to designate a school nurse to COVID-19 case management and contact tracing activities and a LBOH may choose to execute an MOU with the school district for that purpose. In that case, the designated school nurse should obtain limited access to MAVEN for school/district students/staff only and only for COVID-19.

Communication between School Nurses and Local Boards of Health

³⁶ http://www.maventrainingsite.com/maven-help/pdf/LBOH_HIPAA_Letter_2017.pdf

³⁷ https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions.pdf

³⁸ https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions.pdf

In the absence of a school health staff person with access to MAVEN, LBOH staff with access to MAVEN can and should communicate positive cases in the school community to a designated health care professional in that school community for the purposes of contact tracing and close contact notification. The designated school health professional can and should share student and staff information with the LBOH for contact tracing in the event of a positive case of COVID-19 in the school community. School health staff and LBOH staff should communicate prior to the start of school to identify designated staff conducting contact tracing efforts and to develop communication protocols for their community.

Vaccinated Individuals

Definition of Fully Vaccinated Individuals

People are considered “fully vaccinated” 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single dose vaccine, such as the Johnson & Johnson (Janssen)vaccine.

COVID Symptoms in a Fully Vaccinated Individual

While vaccines are highly effective there is still a chance a vaccinated individual can get COVID-19 even after you get the vaccine. Any fully vaccinated individual who develops respiratory symptoms like runny nose, cough, or loss of sense of smell or taste (as outlined on p. 9 of this document) should isolate and get tested for COVID 19. If this occurs, notify the nurse and check with your employer about how this will impact your work.

COVID Testing and Fully Vaccinated Individuals

If a vaccinated individual tests positive for COVID-19, they need to isolate. The COVID-19 vaccines will not cause a positive antigen or PCR test.

Fully Vaccinated Individuals as Close Contacts

If a vaccinated individual does not live or work in a congregate setting (e.g., correctional and detention facilities, assisted living residences, nursing and group homes), they are not required to quarantine following an exposure to a COVID-19 positive individual. However, they should still monitor for symptoms of COVID-19 for 14 days following an exposure. If they experience symptoms, they should isolate themselves from others and follow the steps outlined above under “COVID symptoms in a fully vaccinated individual.”

Handwashing Protocol

The Masconomet Regional School District is committed to providing a safe environment for all students and staff as the buildings reopen during the COVID-19 pandemic. In coordination with the Department of Elementary and Secondary Education (DESE), Center for Disease Control (CDC) and the Massachusetts and local Boards of Health (DPH), the following protocol is in place until further notice.

Hand Hygiene: Good hand hygiene practices are critical tools to mitigate transmission of the virus. Frequent handwashing with soap and water for at least 20 seconds and using paper towels to dry is the best practice. However use of hand sanitizer with at least 60% ethanol or 70% isopropyl should be substituted when handwashing is not available.

Students and staff are required to exercise hand hygiene at the following times:

1. Upon arriving to school.
2. Prior to and after using common office equipment, appliances and shared materials (ie., copiers, fax machines, coffee machines, microwave, refrigerators).
3. Before and after work breaks or mask breaks.
4. After using the restroom.
5. Before and after eating.
6. Before putting on, touching or removing face masks.
7. After blowing nose, sneezing or coughing.

Hand Sanitizer

- To assist with frequent hand hygiene, hand sanitizer will be placed at key areas throughout the schools.
- Sanitizer and PPE should be requested by submitting a Work Order Ticket through SchoolDude.

Student Lunches

The Masconomet Regional School District is committed to providing a safe environment for all students and staff as the buildings reopen during the COVID-19 pandemic. In coordination with the Department of Elementary and Secondary Education (DESE), Center for Disease Control (CDC) and the Massachusetts and local Boards of Health (DPH), the following protocol is in place until further notice.

The following has been put in place in order to reduce the risk of transmission and provide a safe and comfortable place for students to eat.

1. Students will travel to the cafeteria while wearing their face mask.
2. Upon arrival, students will sanitize their hands.
3. Students will remove their face mask while eating lunch.
4. Students will remain seated for the remainder of the lunch period.
5. At the end of the lunch period, students will put on their face mask.
6. Assistant Principal will tell each row of students when they can get up to exit.
7. On their way out of the lunch area, students will throw out their trash in the trash bins.
8. Students will again sanitize their hands before leaving the cafeteria and heading to class.

Cleaning and Disinfecting

The Masconomet Regional School District is committed to providing a safe environment for all students and staff as the buildings reopen during the COVID-19 pandemic. In coordination with the Department of Elementary and Secondary Education (DESE), Center for Disease Control (CDC) and the Massachusetts and local Boards of Health (DPH), the following protocol is in place until further notice.

Mode of Transmission:

The principal mode by which people are infected with SARS-CoV-2 (the virus that causes COVID-19) is through [exposure to respiratory droplets carrying infectious virus](#). It is possible for people to be infected through contact with contaminated surfaces or objects (fomites), but the risk is generally considered to be low.

(<https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>)

Definitions:

- Cleaning-physically removes germs, dirt, and impurities from surfaces or objects by using soap (or detergent) and water. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- Disinfecting-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. Visibly dirty surfaces should be cleaned prior to disinfection.

Staff Cleaning/Disinfecting Guidelines:

- Consider cleaning high touch surfaces (door knobs, light switches, etc) several times throughout the day.
- Throw disposable items used to clean surfaces and items in PPE bins immediately after use and sanitize hands.
- Read and follow directions provided on the Husky 814 Disinfectant Spray Bottle Label. Hold container six to eight inches from the surface to be treated. Spray area until it is covered with the solution. Allow surface to remain wet for 2 minutes for Human Coronavirus, SARS associated Coronavirus. No scrubbing is necessary. Wipe off with paper towels.
- Please see the [Husky 814 Disinfectant Spray Information sheet](#) for more information.

Additional Cleaning:

- If positive case(s) in school, additional cleaning will be performed following CDC guidelines.