

**DRAFT**  
**KEYSTONE EDUCATIONAL COLLABORATIVE**  
**2020-2021 SCHOOL REOPENING PLAN**



**DRAFT**  
**Considerations & Recommendations**  
**for**  
**Keystone Educational Collaborative Re-Entry**



*“In the midst of chaos, there is also opportunity”*  
*Sun-Tzu, The Art of War*

Dear Community Members,

It is not typical for most educators to quote Sun Tzu, a Chinese military strategist that had written the *The Art of War* when referencing the education system, but these are not typical times. As educators, as parents, and as community members we are all faced with a battle that is ahead of us. A battle to maintain the overall safety and well being of all stakeholders within our communities, as well as, the battle to maintain our communities wisest investment into the future. This investment that we are fighting for resides in the education and knowledge that we supply for our students today. It has been through the collective leaderships of all of our member districts that has guided our communities safely down this path thus far, but it is our next strategic step that will be the most vital.

Sun Tzu, was a great strategist that knew the best ideal way to win a war was to prevent it, but sometimes when a battle cannot be avoided, he would embrace the chaos as it could lead to opportunity. Right now we have this opportunity as community leaders. We can transform and confront this battle face-on and utilize this unprecedented time as an opportunity to strengthen our education and our future. Aristotle once stated “to educate the mind without the heart is not education” and I know we all carry this heavy heart and burden on our shoulders as we strategize our next steps. We are the hearts of our communities; we are the educators that want the best for our future; and we have the opportunity to strategically plan and turn chaos into opportunity to ensure that our investment continues to pay dividends within the future.

John Demanche M.Ed, BCBA, LABA  
Executive Director  
Keystone Educational Collaborative



## Introduction

**We face a public health crisis** that has fundamentally changed our lives and our communities in unprecedented ways. For many Massachusetts students, educators, and families, the start of the 2020–2021 school year is marked by profound uncertainty brought about by the COVID-19 pandemic. Despite the fear and hardship the virus has caused, Bay Staters from all walks of life and all areas of the state have come together in amazing ways and through noteworthy sacrifice to battle the spread of the virus in our state to an incredible degree. This collective effort to hold the front line has “flattened the curve” to the point where we can now engage in the process of reentering our school buildings.

As we move toward welcoming our students back to our campuses, it is critical that all educators, family members, and community members recognize that the need for prudent and proactive measures to maintain the grounds we have gained and to prevent the spread of the virus will become more important—not less—to keep our students and communities healthy and safe. It is naive and impossible to avoid all risks of virus transmission in the return to school, but we have the power to greatly minimize the potential for illness if we commit to taking reasonable precautions to contain the virus. This commitment requires steadfast leadership, hard decisions, adaptability and a willingness to challenge notions about how schools function and utilize this “chaos” as a great educational opportunity. Reopening schools will require temporary sacrifices of some of the events, traditions, and ways of being that we have often taken for granted. This will not be easy, but it will be worth it. While this year will undoubtedly look and feel different than any that has come before, the brilliance, curiosity and resilience of our children will serve as beacons of hope amid this chaos. To our indomitable and amazing educators, thank you for all that you have done and continue to do in service of our students. To our critical school staff—including food service workers, bus drivers and bus attendants, custodians, counselors, therapists, nurses, social workers, secretaries, educational assistants, and so many others—welcoming our students back to campus would not be possible without your daily contributions to ensuring their safety, health, and wellbeing. To our parents, caregivers, and families—our commitment to you is that we will do everything in our power to ensure that your students have a safe, welcoming, and inspiring school experience.

When we look back at the 2020–2021 school year, we will remember this as a year of chaos, but also a year of great opportunity. May we continue to learn, innovate and support one another as we boldly forge our path forward. We’re all in this together.

