

COVID-19 Health Manual

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Mitigating COVID-19 Infection in the Newton Public Schools

During the 2020-21 school year, health and safety protocols will be of the utmost importance. Staff and students will all need to work together to create a school setting where educational needs can be met while mitigating the risks of COVID-19 for the entire community. This requires people to learn new approaches to their work and practice new behaviors. What follows is an outline of the necessary guidelines to support public health in Newton Public Schools. The implementation of these guidelines will be driven by school administrators who are best equipped to think through the specifics of their buildings and the particular needs of their school community.

These guidelines represent a specific moment in time during a fluid and changing pandemic. The guidance may change. Information and protocols are based on the evidence available *at this time*. A great deal has been learned about COVID-19 since the beginning of the pandemic. There is an understanding of how the virus is primarily transmitted and how to prevent transmission. The currently favorable public health metrics in Massachusetts overall and Newton specifically allow for a modified version of in person school.

Public Health Risk Mitigation Pillars

These frequently repeated strategies are prevalent for a reason – they are the key tools for preventing virus transmission. Staff should apply these four strategies in their various work settings.

1. Face coverings: Cover your nose & mouth
2. Physical distancing: Maintain appropriate distance to prevent exposure
3. Hygiene: Keep hands and the environment clean
4. Avoid Exposure to Illness: Stay home if sick

Face coverings

As the primary route of transmission for COVID-19 is respiratory droplets, masks or face coverings are among the most critical components of risk reduction. Wearing a mask/face covering acts as a barrier and helps to prevent the spread of the virus – to you from a mask wearer and from you to others when you are wearing one. Wearing masks/face coverings, along with social distancing and proper hand hygiene can help to mitigate transmission of COVID-19. Wearing a mask/face covering acts as a barrier and helps to prevent spread of the virus.

All staff and students PreK-12 will be required to wear a face covering/mask throughout the day (including on the bus) except while eating, drinking, or during mask breaks. Exceptions to mask/face covering requirements must be made for those for whom it is not possible due to medical conditions, disability impact, or other health or safety factors. A back-up supply of masks will be kept in the main office, classrooms and health room. Face coverings/masks that become wet or soiled should be removed, stored or discarded and replaced with a new mask.

In accordance with MA Department of Public Health and CDC guidelines face coverings must:

- Cover the nose and mouth
- Fit securely and comfortably against the side of the face
- Be secured with ties or ear loops
- Allow for breathing without restriction
- Be able to be laundered without damage or change of shape
- Be made of at least two layers of material
- Not have an exhalation valve or vent

(Please note: most scarves, bandanas, and gaiters do not comply with the above requirements)

Mask breaks should occur throughout the day. Breaks should occur when students can be six feet apart and ideally outside or with the windows open. NPS has rented tents to be erected at all school locations so that students and staff have outdoor space for mask breaks and other activities.

For more details on requirements for face coverings, exemptions, enforcement, guidelines, information on mask breaks, etc., see:

[NPS Face Coverings Policy](#)

[NPS Protocol: Masks and Face Coverings](#)

[How to wash cloth face coverings](#)

[How to make cloth face coverings](#)

Physical distancing

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Since people can spread the virus before they know they are sick, it is important to stay at least 6 feet away from others when possible, even if you – or they – do not have any symptoms. To practice social or physical distancing, stay at least 6 feet (about 2 adult arm’s length) from other people who are not from your household.

Classrooms will be arranged with the goal to maintain 6 feet distance between individuals when stationary for more than 10 minutes. Briefly passing others closer than 6 feet in the hallway or classrooms is acceptable.

Hygiene – hands and environment

Students and staff will wash/sanitize hands upon arrival to school and frequently throughout the day. Hand sanitizer will be placed by school entrances and in school rooms. Students will also be permitted to have a personal supply of hand sanitizer. Regular cleaning schedule for custodians includes enhanced protocols for high touch surfaces.

Keep your hands clean:

- Wash hands frequently with soap and water
- Hand sanitizer can be used when soap and water are unavailable (60% ethanol or 70% isopropanol)
- Students and staff should perform hand hygiene upon arrival to school, before eating, after using the bathroom, after blowing your nose/coughing/sneezing, before putting on and taking off masks/face coverings, before and after touching shared items, and before dismissal
- Avoid touching your eyes, nose, and mouth with unwashed hands

Five steps for proper handwashing

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Lather your hands by rubbing them together with the soap.
3. Scrub all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

How to use hand sanitizer

- Apply: Put enough product on hands to cover all surfaces.
- Rub hands together until hands feel dry. This should take around 20 seconds.

- Do not rinse or wipe off the hand sanitizer before it's dry; it may not work as well against germs.
- Do not use hand sanitizer if your hands are visibly dirty or greasy. Wash your hands with soap and water instead.

Hand sanitizer stations will be located at all entrances and key common areas. Hand sanitizer will be available for every classroom.

Keep your environment clean

Routine cleaning and disinfecting are key to maintaining a safe environment for faculty, students, and staff.

- Cleaning removes dirt and most germs and can be done with soap and water or with a commercially prepared cleaning product used as directed on the label
- Disinfecting kills most germs, depending on the type of chemical, and only when the chemical product is used as directed on the label

For cleaning and disinfecting procedures see the [NPS Protocol: Cleaning and Disinfection of School Buildings](#)

Stay home when sick

Students and staff who are sick should not attend school in person. Staff should refer to Newton Public Schools Human Resources for relevant sick leave policies. Staff and families will be provided with a health self-assessment tool they are expected to use every morning before coming into school (Appendix A). The document will not be collected by school personnel but rather is meant to be a personal tool.

