



Health and Safety Protocols

Addendum **COVID-19**

SY 2020-2021
K-12 Programs

Revised 10/2/2020

TABLE OF CONTENTS

SECTION A : COVID-19 POLICIES AND PROTOCOLS

Most Common Symptoms of COVID-19 and Testing Requirements	3
Requirements for Return to School after Travel	4
COVID-19 Screening for Students	5
Protocol: Student is Symptomatic at Home	6
Protocol: Student is Symptomatic on the Bus	7
Protocol: Student is Symptomatic at School	9
Protocol: Student or Staff Tests Positive for COVID-19	11
Protocol: Close Contact of Student or Staff Tests Positive for COVID-19	14
COVID-19 Screening for Staff	15
Protocol: Staff is Symptomatic at Home	16
Protocol: Staff is Symptomatic at School	17
COVID-19: Exclusion & Return to School Requirements Overview.....	18
Exclusion from School for Health Reasons	20
Protocol: Presence of Multiple Cases in the School or District	22
Protocol: Mask Wearing & Mask Breaks in School	24
Protocol: School Visits (Student, Parent, & Outside Providers).....	25

SECTION B: SCHOOL POLICIES AND PROCEDURES

Hand Washing	26
Hand Sanitizer Use in Schools	27
Personal Protective Equipment	28
Cleaning and Disinfecting	30
Oral Feeding	33
Toileting and Changing	34
Nebulizer Treatments	37
Oral and Nasopharyngeal Suctioning	39
Physical Intervention and Restraint	41

Most Common Symptoms of COVID-19 and Testing Requirements

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

Please STAY HOME if you have any of the symptoms listed (or combination of symptoms, as indicated).

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

- Fever (100.0 °F or above), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache, *when in combination with other symptoms*
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, *when in combination with other symptoms*
- Nasal congestion or runny nose (not due to other known causes, such as allergies), *when in combination with other symptoms*
- New rash, especially on fingers and toes

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

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

Staff and students who have symptoms should also contact their primary care physician for further instructions.

Requirements for Return to School after Travel

Per the Massachusetts Department of Public Health (MDPH), all visitors and returning residents must follow COVID-19 travel orders. The LABBB protocol for return to school after travel is based on the regulations in effect as of August 1, 2020. **The MDPH may impose new travel orders in the future, which may be more or less restrictive than these requirements and therefore may override LABBB protocols for return to school as described below.**

PROTOCOL:

All individuals entering Massachusetts, including returning residents, who do not meet an exemption, are required to:

1. Self-quarantine for 14 days, **OR**
2. Produce a negative PCR molecular COVID-19 test result that has been administered up to 72-hours prior to arrival in Massachusetts.

If the COVID-19 test result is not received prior to arrival, the individual must quarantine until they receive a negative result.

All LABBB staff and students must follow these requirements prior to returning to school after traveling abroad (i.e. international) or to any states that are not considered by the MDPH to be 'lower risk'. Travelers from COVID-19 lower-risk states do not need to quarantine unless there has been a known exposure to an individual with a confirmed case of COVID-19. **IF KNOWN EXPOSURE, FOLLOW STEPS UNDER:** "Protocol: Close Contact of Student or Staff Tests Positive for COVID-19."

As of *September 23, 2020*, the list of COVID-19 lower-risk states includes:

- Connecticut
- Maine
- New Hampshire
- New Jersey
- New York
- Vermont
- Colorado
- New Mexico
- Washington

Please refer to the MDPH website for the most current travel orders and list of COVID-19 lower-risk states: <https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states->

COVID-19 Screening for Students

POLICY:

Checking for symptoms each morning by families and caregivers is critical and will serve as the primary screening mechanism for COVID-19 symptoms.

1. Daily at-home screenings are **required**. Parents/guardians of students will need to complete the Daily Symptom Checker app every morning prior to school for each student attending in-person school programming.
 - a. The Daily Symptom Checker screens for three significant areas of concern:
 - i. **TEMPERATURE:** Check student's temperature at home using a medical thermometer (i.e. oral, tympanic, temporal).
 1. Temperature under 100.0 °F: Send student to school.
 2. Temperature 100.0 °F or above: Do not send student to school.
FOLLOW STEPS UNDER: "Exclusion from School for Health Reasons" **and** "Protocol: Student is Symptomatic at Home"
 - ii. **SYMPTOMS:** Assess student's health status.
 1. No symptoms, or symptoms from the list related to an underlying condition (ex. asthma, seasonal allergies): Send student to school.
 2. If student has symptoms from the list unrelated to an underlying condition (ex. asthma, seasonal allergies), do not send to school.
FOLLOW STEPS UNDER: "Protocol: Student is Symptomatic at Home".
 - iii. **EXPOSURE RISK:** Assess student's exposure risk by reviewing recent contacts.
 1. No recent contact with a person diagnosed with COVID-19: Send student to school.
 2. If student has been in close proximity to (within 6 feet of) a contact who has been diagnosed with COVID-19, do not send student to school. **FOLLOW STEPS UNDER:** "Protocol: Close Contact of Student or Staff Tests Positive for COVID-19".
2. Screening procedures will **not** be performed at the point of entry to the school. However, school staff (as well as bus drivers) should observe students throughout the day and refer students who may be symptomatic to the school nurse.
3. Temperature checks will **not** be performed upon arrival to school. Temperature checks are not recommended as screening for all students due to the high likelihood of potential false positive and false negative results. Students will be evaluated by the school nurse if they present with symptoms during the school day.
4. Students should **not** receive medications containing acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) prior to school, as this can mask symptoms of COVID-19.