The Keystone Educational Collaborative is providing the following guidance in adherence with the Massachusetts Department of Education Re-Opening Guidance for reopening schools in 2020–2021. Our

approach is built upon the guidance and recommendations of the Massachusetts Department of Education Reentry Task Force, Massachusetts State CoVID Team, Medical Advisory Team, Centers for Disease Control (CDC), and other current research. Our Reopening Guidelines strongly aligns to the guidelines that have been provided by our state and federal leaders. These guidelines will hopefully assist us to prioritize the health and safety of students and educators as we open school buildings and deliver instruction. Guidance in this document is subject to change given developments and recommendations from federal and state entities.

### **Guiding Principles**

- Mitigates and minimizes the spread of Coronavirus;
- Assure the physical, intellectual, and emotional health and safety of our staff, students, and families;
- Keeps staff and students safe;
- Prioritizes access to learning for students furthest from educational justice;
- Provides services through a racial equity lens;
- Enables staff and students to return to learning;
- Provide high-quality, culturally responsive, and developmentally appropriate social emotional and academic learning.
- Supports families through this transition

We acknowledge that the more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **Moderate Risk:** Small, in-person classes, activities, and events. Groups of students stay together with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

We acknowledge that COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principles that are covered in this document.

### **Program Intent**

Keystone Educational Collaborative's leadership team and our member districts have analyzed the research and guidance that has been supplied by federal and state medical and educational agencies, as well as have conducted our own studies and analysis in collaboration with our families, staff and our students. Keystone Educational Collaborative services students that require the highest need of



investment and support due to their disabilities and unique learning styles. Our students are the ones that communities have supported and invested in by sending them to specialized programs like ours and many other collaboratives and private schools around the state. Our community goal is in hopes to provide them the equitable opportunity to learn and be part of their own communities. It has been this greatest variable that we have made the vital decision to reopen our program in September for face to face instruction. This decision has weighed heavy on all of our hearts, but we are making this resolution based upon the data we have collected on the regressions that a majority of our students incurred do to their disabilities, but also because this public health crisis has impacted their overall modality in which has been paramount it their opportunity to learn. Our goal is to open as safely as we can, with as many students as possible back in school for face-to-face learning, providing all necessary and needed support, and taking extraordinary (COVID-19 safety) measures in order to minimize risk and further student learning. Safety will always be paramount, as our students and our employees remain our greatest assets.

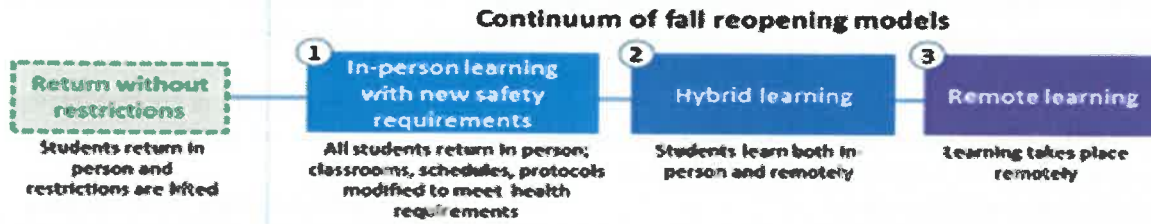
Our decision as an organization has been validated by the Department of Elementary and Secondary Education when they expanded upon their June 25, 2020, [Initial Fall Reopening Guidance](#), which prioritizes the safe return of students back to school by following a comprehensive set of health and safety requirements. The Initial Fall Guidance asked schools and districts to prioritize and begin planning for in-person instruction, while simultaneously preparing blueprints for both remote learning and a hybrid school model (a combination of in-person and remote learning), should local conditions change this school year. The supplemented document to the Initial Fall Reopening Guidance provided further information on supporting students with disabilities during the upcoming school year. It also clarified and provided the necessary information in support of schools and districts, as they develop the portion of their reopening plans specifically related to special education. Some key components of the supplemental document stated:

- Students with disabilities, particularly preschool-age students and those with significant and complex needs, should be prioritized for receiving in-person instruction during the 2020-2021 school year. These students should receive as much in-person instruction as is feasible within the health and safety parameters in effect at each particular time. Even if schools or districts are operating in a hybrid or remote model, educators and administrators must make every effort to continue to provide up to full-time in-person instruction to such students.
- Students must receive all services documented in their IEPs through in-person instruction, remote instruction, or a combination of both, with a strong emphasis on providing in-person instruction to the greatest extent possible, while abiding by the current necessary health and safety requirements. In particular, the Department urges schools and districts to prioritize in-person instruction for two particular groups of students with disabilities: preschool-aged students, and students with significant and complex needs. Remote learning is often more challenging for these students.