CDC does not currently recommend that schools conduct universal in person symptom screenings, including temperature checks.

Personal Protective Equipment

Personal protective equipment (PPE) are not generally required for most interactions in schools. Personal protective equipment (PPE) protects a person from COVID-19 exposure when interacting with potentially infectious individuals. PPE in the school setting includes:

- Surgical masks
- N95 masks
- Face shields
- Disposable gowns

- Disposable gloves

Surgical masks

A surgical mask is fluid resistant and provides a barrier that protects against large droplets, splashes or sprays of bodily fluids that may contain germs

N95 masks

N95 masks are indicated when caring for students with suspected COVID-19 or when performing aerosol generating procedures

Face shields

- A face shield is a curved plastic or plexiglass panel attached to a headband that can be worn over the face, fits securely so there isn't a gap, and extends beyond the chin
- A face shield creates a barrier so droplets cannot spray/land in the eyes
- A face shield should be worn if staff are within six feet of a student who cannot wear a mask

Gowns

Gowns protect your clothes from anticipated spray or splash of bodily fluids

Disposable gloves

- Gloves protect your hands from anticipated contact with bodily fluids
- Gloves do not replace hand hygiene

See [NPS Staff Training on PPE](#) for additional details, including how to put on/take off PPE

DESE Guidelines for PPE

- Additional safety precautions are required for school nurses and any staff supporting students with disabilities in close proximity, when distance is not possible
- These precautions must include eye protection (i.e., face shield) and a mask/face covering
- Precautions may also include gloves and disposable gowns depending on duration of contact and especially if the individual may come into close contact with bodily fluids

DESE PPE Recommendations for Direct Service Providers (DSPs)*

Classification of individual wearing PPE	N95 or KN95 Respirator	Facemask	Cloth face covering	Eye protection (face shield)	Disposable gloves	Gowns/Other body covering**
DSPs in care areas of students with known or suspected COVID-19	X	X (with face shield if		X	X	X

		N95/KN95 not available)				
DSPs in the same facility but not in the care areas for students with suspected COVID-19		X				
DSPs providing personal care to students without suspected COVID-19 where the DSPs could be exposed to spills or splashes of bodily fluids		X		X (preferred)	X	
DSPs performing or providing care during aerosol generating procedures such as nebulizer treatments, chest physiotherapy, and open tracheostomy suctioning	X			X	X	X
Transportation personnel/monitors who must come in direct physical contact with passengers (e.g., buckling/unbuckling, performing wheelchair safety services)			X		X	

*CDC recommends that guidance for healthcare providers be followed for [direct service providers](#) (DSPs). DSPs include personal care attendants, direct support professionals, paraprofessionals, therapists, related services personnel, assistants, school nurses, health office staff, and any other staff who must come into close contact (6 feet or closer) with students with disabilities.

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

Policies and Procedures for the School Day

Arrival/Dismissal and Moving Around School

The start and close of the school day as well as schedules and routes for moving around the building outside of classrooms are potential times when maintaining physical distance could be challenging. Each school building has a different lay out and protocols that need to be developed with the age of their students in mind. For that reason, the specific protocols around this will be individually designed by building administrators and shared with the building-based school community.

Students Taking the Bus

- Masks/face coverings are required by all staff and students on the bus
- Students should be seated no more than one student per bench, alternating sides for each row. Children from the same household may sit together and in closer proximity.
- Bus windows should be open during transport unless not possible due to extreme weather conditions
- Students will be assigned to a single bus and a particular seat
- Ideally, the bus should be loaded from back to front and unloaded from front to back

Classrooms

Classrooms have been reconfigured to reduce the risk of virus transmission. Desks have been placed with a goal of 6 feet distance between them and are all facing the same direction. It is to be expected that students will pass closer than 6 feet when getting to and from their seats and this is acceptable (remember that a “close contact” is someone who is closer than 6 feet for more than 10 minutes). Students should be assigned specific seats and teachers must be able to provide accurate, date specific information regarding the seating arrangements in order to assist with contact tracing if someone in a classroom is found to be positive for the virus. Students and staff will wear face coverings while in the classroom unless a specific mask break is being implemented. Teachers can consider reinforcing safe practices by:

- Using a morning message reinforcing good health practices
- Reinforcing the principles of prevention regarding mask/face coverings, physical distancing, respiratory/cough hygiene and hand washing will have been provided to students and families by the school nurse and the Health and Human Services Department
- Replacing greetings/celebratory gestures that require contact, such as high fives, handshakes and hugs with smiles, waves, nods and thumbs up.
- When possible, limiting sharing materials between students – identify and develop new classroom strategies that reduce passing supplies or items between students (if materials are shared, they should be cleaned and disinfected between student use – see below)

Shared Equipment Guidelines

- Limit sharing: Sharing materials is discouraged, but when shared, they must be cleaned before being used by other students.
 - To the extent possible, limit sharing of electronic devices, toys, games, learning aids, art material and other items that are difficult to clean or disinfect. Limit the

use of supplies and equipment to one group of children at a time, and clean and disinfect items between uses.

- Library books may be checked out if students clean their hands before and after use and if students only select books from the shelves, instead of the return area. Books and other paper-based materials are not considered a high risk for transmission and do not need additional cleaning procedures.
- Identify and develop new classroom protocols that reduce passing supplies or items between students.
- Hand hygiene: Frequent hand washing or sanitizing, including before and after using shared materials, is an important control strategy that should be reinforced when objects and materials will be shared.
- Consider what supplies might need to be available on an individual basis and assess the feasibility of procuring additional items to minimize sharing.