Protocol: Student is Symptomatic at Home

1. Families should monitor students at home each morning for the most common symptoms of COVID-19 (see list above). Parent/guardian to complete and submit Daily Symptom Checker (online or hard copy) prior to school each day.
 - a. **IF NO SYMPTOMS:**
 - i. Send student to school.
 - b. **IF ANY SYMPTOMS:**
 - i. Do not send the student to school.
 - ii. Call the school's COVID-19 point of contact (school nurse) and inform them the student is staying home due to symptoms.
 - iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. An individual who does not wish to be tested should instead isolate for 14 days and until asymptomatic.
 - iv. The student should get a PCR test at one of Massachusetts's test sites. Sites may require pre-screening, a referral, and/or an appointment.
 - v. Isolate at home until test results are returned.
 - vi. Proceed as follows according to test results:
 1. **IF NEGATIVE:** Student stays home until asymptomatic for 24 hours without use of medication.
 2. **IF POSITIVE:** Student should remain at home (except to get medical care), monitor their symptoms, notify the LABBB health office, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 3 days have passed with no fever and significant improvement in other symptoms. **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

Protocol: Student is Symptomatic on the Bus

1. Although families are the most important first line of defense for monitoring symptoms, bus drivers and bus monitors also play an important role in flagging possible symptomatic students. (This will require training for bus drivers and bus monitors, if applicable. All LABBB drivers and monitors to complete “COVID-19: What School Staff Need to Know” training module.)
2. If symptoms are noticed as the student is getting on the bus and if there is a caregiver present, do not allow the student to board the bus. Caregiver should then **FOLLOW:** “Protocol: Student is symptomatic at home.”
3. If student is already on the bus, ensure the student is masked and keeps mask on. Ensure other students keep their masks on. Ensure student keeps required physical distance from other students.
4. Bus driver/monitor should call ahead to the bus service dispatch. The bus service dispatch should be equipped with appropriate cell phone numbers for school and district personnel (nurse or other medical personnel). The dispatch should contact the school to inform the school nurse (or school medical point of contact) of a possible symptomatic child.
5. School nurse (or school medical point of contact) should meet the bus as it arrives, wearing a mask. As practical, student with possible symptoms should exit the bus first.
6. Bus should be cleaned / disinfected.
7. 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 medical waiting room must be as far apart as possible, and no less than 6 feet. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room.
 - ii. Contact caregiver for pick-up.
 1. **IF CAREGIVER CAN PICK UP DURING THE DAY:** Student waits to be picked up in the medical waiting room. 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.
 2. **IF CAREGIVER CANNOT PICK UP DURING THE DAY:** The student should wait in the medical waiting room until the end

of the day to be picked up by caregiver. The student should not go home on a school bus with other students.

- iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. An individual who does not wish to be tested should instead isolate for 14 days and until asymptomatic.
 - iv. Student should get a PCR test at one of Massachusetts's test sites. Sites may require pre-screening, a referral, and/or an appointment.
 - v. Isolate at home until test results are returned.
 - vi. Proceed as follows according to test results:
 - 1. **IF NEGATIVE:** If the student does not have COVID-19, the student may return to school based upon guidance from their clinician and necessary management of another diagnosis. Student stays home until asymptomatic for 24 hours without use of medication.
 - 2. **IF POSITIVE:** Student should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 3 days have passed with no fever and significant improvement in other symptoms. **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19."
- b. IF NO SYMPTOMS:**
- i. If the evaluation shows the student does not have symptoms, send the student to class.

Protocol: Student is Symptomatic at School

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. (This will require training for teachers. All LABBB teachers and assistants to complete “COVID-19: What School Staff Need to Know” training module).
2. Teacher ensures the student is wearing a mask that fully covers nose and mouth at all times.
3. Teacher calls the nurse to inform them that they have a possible case. Teacher or staff person escorts student to medical waiting area for assessment by nurse.
4. Nurse 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. Students are required to wear a surgical mask in the waiting room. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room.
 - ii. Contact caregiver for pick-up.
 1. **IF CAREGIVER CAN PICK UP DURING THE DAY:** Student waits to be picked up in the medical waiting room. 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.
 2. **IF CAREGIVER CANNOT PICK UP DURING THE DAY:** The student should wait in the medical waiting room until the end of the day to be picked up by caregiver. The student should not go home on a school bus with other students.
 - iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. An individual who does not wish to be tested should instead isolate for 14 days and until asymptomatic.
 - iv. Student should get a PCR test at one of Massachusetts’s test sites. Sites may require pre-screening, a referral, and/or appointment.
 - v. Isolate at home until test results are returned.
 - vi. Proceed as follows according to test results:

1. **IF NEGATIVE:** If the student does not have COVID-19, the student may return to school based upon guidance from their clinician and necessary management of another diagnosis. Student stays home until asymptomatic for 24 hours without use of medication.
 2. **IF POSITIVE:** Student remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 3 days have passed with no fever and significant improvement in other symptoms. **FOLLOW STEPS UNDER:** “Protocol: Student or staff tests positive for COVID-19.”
- b. **IF NO SYMPTOMS:**
- i. If the evaluation shows the student does not have symptoms, send the student back to class.

Protocol: Student or Staff Tests Positive for COVID-19

1. The student or staff member **must** remain at home (except to get medical care), monitor their symptoms, notify the LABBB health office, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from the local board of health or Massachusetts Community Tracing Collaborative. For most people who have relatively mild illness, they will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and significant improvement in other symptoms, without the use of medication.
2. The student's parent/caregiver or the staff member informs the LABBB nurse leader that the individual has tested positive for COVID-19. The nurse leader in turn notifies the school district's Board of Health and host building nurse.
3. Determine whether the student or staff member was on the premises during the time frame that started two days prior to symptom onset (or testing positive if not symptomatic) until the time of isolation.
 - a. If so, promptly close off areas visited by the COVID-19 positive individual until such areas can be cleaned and disinfected, if they have not been cleaned and disinfected already.
 - b. Promptly clean and disinfect the student's or staff member's classroom and any other facilities (e.g., extracurricular facilities) visited by the individual, if that has not been done already.
 - c. Promptly clean and disinfect the bus(es) the student or staff member was on, if any, and if not already done.
4. **For students with self-contained classrooms throughout the day:**
 - a. Send a communication to the other families in the student's class (e.g., cohort) that there has been a positive test without naming the individual student or staff member who tested positive.
 - b. Communications sent to families/staff should:
 - i. Inform them there was a positive test (not the specific individual) in the self-contained classroom.
 - ii. Explain that since they were within this cohort and may have been within 6 feet of the person with a positive test, they are considered a "close contact" and therefore should be tested. (In cases where the student may have been in close contact with others outside their cohort, having assigned seating and keeping up-to-date seating charts will help identify who should be instructed to be tested: specifically, those who were sitting next to the student, plus any others who also had close contact with the student.)
 - iii. Instruct those designated as close contacts to isolate prior to their test and while waiting for the results. In general, as the highest yield test will be a few days after the exposure, ideally, the test should occur no sooner than day 4 or 5 after the last exposure. (In other words, if an exposure lasted