With all of these variables taken into consideration we have taken a very systematic approach to assess our planning process for this fall re-opening by utilizing our Extended School Year program to ensure that we have met all of the precautions we have set forth to ensure our greatest guiding principles which is the safety and well-being of students, families, educators. The collaborative had utilized the preparation guidelines for the Extended School Year planning checklist as a main platform for guidance. See attached

documentation which was supplied to all staff and posted for family input. The document provided both the state initial guidelines and how the collaborative was meeting those recommendations.

## Department of Elementary and Secondary Education Phased Approach to Reentry



*Keystone has created the various different Phase Scenarios and some of the key components that will be addressed within each phase. These phase components are fluid and will be modified as new guidance and research has been supplied by state, federal and community input.*

*Figure 1.*

REMOTE	HYBRID	FULL ENTRY
<p>In this model, students learn remotely with no in-person component of the plan. Keystone will make this model available for individual students who cannot yet return in-person, and for all students in the event of future classroom or school closures due to COVID-19. Keystone will continue to enhance this modality to support the varying students' needs in collaboration with state remote platforms.</p> <p>Keystone has identified components within all phases to ensure that data is collected in accordance with students IEP and that grades will be issued based upon the IEP document.</p>	<p>In this model, students learn both in-person and remotely. Keystone will utilize this option in the event we are unable to bring all students back to school under the health and safety requirements despite our best efforts, or in case of COVID-19 related circumstances. In this model, Keystone students will continue to be assigned to cohorts and alternate between in-person and remote learning opportunities on a regular schedule.</p> <p>Keystone has identified components within all phases to ensure that data is collected in accordance with students IEP and that grades will be issued based upon the IEP document.</p>	<p>In-person learning with new safety requirements: The goal to get as many students as possible back into schools for in-person learning-safely. In this model, Keystone students will return for in-person learning in school settings modified to ensure the safe return of as many students as possible, while adhering to outlined safety requirements.</p> <p>Keystone has identified components within all phases to ensure that data is collected in accordance with students IEP and that grades will be issued based upon the IEP document.</p>