Student Storage Spaces

Management of spaces will be building specific and determined by school administrators based on the lay out of their school and the age of their students. However, the following principles should be applied in each school setting:

- Students should be assigned their own space to store their belongings, such as cubbies, lockers, or individual containers
- Storage spaces should be spaced far enough apart to maintain physical distancing and/or times of access to these spaces should be staggered to maintain physical distancing

Bathrooms

Each building will make a plan to reduce the number of students in the same bathroom at any given time and the amount of time students spend in bathrooms. Students and staff using bathrooms must wear their masks/face coverings and maintain physical distance as much as possible. The regular routine of careful handwashing after using the bathroom should be reinforced.

School Offices

School administrators will work with the facilities department to reconfigure offices so that workspaces are spaced 6 feet apart. Offices that are accessed by other staff members or students will be set up to provide for physical distancing. Face coverings will be worn in any

space that is not private. Staff members in private offices (or empty classrooms) may remove their face coverings when alone and it is reasonable to expect that no one will be imminently joining them. The virus that causes COVID-19 is largely transmitted from [respiratory droplets spread person to person](#), therefore removing a face covering in a private space is an appropriate practice.

Office equipment that is shared (copiers, etc.) should have hand sanitizer placed nearby and staff should wash or sanitize hands before and after use. Building administrators should determine a procedure for regular cleaning of shared office equipment.

Water Fountains

Water fountains will not be available to drink from directly. Water bottle filling stations will function. Students and staff are encouraged to bring their own water bottles from home.

Cleaning and Disinfecting

Routine cleaning and disinfecting are key to maintaining a safe environment for faculty, students, and staff.

- Cleaning removes dirt and most germs and can be done with soap and water or with a commercially prepared cleaning product used as directed on the label
- Disinfecting kills most germs, depending on the type of chemical, and only when the chemical product is used as directed on the label

For cleaning and disinfecting procedures see the [NPS Protocol: Cleaning and Disinfection of School Buildings](#)

[Six Steps for Safe & Effective Disinfectant Use](#)

[EPA's List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)

Lunch/Snack Procedures

Initial schedules for the 2020-21 school year do not have students eating lunch at school. Students will be provided a Grab and Go lunch option at the end of the school day to be eaten at home. At the elementary school level students need to be provided the opportunity to eat snacks. The specific practices for eating will vary depending on the age of students and will be

developed by building administrators in collaboration with teachers. However, all food consumption procedures should adhere to the following principles:

- Students must be a minimum of 6 feet apart, increase distance when feasible
- Follow appropriate hand hygiene procedures before and after lunch/snack
- Students should properly remove face coverings which are then placed in an individual container (preferred) or on a paper towel/napkin with the inside facing up
- Students must be in a designated seat that has been recorded by the teacher and is able to be provided to health officials if required
- Masks should be put back on before the student leaves their seat
- Desks are wiped after eating

Recess Procedures

Providing students with opportunities to be outside and release energy will be very important this year and likely result in better compliance to health and safety protocols inside the school buildings. Outdoor environments help minimize the risk of virus transmission (although the risk mitigation strategies remain critically important whether indoors or outdoors). The following guidelines will be used by building based school administrators in collaboration with teachers to establish recess protocols.

- Hand hygiene: Hand washing facilities or hand sanitizer needs to be used upon entering and leaving recess space.
- Cohorting: Consider designating outdoor spaces to separate cohorts and support physical distancing while still providing recess opportunities.
- Masking: If students are outdoors and maintaining a distance of at least 6 feet, consider using recess as an unmasked time. Otherwise, monitor for adherence to masking requirements and physical distancing.
- Activities: Playgrounds can be used with staff monitoring to ensure physical distancing and masking.

School Nurses

Each school will continue to be staffed by a school nurse. The school nurses are overseen by the Director of School Health Services in the Health and Human Services Department. They work collaboratively with school principals to ensure that students are provided with the necessary health services during the school day. This year school nurses will be a key support in the building to reinforce health and safety protocols and assist with contact tracing as needed. The health rooms have been assessed in every building to ensure that there is adequate space for

clinical assessments and student support. In some cases, health rooms have been relocated for this school year to meet those requirements. Additionally, schools have all each designated a separate medical waiting room for students who have COVID-19 symptoms and are waiting to be picked up to go home. School health services is working with NPS administrators to designate staff to assist the school nurse if necessary in ensuring the safety of clinically stable students waiting for pick up (designated staff will be able to maintain appropriate physical distance and be provided with additional PPE if necessary). School nurses will also be a key member of the COVID-19 response team in every school. They will assist with training and communications regarding health and safety and will stay up to date on policies and protocols that are amended based on scientific developments. School nurses will work with teachers on procedures for sending students to the health room. School nurses will be monitoring student absences related to COVID-19 and looking for concerning trends.

COVID-19 Infection in the Newton Public Schools

Public health metrics in Massachusetts remain favorable, promoting the decision to open schools with a modified in person option. However, it is realistic to assume that there will be scenarios in which someone who has the virus is in NPS school buildings. The public health mitigation pillars (face coverings, physical distancing, hygiene, and staying home when you are sick) are designed to significantly reduce the risk of acquiring the virus if you have an exposure to someone who is infected. What follows is more detailed information about the virus and its transmission as well practices for responding to various COVID-19 scenarios.

How COVID-19 is Spread

COVID-19 is the abbreviation for the disease caused by the novel coronavirus SARS CoV-2 (Coronavirus Disease 2019).

The virus spreads largely by person to person respiratory droplets produced when an infected person coughs, sneezes, or talks.

Long-range airborne transmission does not appear to be a primary way COVID-19 spreads.

Can you spread COVID-19 if you don't have symptoms?