- several days, the best time to test is 4 or 5 days after the end of the exposure period.)
- iv. Explain that the student or staff member should remain home in self-quarantine for 14 days from the date of last exposure to the person who tested positive for COVID-19.
 - v. Remind families and/or staff of the importance of not having contact with higher-risk individuals (e.g., grandparents and those with underlying medical conditions).
 - vi. Remind families and/or staff of the list of COVID-19 symptoms for which to monitor.
- c. If the school finds out about the original COVID-19 positive test in the middle of a school day when the rest of the cohort is in class:
- i. Make sure these students are wearing masks, including in kindergarten and first grade. Extra masks as may be needed should be provided by the school. Enforce strict physical distancing. Require students to wash their hands.
 - ii. The school should quickly identify the individuals who may be “close contacts” of the student and notify students and their families.
 - iii. Caregivers of students in the class or other close contacts may pick students up prior to the end of the day. Caregivers must wear a mask/face covering when picking up their student. Students who are close contacts and students with any symptoms should not ride the school bus to get home. Caregivers and students, as well as staff, should wash their hands upon arriving at home and change their clothes as a precaution.
 - iv. Close contacts should not come back to school until they have quarantined for 14 days from the date of last exposure and communicate their test results to the school.
- d. As feasible, to assist with contact tracing, make a list including phone number and email of any other close contacts the student or staff member had, beginning two days before the onset of symptoms (or positive test if asymptomatic) until the individual was isolated. Instruct those students and/or staff members to get tested according to the same protocol as the student’s cohort above.

5. **For students with no single self-contained classroom throughout the day:**

- a. The school should identify the student’s or staff member’s possible “close contacts” based on the assigned seating charts. The lookback period should begin two days before symptoms appeared (or two days prior to the date of the positive test if there were no symptoms) and include up until the time the student was isolated. Consider students and staff members who were within 6 feet of the individual for 10-15 minutes in class, on the school bus, or at extracurricular activities.
- b. Follow the communication and other relevant protocols above.
- c. Close contacts should be tested for COVID-19 at one of Massachusetts’s test sites. Sites may require pre-screening, a referral, and/or an appointment.

- d. Instruct the student or staff member to isolate while waiting for the results of their test. Individuals must quarantine for 14 days from the date of last exposure and until asymptomatic.
6. **IF OTHERS IN THE SCHOOL TEST POSITIVE:** Perform all steps under this protocol for that person. **ALSO FOLLOW:** “Protocol: Presence of multiple cases in the school.”
7. **IF NO OTHERS IN THE SCHOOL TEST POSITIVE:** All close contacts must self-quarantine for 14 days after the last exposure to the person who tested positive, regardless of test result.

Any area of the school visited by the COVID-19 positive individual must be closed off and/or cleaned and disinfected. The area can be used 12 hours after cleaning/disinfecting has occurred.

Protocol: Close Contact of Student or Staff Tests Positive for COVID-19

1. Current Massachusetts DPH guidance is that all close contacts of someone who has tested positive for COVID-19 should be tested.
2. The student or staff member who was in close contact with someone who tested positive for COVID-19 should receive a PCR test at one of Massachusetts's test sites. Sites may require pre-screening, a referral, and/or an appointment. Because tests performed too early can be falsely negative, the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive.
3. Students or staff members who have been exposed to COVID-19 should isolate at home prior to testing and while awaiting test results.
4. **IF NEGATIVE TEST, OR NOT TESTED:** The student or staff member will need to quarantine at home for 14 days from the date of exposure.
5. **IF POSITIVE TEST:** The student or staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms. **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

Close contact is defined as only those who have been within 6 feet of distance of the individual for at least fifteen minutes, while the person was infectious. The infectious period begins 2 days prior to symptom onset. If someone is asymptomatic, the infectious period is considered to begin 2 days prior to the collection of their positive test.

COVID-19 Screening for Staff

POLICY:

Checking for symptoms each morning by staff members is critical and will serve as the primary screening mechanism for COVID-19 symptoms.

5. Daily at-home screenings are **required**. Staff members will need to complete the online Daily Symptom Checker every morning prior to work.
 - a. The Daily Symptom Checker screens for three significant areas of concern:
 - i. **TEMPERATURE:** Staff to check temperature at home using a medical thermometer (i.e. oral, tympanic, temporal, infrared).
 1. Temperature under 100.0 °F: Come to work.
 2. Temperature 100.0 °F or above: Do not come to work. **FOLLOW STEPS UNDER:** “Exclusion from School for Health Reasons” **and** “Protocol: Staff is Symptomatic at Home”
 - ii. **SYMPTOMS:** Staff to self-assess health status.
 1. No symptoms, or symptoms from the list related to an underlying condition (ex. asthma, seasonal allergies): Come to work.
 2. Symptoms from the list unrelated to an underlying condition (ex. asthma, seasonal allergies), do not come to work. **FOLLOW STEPS UNDER:** “Protocol: Staff is Symptomatic at Home”.
 - iii. **EXPOSURE RISK:** Staff to self-assess exposure risk by reviewing recent contacts.
 1. No recent contact with a person diagnosed with COVID-19: Come to work.
 2. Recent close proximity to (within 6 feet of) a contact who has been diagnosed with COVID-19, do not come to work. **FOLLOW STEPS UNDER:** “Protocol: Close Contact of Student or Staff Tests Positive for COVID-19”.
6. Screening procedures will **not** be performed at the point of entry to the school. However, staff members should monitor health status throughout the day and contact the school nurse if symptoms develop during the school day.
7. Temperature checks will **not** be performed upon arrival to school. Temperature checks are not recommended as screening due to the high likelihood of potential false positive and false negative results. Staff members will be evaluated by the school nurse if they present with symptoms during the school day.
8. Staff should **not** take medications containing acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) prior to attending work, as this can mask symptoms of COVID-19.