*Further Components within each Continuum Phase*

<ul style="list-style-type: none"> <li>• Implement distance/remote learning <ul style="list-style-type: none"> <li>• Teachers may enter the building to conduct remote learning if they practice social distancing.</li> <li>• If feasible, school buildings can remain open for a limited set of students and staff in order to continue in-person educational services for students in PreK–2nd grade and students with special needs to ensure minimal social distancing requirements.</li> </ul> </li> <li>• Establish and maintain communication with local and state Department of Public Health (DPH) officials.</li> <li>• Establish and maintain communication with families and communities on course of actions.</li> <li>• Participate in contact tracing efforts by identifying cohorts.</li> <li>• Close off affected areas and if possible, wait 24 hours before cleaning and disinfecting. For additional guidance on addressing community spread, see the CDC’s Considerations for Schools and state guidelines</li> <li>• Establish training protocols on cleaning and maintaining a healthy and safe environment for both students and staff.</li> <li>• Consider ways to accommodate needs of children, teachers/staff, and families at higher risk for severe illness</li> <li>• Establish COVID designated team leader.</li> </ul>	<ul style="list-style-type: none"> <li>• Operate with at least six feet of social distance at all times or minimal of 3 feet.</li> <li>• Establish and maintain communication with local and state DPH health officials.</li> <li>• Participate in contact tracing efforts by identifying cohorts.</li> <li>• Post signage and supply training in classrooms, hallways, and entrances to communicate how to stop the spread of COVID-19.</li> <li>• Screen all students for COVID-19 symptoms to the greatest extent feasible. Keystone will conduct daily health check questionnaires for students and staff.</li> <li>• Educate parents to be on the alert for signs of illness in their children and to keep the children home when they are sick.</li> <li>• Establish a protocol for students/staff who feel ill/experience symptoms when they come to school.</li> <li>• Isolate and deep clean impacted classrooms and spaces.</li> <li>• Establish training protocols on cleaning and maintaining a healthy and safe environment for both students and staff.</li> <li>• Consider ways to accommodate needs of children, teachers/staff, and families at higher risk for severe illness</li> <li>• Establish and maintain communication with families and communities on course of</li> </ul>	<ul style="list-style-type: none"> <li>• Practice social distancing to the greatest extent possible.</li> <li>• Establish and maintain communication with local and state DPH health officials.</li> <li>• Participate in contact tracing efforts by identifying cohorts</li> <li>• Post signage in classrooms, hallways, and entrances to communicate how to stop the spread of COVID-19.</li> <li>• Establish a protocol for students/staff who feel ill/experience symptoms when they come to school (see When a Child, Staff Member, or Visitor Becomes Sick at School).</li> <li>• Consider ways to accommodate needs of children, teachers/staff, and families at higher risk for severe illness</li> <li>• Continue to screen all students for COVID-19 symptoms to the greatest extent feasible. Keystone will conduct daily health check questionnaires for students and staff.</li> <li>• Continue to educate parents to be on the alert for signs of illness in their children and to keep the children home when they are sick.</li> <li>• Establish a protocol for students/staff who feel ill/experience symptoms when they come to school.</li> <li>• Continue to isolate and deep clean impacted classrooms and spaces.</li> <li>• Maintain training protocols on cleaning and maintaining a</li> </ul>
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<ul style="list-style-type: none"> <li>• Establish Task Force Groups to conduct feasibility studies.</li> </ul>	<p>actions.</p>	<p>healthy and safe environment for both students and staff.</p> <ul style="list-style-type: none"> <li>• Maintain ways to accommodate needs of children, teachers/staff, and families at higher risk for severe illness</li> <li>• Maintain communication with families and communities on course of actions.</li> </ul>
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**Additional Steps and Considerations**

*Keystone has created additional factors that are embedded in various different sections of the document. The following grid represents some of the actions we are taking in an easier format. These phase components are fluid and will be modified as new guidance and research has been supplied by state, federal and community input.*

*Figure 2.*

<p><b>REMOTE</b></p>	<p><b>HYBRID</b></p>	<p><b>FULL ENTRY</b></p>
<ul style="list-style-type: none"> <li>• Use social media and other communications to inform parents, students, and staff about COVID-19 symptoms, preventative measures, good hygiene, and school/district specific protocols with the school website.</li> <li>• Encourage COVID-19 Testing and providing site location on school website.</li> <li>• Provide resources to families on:               <ul style="list-style-type: none"> <li>• How to Protect Yourself and Others</li> <li>• COVID-19 Symptoms</li> <li>• Talking with Children about COVID-19</li> <li>• COVID-19 Self-Checklist UMASS</li> <li>• MA COVID</li> <li>-Screening and Testing Sites</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Teach and reinforce good hygiene measures such as handwashing, covering coughs, and appropriate use of face coverings.</li> <li>• Provide hand soap and hand sanitizer with at least 60% alcohol, paper towels, and minimize touch trash cans in all bathrooms, classrooms, and frequently trafficked areas.</li> <li>• Post signage in classrooms, hallways, and entrances to communicate how to stop the spread of COVID-19.</li> <li>• Clean/disinfect frequently touched surfaces at least daily and frequently shared objects after each use.</li> <li>• Provide face masks or face shields and other appropriate personal protective equipment (PPE) to staff. Require the wearing of a face covering for all staff and students, except when there is a valid medical reason.</li> <li>• Allow students and staff to bring hand sanitizer and face masks/coverings to use from home.</li> <li>• Take steps to ensure all water systems and features, such as water fountains, are safe.</li> <li>• To the extent possible, turn off water fountains and provide bottled water or allow students and staff to bring water bottles from home.</li> <li>• Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, as long as this does not pose a safety or health risk to students or staff.</li> <li>• Conduct deep cleaning of schools prior to students/staff returning; schedule additional cleanings during weekends and school holidays/breaks.</li> </ul> <p>CDC Guidance:</p> <ul style="list-style-type: none"> <li>• Reopening Guidance for Cleaning and Disinfecting Schools</li> <li>• Guidance for Reopening Buildings After Prolonged</li> </ul>	