Recent studies show that a significant portion of individuals (the CDC estimates 40% of adult cases and up to 45% of cases in children) with COVID-19 lack symptoms (are asymptomatic) and that even those who eventually develop symptoms (are pre-symptomatic) can transmit the virus to others before showing symptoms. Wearing of masks/face coverings, physical distancing, and hygiene reduce the risk for spread, including from individuals who are asymptomatic or pre-symptomatic.

Can COVID-19 be transmitted via surfaces?

This is not thought to be the main way the virus spreads. Although the virus can survive for a short time on some surfaces and can be spread from touching surfaces then touching the mouth, nose, or eyes, this is unlikely. The best way to protect against transmission via surfaces is to wash your hands frequently and/or use hand sanitizer.

Can COVID-19 be transmitted by toilets?

The virus that causes COVID-19 has been found in the feces of some patients diagnosed with COVID-19. However, scientists believe the risk of spread from the feces of an infected person to another person is low based on data from previous outbreaks of diseases caused by related coronaviruses.

COVID-19 Case Investigation and Contact Tracing

Prompt case investigation and contact tracing help control the spread of COVID-19. In Massachusetts, all COVID-19 test results are reported to DPH which uses a secure online system (the Massachusetts Virtual Epidemiologic Network) to notify local health departments that one of their residents has tested positive for COVID-19. The following case investigation and contact tracing steps then occur:

1. A public health authority (local health official or contact tracer from the Community Tracing Collaborative) interviews the individual who tested positive to determine who they may have had close contact with during their infectious period (starts two days before symptom onset or specimen collection date if the individual is asymptomatic). This process is known as case investigation. The individual will also be provided with instructions on proper isolation procedures (see below) and provided with the support they need to isolate. Individuals who test positive for COVID-19 are monitored by public health authorities; only public health authorities have the authority to discontinue isolation for an individual who tests positive for COVID-19.
 - a. For cases in schools, the school nurse will consult with teacher(s) for the rosters and seating plans during the time the positive case was in school and infectious.
2. A public health authority (local health official or contact tracer from the Community Tracing Collaborative) contacts all close contacts to:

- a. Notify them that they have been identified as a close contact and give them the date of last exposure so they can determine their quarantine period.
 - i. Close contacts are not told the identity of the person with whom they had close contact.
- b. Provide instructions on proper quarantine procedures (see below).
- c. Recommend that they be tested for COVID-19.
- d. Provide the support they need to quarantine.
- e. Close contacts are monitored by public health authorities; only public health authorities have the authority to discontinue quarantine for a close contact.

Definition of a Close Contact

For COVID-19, a close contact is:

Someone who has been less than 6 feet from a COVID-19 case (someone who had a positive diagnostic test or was clinically diagnosed) for at least 10-15 minutes during the case's infectious period (starts 2 days before symptom onset, or specimen collection date for cases who are asymptomatic and ends when the case has been released from isolation by a public health authority)

-or-

Someone who has had direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing personal protective equipment (e.g., gown, gloves, N95 respirator, eye protection)

**Note: If a student or staff member tests positive for COVID-19, only those individuals who meet the criteria above will be defined as close contacts. Previous DESE guidance stated that all students in an elementary classroom would be defined as close contacts, but the guidance was updated on August 19, 2020 to provide an updated definition of close contact in line with DPH guidance.*

Recommended testing for close contacts

All individuals in Massachusetts identified as a close contact should be tested with a diagnostic COVID-19 test.

- Close contacts with any symptom associated with COVID-19 should be tested promptly. Testing should occur at any time during the contact's 14-day quarantine period, even if the person previously had a negative test result within that same period.
- Close contacts without symptoms should be tested as soon as possible after they are notified of their exposure to COVID-19. The contact is required to quarantine for the full 14 days, even following a negative test result.

Isolation

Isolation is used to keep someone who has COVID-19 away from others to prevent spread of disease.

The length of isolation is based on the infectious period (how long an infected person can make other people sick). For COVID-19, a person is considered to have a low risk of infecting others once at least 10 days have passed since symptom onset (or specimen collection date if the person is asymptomatic) and it has been 24 hours since the person has been fever-free (without the use of fever-reducing medications) and symptoms have improved.

Instructions for isolation

If you are diagnosed with COVID-19 (have a positive diagnostic test or are clinically diagnosed), you should follow the instructions of your healthcare provider and the public health authority who contacts you for case investigation and contact tracing. DPH guidelines for isolation include:

1. Do not leave your home except for urgent medical care. If you must leave your home for urgent medical care, wear a mask, such as a cloth or surgical mask. If not available try to maintain six feet from others; when this is not possible, limit your time being closer to people to five minutes or less. Call the healthcare provider before you go and tell them that you have COVID-19 infection. For the protection of others, you should use a personal car or call an ambulance to travel to your healthcare provider. Do not take public transportation, ride shares (e.g., Uber or Lyft), or taxis under any circumstance.
2. Wear a mask, such as a cloth or surgical mask, if you must be in contact with another person. If not available try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.
3. Do not have visitors in your home.
4. If possible, other people should not be living in your home while you are in isolation there.
5. Do not share a bedroom or bathroom with anyone else.
6. Do not share towels or bed sheets/blankets with other people.
7. Wash your laundry separately from the laundry of other people.
8. Do not share eating or drinking utensils with other people. Wash utensils normally in a dishwasher or by hand with warm water and soap.
9. Cover your mouth and nose when coughing or sneezing and throw tissues away in a lined waste container. Then wash your hands.
10. Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Quarantine

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

The length of quarantine is based on the incubation period (time from exposure to the virus until first symptoms develop), which is 2-14 days for COVID-19. Therefore, the currently recommended quarantine period for COVID-19 is 14 days long.