Protocol: Staff is Symptomatic at Home

1. Staff should monitor themselves at home each morning for the most common symptoms of COVID-19 (see list above: “Most common symptoms of COVID-19”). Staff to complete and submit online Daily Symptom Checker prior to school each day.
 - a. **IF NO SYMPTOMS:**
 - i. Come to work.
 - b. **IF ANY SYMPTOMS:**
 - i. Do not come to work.
 - ii. Contact the COVID-19 point of contact and/or other absence reporting mechanism established by the school.
 - iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. An individual who does not wish to be tested should instead isolate for 14 days and until asymptomatic.
 - iv. The staff member should receive a PCR test at one of Massachusetts’ test sites. Sites may require pre-screening, a referral, and/or an appointment.
 - v. Isolate at home until test results are returned.
 - vi. Proceed as follows according to test results:
 1. **IF NEGATIVE:** If the staff member does not have COVID-19, they may return to school based upon guidance from their clinician and necessary management of another diagnosis. Staff member stays home until asymptomatic for 24 hours.
 2. **IF POSITIVE:** Staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 3 days have passed with no fever and improvement in other symptoms. **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19”.

Protocol: Staff is Symptomatic at School

1. As noted above, staff should be encouraged not to come to school if they are experiencing any symptoms of COVID-19.
2. If a staff member suspects any symptoms during the day, they should follow the school's protocols for getting another adult to cover their class mid-day, if needed, and see the school nurse (or school medical point of contact) to be evaluated for symptoms.
 - a. **IF NO SYMPTOMS:** The staff member should follow the school's standard protocols for being excused due to illness.
 - b. **IF ANY SYMPTOM:**
 - i. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. An individual who does not wish to be tested should instead isolate for 14 days and until asymptomatic.
 - ii. The staff member should receive a PCR test at one of Massachusetts's test sites. Sites may require pre-screening, a referral, and/or appointment.
 - iii. Isolate at home until test results are returned.
 - iv. Proceed as follows according to test results:
 1. **IF NEGATIVE:** Staff member stays home until asymptomatic for 24 hours.
 2. **IF POSITIVE:** Staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 3 days have passed with no fever and improvement in other symptoms. **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19".

COVID-19: Exclusion & Return to School Requirement Overview

POLICY ADDENDUM: Novel Coronavirus Disease (COVID-19)

In the event that the school nurse either suspects a student may have COVID-19 due to symptom presentation or if the school has received notification that a student has been diagnosed with or exposed to COVID-19, the school nurse will follow the applicable protocols as outlined above, and guidance under the direction of local Boards of Health.

In order to prevent the spread of COVID-19 and ensure a rapid recovery with a minimum of after effects, the student(s) cannot return to school until it is felt that the student will not infect others with the disease. Below is an overview of the exclusion and return to school requirements for each scenario. **LABBB program district’s Boards of Health and local Boards of Health in the city/town in which an individual resides may have more restrictive requirements, and therefore may override LABBB protocols for return to school as described below.**

Upon returning to school, the student diagnosed with COVID-19 **must** report to the school nurse with documentation from a healthcare provider.

Event	Location of Event	Test Result	Quarantine
Individual is Symptomatic	<p>If an individual is symptomatic at home, they should stay home and get tested. Must be PCR molecular COVID-19 test.</p> <p>If an individual student is symptomatic on the bus or at school, 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>	Individual tests negative	Return to school once asymptomatic for 24 hours without use of medication
		Individual tests positive	<p>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.</p> <p>Criteria for Return to School:</p> <ol style="list-style-type: none"> 1. 10 days (at a minimum) in isolation from the 1st day of symptom presentation 2. Fever-free for 72 hours without the use of fever-reducing medications 3. Respiratory symptoms have significantly improved 4. Clearance from Board of Health in city/town that individual resides in
	Individual is not tested	<p>Remain home in self-isolation for 14 days from symptom onset</p> <p>Criteria for Return to School:</p> <ol style="list-style-type: none"> 1. Fever-free for 72 hours without the use of fever-reducing medications 2. Symptom-free for 24 hours 	
	<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>		

Event	Location of Event	Test Result	Quarantine
Individual is exposed to COVID-19	<p>If an individual is at home 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. Must be PCR molecular COVID-19 test.</p> <p>If an individual is at school 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 negative	Remain home in self-quarantine for 14 days from exposure
		Individual tests positive	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. Criteria for Return to School: Refer to table below for applicable criteria: symptomatic COVID-19 versus asymptomatic COVID-19.
		Individual is not tested	Remain home in self-quarantine for 14 days from exposure Criteria for Return to School: <ol style="list-style-type: none"> 1. Fever-free for 72 hours without the use of fever-reducing medications 2. Symptom-free for 24 hours

Symptomatic COVID-19	Asymptomatic COVID-19
<i>Anyone who has tested positive for COVID-19 and exhibited symptoms, or a physician states confirmed or probable COVID-19 based on symptom presentation</i>	<i>Anyone who has tested positive for COVID-19 but did not exhibit symptoms</i>
<p>Criteria for Return to School:</p> <ul style="list-style-type: none"> ● 10 days (at a minimum) in isolation from the 1st day of symptom presentation ● Fever-free for 72 hours without the use of fever-reducing medications ● Respiratory symptoms have significantly improved ● Doctor’s note with clearance for return ● Clearance from Board of Health in city/town that individual resides in 	<p>Criteria for Return to School:</p> <ul style="list-style-type: none"> ● No symptoms for 10 days following positive COVID-19 test ● Fever-free for 72 hours without the use of fever-reducing medications ● Doctor’s note with clearance for return ● Clearance from Board of Health in city/town that individual resides in

Exclusion from School for Health Reasons

POLICY:

The school nurse or program administrator may exclude a student from school for health reasons if the student:

1. Has returned from a hospital admission within the past 24 hours and does not have appropriate documentation. This does not include routine tests. This **does** include emergency department visits even if admission to an inpatient unit does not occur
2. Has a tympanic temperature of 100.0 Fahrenheit or greater. The exception is a child with a documented hypothalamic issue (temperature regulation issue) who is asymptomatic. **Temperature must be below 100.0 degrees Fahrenheit for a full 72 hours without use of antipyretics prior to return to school.**
3. Has symptoms suggestive of novel coronavirus disease (COVID-19) or has had known exposure to a confirmed or clinically diagnosed case of COVID-19. Follow individual protocols above specific to applicable situation
4. Has symptomatic or asymptomatic novel coronavirus disease (COVID-19). Follow individual protocols above specific to applicable situation
5. Has strep throat and has not been on antibiotic therapy for 24 hours
6. Has a culture(s) pending, (exceptions can be made at the discretion of the school nurse)
7. Is on respiratory precautions, and/or has a significant change in respiratory status
8. Has chicken pox/shingles, with active rash (rash must be dry, non-weeping), shingles must be covered for student to return
9. With significant seizure activity
10. Has had persistent vomiting and diarrhea; must be symptom free for 24 hours prior to attending school
11. Has a condition that requires immediate intervention (i.e. broken bone)
12. Has a condition that requires ongoing supervision, which cannot be adequately provided in a school setting
13. Is very sleepy to the point where the student cannot access their schedule
14. Experiencing excessive bleeding after a dental visit

15. Poses a significant health risk to others in the normal course of school activities. A significant health risk is when:
- a. Any student is in the infectious stage of an airborne transmitted disease
 - b. Students are unable to hygienically manage their bowel and bladder functions and they are in the infectious stage of an oral-fecal transmitted disease. Oral-fecal transmitted diseases include, but are not limited:
 - i. Hepatitis A
 - ii. Gastrointestinal infections such as Giardia, Salmonella, Shigella, and Rotovirus)
 - iii. Parasites (such as pinworms)
 - c. Students have a disease which may be transmitted by body fluids, and have open lesions and whose developmental level or behavior makes it difficult for them to refrain from touching the lesion and, therefore, spreading the underlying infection. These infections include:
 - i. Herpes
 - ii. Impetigo
 - iii. Hepatitis B virus
 - iv. Staphylococcus Aureus
 - v. Beta Hemolytic Streptococcus
 - vi. Conjunctivitis

Protocol: Presence of Multiple Cases in the School or District

1. If there is more than one confirmed COVID-19 case (students or staff) in the school at one time, or if there is a series of single cases in a short time span, school leaders and the superintendent should work with the local board of health to determine if it is likely that there is transmission happening in school.
2. For each individual case, **FOLLOW STEPS UNDER:** “Protocol: Student or staff tests positive for COVID-19.” Note that when there is one isolated case, the student’s close contacts will need to stay home and be tested, not the whole school.
3. When there is suspected in-school transmission *beyond one cohort or a small number of cohorts*, school and district leaders must consult with the local board of health as to proposed next steps.
4. Should there be circumstances where there are multiple cases in multiple schools, school and district leaders must consult with the local board of health as to proposed next steps.
5. **Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.**

Contacts:

Russell Johnston, Senior Associate Commissioner

E: Russell.Johnston@mass.gov

P: 781- 605-4958

Erin McMahan, Senior Advisor to the Commissioner

E: Erin.K.Mcmahan@mass.gov

P: 781-873-9023

6. If the decision is made to close for some number of days, the school and/or district should send clear information and instructions to families and staff:
 - a. Informing them that it is possible COVID-19 is being transmitted in the school and/or district
 - b. Noting that there may be more potential cases that are not yet symptomatic
 - c. Recommending students quarantine and not have contact with others
 - d. Reminding families of the importance of not having contact with higher-risk individuals (e.g., grandparents)
 - e. Reminding families of the list of COVID-19 symptoms for which to monitor
 - f. Ensuring that remote learning is immediately provided to all students
7. Before bringing students back to school:
 - a. Check inventory levels of needed supplies (e.g., disposable masks, soap, hand sanitizer, cleaning products); re-order replacement inventory

- b. Consider a school-wide refresher training on the importance of correct hygiene procedures (masks, physical distance, handwashing)
- c. Reiterate the critical nature of masks, physical distancing, and hand hygiene when students return to school

Protocol: Mask Wearing & Mask Breaks in School

MASK WEARING

1. Students in 2nd grade and above, and adults, including educators and staff, are required to wear a mask that covers their nose and mouth at all times, except for eating/drinking and designated breaks.
2. Students in Pre-K through second grade are encouraged to wear a mask that covers their nose and mouth as often as tolerated.
3. Students who are unable to remove a mask without assistance should NOT wear a mask at any time.

MASK BREAKS

1. Mask breaks should occur throughout the school day.
2. Breaks should occur when students and staff can be six feet apart and ideally outside or at least with the windows open.
3. If masks breaks occur indoors, students and staff should remain stationary in one place for the full duration of the break. Indoor masks breaks should be less than 15 minutes.
4. Frequency and location of breaks should be determined on a case-by-case basis per need of student population and availability of space to physically distance.
5. Mask removal for the purposes of eating and drinking should following the same procedures as mask breaks.

Protocol: School Visits (Student, Parent, & Outside Providers)

1. All visitors must self-screen at home prior to school entry. Self-screenings should include temperature-taking, self-assessment of health status, and review of recent contacts.
 - a. Visitors will **not** be permitted entry to the school program if:
 - i. Temperature of 100.0 Fahrenheit or greater, OR
 - ii. Experiencing symptoms suggestive of COVID-19 (**REFER TO:** “Most Common Symptoms of COVID-19 and Testing Requirements”), OR
 - iii. Recent contact with an individual diagnosed with COVID-19
2. Any visitor that meets any of the criteria as described in section 1a (above) will need to reschedule the visit, and **FOLLOW STEPS UNDER:** “Protocol: Student is Sick at Home” or “Protocol: Staff is Sick at Home” as appropriate for the situation.
3. All visitors will need to arrive wearing a mask, and will need to wear it for the duration of the visit. Students that are unable to wear a mask are exempt from this requirement.
4. All visitors will need to perform hand hygiene (i.e. handwashing, hand sanitizer use) immediately upon arrival to the program site. Hand sanitizer stations are available at each school location.
5. All visitors will need to sign-in with the classroom(s) they are visiting to enable contact tracing if needed. LABBB staff are responsible for adding visitor names to their daily attendance chart.

Hand Washing

Hand washing is the first line of defense against infectious disease and is one of the universal precautions. Studies have shown that unwashed hands are the primary carriers of infection.