Instructions for quarantine

If you are told that you had close contact with someone who was diagnosed with COVID-19 (had a positive diagnostic test or was clinically diagnosed), you should follow the instructions of your healthcare provider and the public health authority who contacts you as part of contact tracing. DPH guidelines for quarantine include:

1. Do not leave your home except to be tested or for urgent medical care. If you must leave your home for urgent medical care, wear a mask, such as a cloth or surgical mask. Call the healthcare provider before you go and tell them that you are quarantined due to COVID-19 exposure. For the protection of others, you should use a personal car or call an ambulance to travel to your healthcare provider. Do not take public transportation, ride shares (e.g., Uber or Lyft), or taxis under any circumstance.
2. Wear a mask, such as a cloth or surgical mask, if you must be in contact with another person. If not available try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.
3. Do not have visitors in your home.
4. To the extent possible, stay six feet away from other people in your home. If absolutely necessary, have one person help you and do not have contact with other people in your home. Wear a mask, such as a cloth or surgical mask, when in the same room as that person. If not available try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.
5. If possible, use a separate bedroom and bathroom. Do not share towels or bed sheets/blankets with other people in your home. Wash your laundry separately from the laundry of other people in your home.
6. Do not share eating or drinking utensils. Wash utensils normally in a dishwasher or by hand with warm water and soap.
7. Cover your mouth and nose with a tissue when coughing or sneezing and throw tissues away in a lined waste container. Then wash your hands.
8. Wash your hands frequently using soap and water for at least 20 seconds each time you wash. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

COVID-19 Testing

Testing is a critical tool in the management of COVID-19. It provides vital information regarding the health status of people who may be infected with COVID-19 and helps restrict the potential spread of the virus, coupled with the other tools of quarantine, isolation and the public health risk mitigation pillars referenced earlier.

NPS and HHS are following MDPH and CDC guidelines and recommending COVID-19 testing in scenarios when an individual is symptomatic with relevant [symptoms](#) or when an individual has been identified as a close contact of a positive individual.

The CDC, MDPH and DESE are all in agreement that surveillance testing (the universal, routine testing of all members of the school community) is not essential for the operation of schools at this time. While surveillance testing is an important tool in fighting this pandemic, it is only one of many methods to reduce risk. NPS is implementing proven strategies to minimize the potential for viral transmission in the school setting that include, but are not limited to: mandatory face coverings, physical distancing of 6 feet (greater than the minimum recommendation of 3 ft), hand washing and sanitizing, and maximization of fresh air exchange in buildings.

NPS, in partnership with Newton HHS, will continue to pursue various testing programs that are feasible, both logistically and financially, and which also have demonstrated impact on reducing transmission rates within the school community.

How to Get Tested

If you have symptoms or are an identified close contact, you should reach out to your primary care physician for guidance. It is always important to be in contact with your own physician whenever possible so that the medical advice you receive is specifically tailored to your health profile. Most healthcare providers will be able to order a test when one is required and advise on your follow up care.

If you need to access a test on your own, DPH provides an [interactive map](#) with all of the currently available testing sites.

Safety Net Testing

The City of Newton expects to have an agreement with Newton-Wellesley Hospital (NWH) to support our community members who do not currently have access to COVID-19 testing because they don't have a healthcare provider, are uninsured/underinsured, or have other extenuating circumstances. For these uniquely vulnerable individuals, HHS staff will conduct an assessment (including determining whether they are experiencing COVID-19 related symptoms or have been in recent close contact to a COVID-19 positive individual) and provide a referral for a test at NWH if all criteria are met. Please note that access to this safety net testing at NWH is only available with a referral from HHS staff so do not contact the hospital directly.

Mobile Rapid Response Testing Unit

The state recently announced a new initiative (August 20, 2020) from DESE and DPH that provides a mobile rapid response testing unit in a scenario where a potential cluster of COVID-19 cases have been identified and transmission appears to have occurred within the school.

The criteria for deployment are:

- Two or more students/staff within the classroom group develop COVID-19 within 14 days, and transmission/exposure occurred in the classroom;
- More than 3 percent of the cohort/grade (at least 3 individuals) develop COVID-19 within 14 days, and transmission/exposure occurred in the school;
- More than 3 percent of the school develops COVID-19 within 14 days, and there is evidence of transmission within the school;
- Three or more staff within the same school develop COVID-19 within 14 days, and there is evidence of transmission among the staff; or
- Two or more students on the bus develop COVID-19 within 14 days

The Newton HHS department is responsible for tracking any possible situations that meet these criteria and reaching out to the State to request this service.

Protocols for Possible COVID-19 Scenarios

Protocols for Individual Exposure or Individual Positive Test

While specific protocols vary, there are some common elements for each possible COVID-19 scenario:

- Evaluate [symptoms](#)
- Separate from others
- [Clean and disinfect spaces occupied by the person](#)
- Contact a healthcare provider for assessment and testing. Stay at home while awaiting results.

- Tell the school nurse, school principal, or the principal's designee if you are being tested and immediately share your test result once it is available. This information is fully protected under medical confidentiality laws and your privacy will be maintained.

Student or staff tests positive for COVID-19

1. HHS will be notified of positive COVID-19 cases through the commonwealth's secure online system (the Massachusetts Virtual Epidemiologic Network) or the school nurse if the student/staff notifies the school directly.
2. The positive case must isolate at home for a minimum of 10 days from symptom onset (specimen collection date for asymptomatic cases). People who have a positive diagnostic test can resume public activities after 10 days and once they have:
 - a. Experienced 24 hours without a fever (without taking fever reducing medications like Tylenol); and
 - b. Experienced improvement in other symptoms (for example, their cough has significantly improved); and
 - c. Received clearance from a public health authority.
3. HHS will notify the school nurse, school principal, or the principal's designee (if not already notified) of the positive case.
4. The school nurse and the building principal or principal's designee will consult with teacher(s) for the rosters and seating plans during the time the positive case was in school and infectious. The positive case will be interviewed by school nurses and HHS staff/Community Tracing Collaborative to identify their close contacts. Close contacts should get tested and must quarantine for 14 days (even if they test negative).
5. A close contact is someone who was within 6 feet of a positive COVID-19 case for at least 10 minutes during the case's infectious period. The infectious period starts 48 hours prior to symptom onset (specimen collection date for asymptomatic cases).
6. Specific circumstances in the classroom will be taken into consideration during the case investigation (contact identification) process.
7. Close contacts will be notified directly of their exposure recognizing the requirement of maintaining medical confidentiality.
8. If the school finds out about the COVID-19 positive test in the middle of the school day:
 - a. Close contacts at school will be identified as quickly as possible.
 - b. Students and staff who are identified as close contacts will go home (students may not ride the bus home).

Student or staff is identified as a close contact of someone with COVID-19

1. Stay home/go home
 - a. Individuals who are at school when they learn they are a close contact will go home (students may not ride the bus home).
2. Contact your healthcare provider for testing. Close contacts should stay home until one of the below criteria are met.
 - a. **If diagnostic COVID-19 test is negative** the individual may return to school once 14 days have passed since their last exposure.

- b. **If not tested** the individual may return to school once 14 days have passed since their last exposure.
- c. **If diagnostic COVID-19 test is positive** the individual must isolate at home (except to get medical care) for at least 10 days from symptom onset and until at least 24 hours have passed with no fever (without the use of fever reducing medications) and symptoms have improved and the individual has received clearance from a public health authority. The individual should notify the school nurse, building principal, or principal's designee.

What if someone in my household is a close contact of a positive case?

As long as that close contact (who is quarantined) has no symptoms, other individuals in the household can go to work and school. The close contact, if possible, should stay away from other household members while in quarantine.

Example: If a student in classroom A is a close contact (with no symptoms) of a positive case, and their sibling is in **classroom B** - the sibling in **classroom B can** continue coming to school.

Student is symptomatic on the bus

1. Bus driver notifies the school.
2. School nurse/staff meets the bus as it arrives and escorts the student to the medical waiting room for evaluation. If consistent with COVID-19 like symptoms, parent/guardian is contacted to pick up student immediately.
3. Contact your healthcare provider for assessment and testing. Symptomatic individuals should stay home until one of the below criteria are met.
 - a. **If diagnostic COVID-19 test is negative** the individual may return to school once they are fever free for 24 hours (without the use of fever reducing medications) and symptoms have improved. Provide documentation to the school nurse of the negative test.
 - b. **If an alternative diagnosis is made** (e.g., asthma, seasonal allergies, strep throat, etc.) the individual may return to school based on the usual protocol that includes documentation from a healthcare provider.
 - c. **If not tested and no alternative diagnosis is made** the individual may return to school once 10 days have passed after symptom onset and the individual is fever free for 24 hours (without the use of fever reducing medications) and symptoms have improved.
 - d. **If diagnostic COVID-19 test is positive** the individual must isolate at home (except to get medical care) for at least 10 days from symptom onset and until at least 24 hours have passed with no fever (without the use of fever reducing medications) and symptoms have improved and the individual has received clearance from a public health authority. The individual should notify the school nurse, building principal, or principal's designee.

Student or staff is symptomatic at school

1. School nurse is notified and evaluates the student/staff for symptoms. The individual remains masked and maintains 6 feet of physical distance from others.
2. Students:
 - a. Go to the medical waiting room
 - b. Parent/guardian is contacted to pick up student immediately
 - c. Do not ride the bus home
3. Staff:
 - a. Notify building supervisor
 - b. Go home as soon as possible
4. Symptomatic individuals must stay home and contact their healthcare provider for assessment and testing. Symptomatic individuals should stay home until one of the below criteria are met.
 - a. **If diagnostic COVID-19 test is negative** the individual may return to school once they are fever free for 24 hours (without the use of fever reducing medications) and symptoms have improved. Provide documentation to the school nurse of the negative test.
 - b. **If an alternative diagnosis is made** (e.g., asthma, seasonal allergies, strep throat, etc.) the individual may return to school based on the usual protocol that includes documentation from a healthcare provider.
 - c. **If not tested and no alternative diagnosis is made** the individual may return to school once 10 days have passed after symptom onset and the individual is fever free for 24 hours (without the use of fever reducing medications) and symptoms have improved.
 - d. **If diagnostic COVID-19 test is positive** the individual must isolate at home (except to get medical care) for at least 10 days from symptom onset and until at least 24 hours have passed with no fever (without the use of fever reducing medications) and symptoms have improved and the individual has received clearance from a public health authority. The individual should notify the school nurse, building principal, or principal's designee.

Student or staff is symptomatic at home

1. Stay home
2. Notify the school nurse, building principal, or principal's designee.
3. Staff should also follow standard procedures for reporting an absence
4. Contact your healthcare provider for assessment and testing. Symptomatic individuals should stay home until one of the below criteria are met.
 - a. **If diagnostic COVID-19 test is negative** the individual may return to school once they are fever free for 24 hours (without the use of fever reducing medications) and symptoms have improved. Provide documentation to the school nurse of the negative test.
 - b. **If an alternative diagnosis is made** (e.g., asthma, seasonal allergies, strep throat, etc.) the individual may return to school based on the usual protocol that includes documentation from a healthcare provider.