POLICY: Staff/students should always wash his or her hands:

1. Before and after eating or handling food
2. Before and after feeding a student
3. After toileting
4. After handling body secretions (mucus, vomit, diapers, etc.).
5. After cleaning
6. Before and after giving/taking medications
7. After blowing nose, coughing, or sneezing

Addendum: Due to COVID-19 pandemic, the following additional hand washing measures must be taken:

8. Upon arrival to school
9. Before putting on personal protective equipment
10. Before and after taking off personal protective equipment
11. Before and after using electronic devices or other shared items
12. Upon re-entry to school buildings from community *
13. Before dismissal from school

PROCEDURE:

1. Wet hands with clean, running water that drains out, not a stopper sink or container which can spread germs
2. Apply liquid soap
3. Lather hands using friction (rubbing the hands together) to include all surface areas (palms, backs of hands, between fingers, under fingernails)
4. Scrub hands for at least 20 seconds
5. Rinse hands well under clean, running water
6. Turn off the faucet with a paper towel to prevent recontamination of clean hands by a dirty faucet
7. Dry hands by single-use towels; cloth towels for common use will re-soil clean hands

NOTE: Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. (See policy for “Hand Sanitizer Use in Schools”)

* Any students or staff members who leave school to enter a public building in the community **must** wash their hands immediately upon re-entry to the school building to help mitigate possible cross-contamination from publicly accessible locations.

Hand Sanitizer Use in Schools

If soap and water are not available, alcohol-based hand sanitizers (with at least 60% alcohol) are an effective alternative for cleaning hands and are recommended as an alternative to soap and water by the CDC and Massachusetts Department of Public Health (MDPH).

POLICY:

1. A physician's order is needed for use of hand sanitizer in schools, as alcohol-based hand sanitizers are considered over-the-counter drugs by the U.S. Food and Drug Administration.
 - a. The school physician may approve use in schools with standing order, per limited waiver of 105 CMR 210.005(D)(2)(b) as it pertains to use of alcohol-based hand sanitizer; released June 30, 2020 by the MDPH, in effect until rescinded by the department.
 - b. The physician's order must include drug name, dose to be administered, dosage frequency, indications for use, contraindications, potential side effects, and any assessment criteria to be gathered prior to administration.
2. Student use of alcohol-based hand sanitizers should always be supervised by adults to ensure correct application and reduce the risk of harmful exposure.
 - a. Properly trained school personnel may supervise student use, per guidance released in memo on Hand washing Recommendations and Alcohol-based Hand Sanitizer Use in Schools on June 30, 2020 by the MDPH.
3. Parents/guardians should be informed of student use of hand sanitizer and be allowed to opt their child out of using hand sanitizer by sending a written notice to the school.

PROCEDURE: How to apply hand sanitizer:

1. Apply the gel, liquid, or foam product to the palm of one hand (read the label to learn the correct amount).
2. Rub hands together.
3. Rub product over all surfaces of hands and fingers until hands are completely dry (approximately 20 seconds).

Personal Protective Equipment

Following the CDC and Department of Elementary and Secondary Education (DESE) guidelines for re-opening schools during the COVID-19 pandemic, until otherwise directed the following protocols remain in effect:

Personal protective equipment (PPE) for standard and droplet precautions need to be worn by all staff as appropriate for the student population, activity, proximity to others, and risk of exposure to respiratory droplets.

POLICY:

1. Staff are required to be trained on types of and uses for PPE equipment, donning and doffing procedures, when to change and dispose of PPE, and other considerations for PPE equipment use in the school setting. All staff will complete the LABBB “Personal Protective Equipment: A User’s Guide for Safety in the School Setting” training module prior to return to school.
2. Staff will demonstrate competency to appropriately don, doff, and dispose of PPE in-person following completion of the aforementioned training module. Competency demonstration to be performed by staff and evaluated by school nurse prior to re-entry.
3. Staff will follow all protocols as directed in training, and under the guidance of the LABBB nursing department.
4. Staff should wear PPE for all applicable activities as outlined below.

Activity	Personal Protective Equipment Needed					
	Gown	Gloves	Face Shield	Goggles	Surgical Mask (or Clear Mask)	N95
Teaching/Support (6 feet away)					X	
Teaching/Support (hands-on & student wears mask)	X*	X	X		X	
Teaching/Support (hands-on & no student mask)	X*	X		X		X
Feeding	X	X	X		X	
Toileting/Changing		X	X*		X	
Behavioral Interventions		X		X	X	
Physical Therapy	X	X	X		X	
Nursing Interventions (healthy student)		X	X		X	
Nursing Interventions (sick student)	X	X	X*	X		X
Respiratory Treatments (neb, suctioning)	X	X	X*	X		X
* Include if appropriate for situation and student profile (i.e. increased risk of exposure to saliva or nasal secretions)						

PROCEDURE (DONNING)*:

1. Perform hand hygiene
2. Put on medical gown
3. Put on face mask, or respirator
4. Put on eye protection
5. Put on gloves
6. Enter area where applicable activity will take place

PROCEDURE (DOFFING)*:

1. Remove gloves & dispose
2. Remove gown & dispose
3. Exit area where the applicable activity took place
4. Perform hand hygiene
5. Remove eye protection & disinfect
6. Remove respirator, or face mask if compromised
7. Perform hand hygiene

* Donning and doffing procedures may vary depending on the level of PPE needed for the specific task or situation.

Cleaning and Disinfecting

Following the CDC and Department of Elementary and Secondary Education (DESE) guidelines for re-opening schools during the COVID-19 pandemic, until otherwise directed the following protocols remain in effect:

Routine cleaning and disinfecting of ‘high-traffic’ (frequently used or touched) objects, surfaces, and areas are needed during the school day to prevent cross-contamination.

POLICY:

1. Staff are required to be trained on products and procedures for cleaning and disinfecting in the school setting. All staff will complete the LABBB “Hygiene and Prevention: Standards for the Health and Safety of our Schools” training module prior to return to school.
2. Staff will follow all protocols as directed in training, and under the guidance of the LABBB nursing department.
3. Staff will perform cleaning and disinfecting duties as outlined in the schedule below.