- c. **If not tested and no alternative diagnosis is made** the individual may return to school once 10 days have passed after symptom onset and the individual is fever free for 24 hours (without the use of fever reducing medications) and symptoms have improved.
- d. **If diagnostic COVID-19 test is positive** the individual must isolate at home (except to get medical care) for at least 10 days from symptom onset and until at least 24 hours have passed with no fever (without the use of fever reducing medications) and symptoms have improved and the individual has received clearance from a public health authority. The individual should notify the school nurse, building principal, or principal's designee.

School Notifications and Data Sharing

Notifications will be provided regarding positive COVID-19 cases:

- All individuals who are identified as a close contact of someone who is diagnosed with COVID-19 will be notified directly
- The building-based school community and affected classroom(s) will be notified if the individual was in school during their infectious period
 - No identifying information will be shared
 - As a reminder, individuals who are identified as a close contact will be notified directly (if you do not receive this notification, you were not identified as a close contact)
- HHS will post district wide data on our [COVID-19 data webpage](#)

Protocols for Potential School Closure (partial or full) or District Closure

Any decision to close a classroom, building, or district will be made by the superintendent, in consultation with HHS. For a school or district-wide closing, the superintendent must also consult with DESE. Additionally, the State could determine based on regional data that all schools need to shift to remote only learning.

1. Local and state data are being monitored regularly by DPH and HHS to look for concerning trends. Any decision to close a school or switch to all remote learning will be based on data that indicates significant viral transmission either in schools or in the community.
2. If there is more than one case of COVID-19 (students or staff) in the school at one time, or if there is a series of single cases in a short time span, school nurses will work with HHS to understand transmission happening in school.

3. In the case of suspected in-school transmission we will assess for closure using the criteria below.

Thresholds for closure

Currently the State has established a standard metric for when a community needs to close in person schooling. The benchmark is that a community which has an average daily case rate of more than 8 cases per 100,000 residents during the prior 14-day period needs to shift to an all remote learning environment. You can find more information about this metric and track Newton's status here <https://www.mass.gov/info-details/community-level-covid-19-data-reporting>

The recommendation that an individual school or specific portions of a school community (e.g., grade level, class, etc.) should shift to remote is made in conjunction with our partners at Massachusetts Department of Public Health. Their staff will help to assess if there is evidence of significant viral transmission happening in the school setting. We will use the State criteria for a possible cluster for assessing whether a closure is warranted and whether a State mobile rapid response testing unit is required. This includes:

- If 2 or more students/staff within the classroom develop COVID-19 within 14 days **and** transmission/exposure occurred in the classroom
- If more than 3% of the cohort/grade (at least 3 individuals) develop COVID-19 within 14 days **and** transmission/exposure occurred in the classroom
- If more than 3% of the same school develops COVID-19 within 14 days and there is evidence of transmission within the school
- If more than 3% of the staff within the same school develop COVID-19 within 14 days and there is evidence of transmission among the staff
- If 2 or more students on the same bus develop COVID-19 within 14 days

There may be numbers of positive cases within the school community where a case investigation identifies exposure in a non-school setting, and these would not automatically lead to a closure except in the case of the average daily positive case count listed above.

Appendix A: Health Self-Assessment Tool

Purpose:

To maintain a healthy school where the risk of COVID-19 transmission is reduced.

This tool is informational and not intended to replace advice from a healthcare provider. As always, if you are experiencing a medical emergency, call 911.

Employees and families should use this self-assessment tool at home, prior to coming to school each day.

Assessment

1. Do you/your child have any of the following symptoms?
 - Fever (100F or higher), chills, 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 and when in combination with other symptoms*)
2. Have you/your child been told by a public health official to isolate or quarantine?
3. In the last 14 days, have you/your child traveled anywhere that isn't on the Massachusetts [list of lower-risk states](#) and do not have a valid negative PCR test (no longer than 72 hours before returning or after your arrival)?

If your answer to any of these questions is 'yes' STAY HOME AND DO NOT COME TO SCHOOL.

- Notify the school nurse, building principal, or principal's designee
- Staff should also follow standard procedures for reporting an absence
- If symptomatic, contact your healthcare provider for assessment and testing

Appendix B: Glossary
(definitions specific to COVID-19)

- Asymptomatic: Individuals who have COVID-19 but do not have symptoms
- Case investigation: The process of working with someone who has been diagnosed with a communicable disease to help them recall everyone with whom they have had close contact during their infectious period
- CDC: Centers for Disease Control and Prevention
- Close contact: Someone who has been less than 6 feet from a COVID-19 case (someone who had a positive diagnostic test or was clinically diagnosed) for at least 10-15 minutes during the case's infectious period (starts 2 days before symptom onset, or specimen collection date for cases who are asymptomatic and ends when the case has been released from isolation by a public health authority) -or- someone who has had direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing personal protective equipment (e.g., gown, gloves, N95 respirator, eye protection)
- Community Tracing Collaborative: A partnership between DPH and Partners in Health, created by Massachusetts to help support local health departments in contact tracing. The program focuses on reaching out to people who have tested positive for COVID-19 and their close contacts, making sure they have the support they need to isolate or quarantine.
- Community transmission: People have been infected with the virus in an area, including some who are not sure how or where they became infected
- Confirmed case: An individual who has a positive molecular COVID-19 test
- Contact tracing: The process of notifying individuals who have been identified as close contacts of someone diagnosed with COVID-19
- COVID-19: The abbreviation for the disease caused by the novel coronavirus SARS CoV-2 (Coronavirus Disease 2019)
- DESE: Massachusetts Department of Elementary and Secondary Education
- DPH or MDPH: Massachusetts Department of Public Health
- HHS: Newton Health and Human Services Department
- Incubation period: Time from exposure to the virus until first symptoms develop
- Infectious period: How long an infected person can make other people sick. For COVID-19 the infectious period starts two days before symptom onset (or specimen collection date for asymptomatic individuals) and ends when DPH/CDC criteria to discontinue isolation are met.
- Isolation: Separation of someone who has COVID-19 from others to prevent spread of disease
- Personal protective equipment (PPE): Equipment that protects a person from COVID-19 exposure when interacting with potentially infectious individuals. PPE in a school setting includes surgical masks, N95 masks, face shields, disposable gowns, and disposable gloves. Cloth face coverings, which help prevent the infected person's respiratory droplets from traveling to other people, are not classified as PPE.