Object/Surface/Area	When to Clean & Disinfect
Object or surface that is visibly soiled	Immediately
Doorknobs, handles, light switches, handrails	Daily, at the end of the school day
Bathrooms, toilets, sinks, faucets, changing tables	After each use
Desks, tables, chairs, countertops	Twice daily, AM & PM
Laptops, keyboards, tablets, smartboards, remotes, touchscreens, trackpad/mouse, fax machine, copy machine, laminator	Daily, and between contact with others
Mats, adaptive equipment, therapy equipment, appliances, utensils, toys, sensory objects, phones	After each use

4. Staff will complete Daily Cleaning and Disinfecting Checklist, and sign off on individual cleaning and disinfecting responsibilities as outlined below.

LABBB Cleaning & Disinfecting Checklist

Location	Initials		Location	Initials
Bathrooms			Classrooms	
Doors and door handles (interior and exterior)			Doors and door handles (interior and exterior)	
Changing table			Desks	
Toilet			Tables	
Sink and faucet handles			Chairs	
Light switches			Light switches	
Office Area			Handles (drawers, cabinets)	
Doors and door handles (interior and exterior)			Appliances (microwave, refrigerator)	
Copy Machine			iPads/tablets	
Fax Machine			Smartboard	
Records Cabinets			Projector keypad	
Benches			Remotes	
Chairs			Phones	
Handles (drawers, cabinets)			Printer	
Phones			Monitors	
Light switches			Keyboards	
Offices (Individual)			Computer mouse	
Doors and door handles (interior and exterior)			Laptops	
Light Switches			Communication devices	
Desks and tables			Trash bin	
Chairs			Hallways and Stairwells	
Phones			Handrails	
Monitors			Doors and door handles (interior and exterior)	
Keyboards			Locker handles	
Computer mouse			Light switches	
Handles (drawers, cabinets)			Phones	
PT, OT, APE Areas			Vocational Area	
Doors and door handles (interior and exterior)			Doors and door handles (interior and exterior)	
Chairs and benches			Counters and tables	
Desks and tables			Chairs	
Counters			Handles (drawers, cabinets)	
Phones			Light switches	
Light switches			Phones	
Equipment (mats, swings, therapy balls, exercise gear, sports equipment, etc.)			Appliances (microwave, stove top, oven, washing machine, dryer)	

PROCEDURE:

1. Put on gloves (and eye protection if needed; refer to product label)
2. Wipe away visible dirt, spills, and debris
3. Use soap and water, or all purpose product to clean surface
4. Use EPA-registered disinfecting solution or wipe on surface
5. Allow to dry completely
6. Remove and dispose of gloves
7. Perform hand hygiene

Oral Feeding

Following the CDC and Department of Elementary and Secondary Education (DESE) guidelines for re-opening schools during the COVID-19 pandemic, until otherwise directed the following procedure remains in effect:

PROCEDURE:

1. Perform hand hygiene
2. Apply personal protective equipment (gown, surgical mask, face shield, gloves)
3. Enter patient care area (classroom, or location where feeding will take place)
4. Position child as per feeding information sheet and therapist's evaluation
5. Ensure that all adaptive equipment necessary is being used
6. Encourage as much independence as possible, informing students of type of food and its temperature
7. Follow suggestions from the feeding information sheet to encourage optimum nutrition
8. Upon cessation of feeding, remove and dispose of personal protective equipment
9. Perform hand hygiene
10. Document amount and type of intake and any problems with feeding that occurred
11. Consult with occupational therapist/nutritionist/MD/parent as needed

Toileting and Changing

Student Bathroom Use and COVID-19: These guidelines are to be used in conjunction with Massachusetts regulations outlined in DOE Criterion 14.3, 603 CMR 18.03(8), and local procedures.

Toileting

PROCEDURE:

1. Perform hand hygiene
2. Apply personal protective equipment appropriate for the degree to physical assistance needed during task (surgical mask, gloves)
3. Staff escorts the student to the bathroom, following a set of specific steps, which may be reinforced with a toileting board (set of pictures depicting the steps to be followed)
4. Student toilets independently to the extent possible, while the staff member waits outside the bathroom door. Staff cue for each step in the process with the long-range goal to gradually fade physical and verbal prompts
5. Staff instructs and supervises hand-washing procedures
6. Staff removes and disposes of gloves
7. Perform hand hygiene
8. Remove and dispose of surgical mask if compromised (i.e. soiled, damaged, touched by student) and perform hand hygiene again *
9. Apply gloves
10. Clean and disinfect toileting area
11. Remove and dispose of gloves
12. Perform hand hygiene

Toileting Requirements:

1. Personal care items are kept for each student with a change of clothing if needed
2. Soiled clothing items are placed in doubled plastic bags, tied, and sent home each day

3. Toileting areas (including tables, pails, countertops, toileting chairs, etc.) must be cleaned and disinfected after each use.

Incontinence Care

POLICY:

1. Students who are incontinent of urine and/or stool will be cared for with sensitivity, privacy, and in a timely manner
2. Diapers/briefs will be changed frequently to prevent skin irritation and infections, even if not soiled
3. Students will be monitored for early detection of urinary tract infections, vaginal infections, and intestinal or other elimination difficulties

PROCEDURE:

1. Perform hand hygiene
2. Apply personal protective equipment (surgical mask, gloves)
3. Move student to an appropriate changing area and bring all supplies to within reach
4. Use privacy screen/curtains at all times
5. Remove the soiled diaper/brief. Wrap it using the tapes to contain contents and place on appropriate surface until care is completed. Never place the diaper/brief on the floor
6. Using wet wipes, wipe the perineum from front to back. When providing care to uncircumcised student, the foreskin should be retracted for proper cleaning and then carefully replace the foreskin to prevent complications
7. Inspect the skin for any redness, rash, or other broken areas. Note characteristics of diaper/brief contents including consistency, color, odor, and volume of stool; amount and concentration of urine; presence of occult blood in either. Then reapply a clean diaper/brief and reposition the student
8. With a male student, the penis should be positioned downward for maximum absorbency to prevent urine from spilling over the top of the brief. Uncircumcised students should have the foreskin retracted and then carefully extended to prevent complications
9. The soiled diaper/brief and all other disposable supplies and gloves are placed into a plastic bag and are disposed of in an appropriate trash receptacle