- Presymptomatic: Individuals who have COVID-19 and don't currently have symptoms but who eventually develop symptoms
- Probable case: An individual who meets clinical criteria for COVID-19 diagnosis and has an epidemiologic link but no laboratory testing –or- has a positive antigen test for COVID-19 –or- has a death certificate that lists COVID-19 as the cause of death or a significant condition contributing to death but has no laboratory testing
- Quarantine: Separation of someone who might have been exposed to COVID-19 from others to help prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms
- SARS-CoV-2: The novel coronavirus that causes COVID-19
- Suspect case: An individual who has a positive antibody test with no prior history of being a confirmed or probable case

Appendix C: Staff FAQs

Many of these questions were submitted during the NPS staff zoom Q & A, to the HHS general mailbox and directly to HHS staff. Answers to questions within the scope of practice for School Health Services are reframed and organized for clarity. This information is current as of the date at the top and will be updated as information changes.

Is there increased risk for staff who work in multiple schools, share classroom space with other teachers, and/or work with multiple cohorts of students?

Exposure to more people can increase risk, however, the required risk reduction practices in the schools (face coverings, physical distancing, hygiene, and avoiding exposure to illness), mitigate this risk.

What is the impact of students and staff coming from higher risk areas outside of Newton?

The Newton Public School community includes people from various cities and towns which have differing levels of risk than Newton. Individual prevention measures everyone is expected to follow (face coverings, physical distancing, hygiene, and avoiding exposure to illness) help prevent COVID-19 no matter where students and staff live.

Do you have any recommendations for routines upon arriving home to reduce transmission risk, such as leaving shoes in the car?

All teachers should follow general prevention measures (face coverings, physical distancing, hygiene, and avoiding exposure to illness). Additional measures, such as taking off shoes, washing clothing, and immediately showering upon arrival at home are optional and a personal decision.

What are the long-term health effects of COVID-19?

The long-term health effects of COVID-19 are not known at this time and are currently being studied.

What advice would you give a breastfeeding mother who needs to pump at work?

People who intend to pump breastmilk at work should follow the [usual hygiene practices for pumping](#).

It is not yet known whether mothers with COVID-19 can transmit the virus via breast milk, but the limited data available suggest this is not likely. Talk to your healthcare provider if you are breastfeeding and have concerns about your risk.

What is the current evidence regarding the COVID-19 risk to pregnant women and the unborn fetus?

At this time, the majority of data suggests that transmission of COVID-19 from mother to child during pregnancy is not common. However, it is possible that pregnant people might be at increased risk for severe illness from COVID-19 compared to non-pregnant people. Pregnant people who are concerned about their risk should consult with their healthcare provider and speak to the Human Resources Department.

Are children more likely to be asymptomatic than adults? Are children more likely to spread COVID-19 than adults?

Children who are infected with COVID-19 are more likely to be asymptomatic and less likely to experience severe disease. The incubation period, symptoms, and risk factors appear to be the same for children as adults. Hospitalization rates in children are significantly lower than hospitalization rates in adults with COVID-19.

Children with COVID-19 are capable of transmitting it to both children and adults. More research is still needed on whether children are less likely to be infected than adults and, when infected, the frequency and extent of their transmission to others.

What classifies someone as high risk for COVID-19?

Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. The greatest risk for severe illness from COVID-19 is among those aged 85 or older. People of any age with certain [underlying medical conditions](#) are at increased risk for severe illness from COVID-19. Individuals who are concerned about their risk should consult with their healthcare provider about their level of risk and speak to the Human Resources Department.

What is the policy for visitor building access?

Access to the school by visitors, including parents, will be very limited. Parent meetings with school staff will be conducted virtually to the extent possible. Entrances to school buildings will be monitored.

Will students be using lockers?

In some situations, students will use lockers with risk mitigation efforts, such as staggered access times and monitoring, made to minimize congregating around lockers.

Who conducts contact tracing in Newton?

Contact tracing is conducted by school nurses, public health professionals in Newton's Health and Human Services Department and the Commonwealth of Massachusetts Community Tracing Collaborative. Interviews are conducted with cases who are confirmed positive and people who are close contacts during the infectious period are identified. Those close contacts are then called and provided with further instructions.

How will HHS learn about NPS staff or students who live outside of Newton and test positive?

The health department in the staff member's home community will determine the case's workplace or where they go to school. That information will be shared with Newton HHS for additional follow up. Additionally, staff will be asked to report to their building principals or school nurse that they are being tested for COVID-19 and report testing results.

If I am diagnosed with COVID-19, will my confidentiality be maintained?

Your name or other identifying information will not be revealed if you are diagnosed with COVID-19. Close contacts will be notified and told that they have been exposed to someone with COVID-19 and will be provided with information about quarantine requirements. No personal identification will be given to others.