10. Remove and dispose of gloves
11. Perform hand hygiene
12. Remove and dispose of surgical mask if compromised (i.e. soiled, damaged, touched by student) and perform hand hygiene again *
13. Apply gloves
14. Clean and disinfect changing area
15. Remove and dispose of gloves
16. Perform hand hygiene

Diapering Requirements:

1. At least three times per day, staff brings a child to the designated changing area and/or bathroom. A changing table is provided in an enclosed area for children who are not able to stand up in a bathroom during toileting.
2. Changing areas (including tables, pails, countertops, sinks/faucets, floors, etc.) must be cleaned and disinfected after each use.
3. Wash the student's hands after the diaper change to reduce contamination.
4. Families send in diapers/briefs for their children, and the program provides body wipes, gloves, changing table paper, antiseptic surface wipes, and chux pads. 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.
5. Soiled diapers/briefs are double-bagged in plastic, and disposed of in a covered trash barrel. Trash is removed from the building every day. All disposables are similarly bagged and placed in a covered trash container

Clothing Requirements:

1. An additional set of clothing is provided by families for students who may experience instances when they become soiled or wet
2. Staff must change students' clothing and their own clothing when soiled with secretions or body fluids. Students' soiled clothing must be placed in doubled plastic bags, tied, stored in a waterproof container and sent home sealed in a plastic container or bag at the end of the day.

Nebulizer Treatments

*Following the recommendations of the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, and Department of Elementary and Secondary Education (DESE) guidelines for re-opening schools due to the COVID-19 pandemic, **until otherwise directed** nebulizer treatments will **only** be administered in school for students with emergency needs (as indicated by an emergency plan or IHCP) for whom there is no alternative.*

Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible, due to the risk of infectious respiratory disease transmission via aerosol generating procedures. Requirements for administration of inhalers are outlined in policies and procedures for Medication Administration in Schools.

Required nebulizer treatments must be performed in isolated treatment room, by a nurse wearing full personal protective equipment for standard and droplet precautions (including N95 respirator). LABBB nurses should discuss risks of treatment with parents/guardians and, if no alternative options available, obtain written authorization for nebulizer administration in school.

POLICY:

1. For each student receiving a nebulizer treatment a physician's written order will be on file. This order will be renewed at the beginning of each school year or as needed
2. Included in the physician's order will be the name and amount of medications, frequency, indications for treatment, possible side effects
3. It will be the responsibility of parents to provide the nebulizer equipment and medication
4. Parents, and if necessary the physician, will be notified of need and result of PRN nebulizer treatment

PROCEDURE:

1. Perform hand hygiene
2. Apply personal protective equipment (gown, N95 respirator, goggles, face shield, gloves)
3. Enter treatment area
4. Explain procedure to student
5. Position student in an upright, sitting position
6. Check that machine is clean and ready for use

7. Assess the student's lung sounds and respiratory status
8. Check heart rate
9. Insert medication as ordered by the physician into machine
10. If student using mask, apply now
11. If student using mouthpiece, have student close mouth tightly around the mouthpiece
12. Plug machine into outlet and turn on
13. Monitor student's respiratory and cardiac status periodically during treatment
14. Continue with treatment until medication is finished
15. Treatment should take 15-20 minutes and may induce coughing
16. Assess student's respiratory status after treatment
17. Remove and dispose of personal protective equipment
18. Perform hand hygiene
19. Document results of treatment

Oral and Nasopharyngeal Suctioning

*Following the recommendations of the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics, and Department of Elementary and Secondary Education (DESE) guidelines for re-opening schools due to the COVID-19 pandemic, **until otherwise directed** oral and nasopharyngeal suctioning treatments will **only** be performed in school for students with emergency needs (as indicated by an emergency plan or IHCP) for whom there is no alternative.*

Required suctioning treatments must be performed in isolated treatment room, by a nurse wearing full personal protective equipment for standard and droplet precautions (including N95 respirator). LABBB nurses should discuss risks of procedure with parents/guardians and, if no alternative options available, obtain written authorization for nebulizer administration in school.

POLICY:

1. Licensed nursing staff and respiratory therapists can perform oral and nasopharyngeal suctioning
2. A valid physician's order must be on file
3. The physician's order must be renewed yearly or as changes occur
4. Family will be notified if suctioning has been performed

PROCEDURE:

1. Perform hand hygiene
2. Apply personal protective equipment (gown, N95, goggles, face shield, gloves)
3. Assess respiratory status
4. Open catheter package and attach connector to suction tubing; leave catheter inside package to prevent contamination
5. Turn on student's suction machine
6. Change gloves and remove catheter from package
7. With vent open, gently insert catheter to desired depth
8. Occlude vent. Rotate catheter while withdrawing catheter. The catheter should be withdrawn from the airway within five seconds

9. Observe for color changes and discontinue suctioning if changes occur
10. Note character of secretions
11. Rinse catheter with saline
12. Alternate if additional suctioning is necessary
13. Provide oxygen as needed before and/or between and after suctioning
14. Suction oral cavity, if necessary
15. Assess respiratory status and reposition patient as needed
16. Clean suction equipment
17. Remove and dispose of personal protective equipment
18. Perform hand hygiene
19. Document procedure and results on progress notes. Describe secretions and effectiveness or adverse response to treatment

Physical Intervention and Restraint

Physical Restraint and COVID-19: These guidelines are to be used in conjunction with Massachusetts regulations outlined in 603 CMR 46.00 and local procedures.

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 Before a Physical Restraint

1. Plastic protective gowns that can be easily ripped or torn are not advised as they may become a hazard.
2. Ensure staff are wearing disposable gloves, surgical masks, face shields, and long sleeves to the maximum extent possible.
3. 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

1. Keep hands clear of eyes, mouth, and nose of self and others.
2. First responders should be relieved as soon as possible if not wearing appropriate protective equipment.
3. 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

1. Remove and dispose of and/or clean protective equipment immediately in the manner that you were trained.
2. Avoid touching your face and limit contact with hard surfaces before immediately washing hands.
3. To minimize exposure, it is recommended that staff have a change of clothes available in cases where their clothes become contaminated.
4. Once all health and safety issues have been addressed, follow debriefing and reporting procedures for the restraint.