Shutdown EPA Guidance: • Disinfecting, Cleaning, and Addressing Water Quality Challenges Related to COVID-19

### Scenario Planning:

*DESE has identified the following required components of district/school reopening plans*

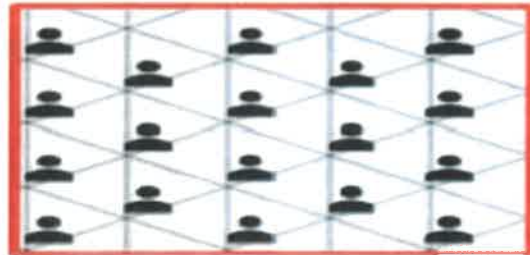
Each district and school will need to plan for three possibilities on the continuum of reopening:

1. in-person learning with new safety requirements;
2. a hybrid of in-person and remote learning; and
3. remote learning. In addition, all districts/schools will also need a focused plan for serving special student populations across each of these models.

For the purpose of the following scenarios, Keystone has identified the max operating capacity of **150** “*high needs*” students spanned across 4 districts/ towns with over 24 sub- separate classrooms. We analyzed the space allocation across the various different sites space possibilities at school sites with varying distance allocation from 3 foot social distancing to the ideal 6-foot social distancing in classrooms. We utilized the *Parametric Analysis Matrix tool supplied by the Department of Education* for classroom spacing to assess our ability to fit students and staff safely into the classroom. As the table below illustrates, using the ideal 6-foot social distance spacing suggested in the DESE guidance, we can fit 100% of our students into our classrooms. Due to the nature of our program being small and sub-separate we typically would not meet the max capacity as average classroom size varies from 6-9 students.

### Classroom Design

Keystone has utilized the state parametric capacity design software to conduct a feasibility study on the overall ratio of student/teachers with the parameters of the CDC guidelines on safe physical distance. The results of the average classroom were 15-18 people (i.e. students and teachers) in a 26x29 ft. classroom. The smallest identified classroom capacity was nine students/teachers which currently is only operating as an elective class at the alternative high school. Modifications will be assessed with the isometric grid that was recommended by the parametric platform. Analysis was conducted with natural environmental variables within the classrooms (e.g. teacher desk, cabinetry etc.).



**Phased Approach to Reentry**  
**Initial Preliminary Phase**  
**Pre- Planning**

March 17-June 18th		
REMOTE	HYBRID	FULL ENTRY
<p>Students engage in remote learning. Curriculum is modified and tiered based upon individual student needs (e.g. Individualized Binder Instructional Materials, Universal Educational Platforms with tailored goals and sets, concurrent classroom instruction via Google Classroom/Zoom, multimodal counseling and therapy services.</p> <p><i>Coupled with other defined components above. Figure 1.</i></p>	<p>In this model, students learn both in-person and remotely. Keystone will utilize this option in the event we are unable to bring all students back to school under the health and safety requirements despite our best efforts, or in case of COVID-19 related circumstances. In this model, Keystone students will continue to be assigned to cohorts and alternate between in-person and remote learning opportunities on a regular schedule.</p>	<p>In-person learning with new safety requirements: The goal to get as many students as possible back into schools for in-person learning-safely. In this model, Keystone students will return for in-person learning in school settings modified to ensure the safe return of as many students as possible, while adhering to outlined safety requirements.</p>

Our initial phase was conducted on **July 20th** after supplying remote learning for all of our students since March 17, 2020. Upon the completion of the school year the collaborative continued remote learning for two weeks of extended school year, while procuring and designing all the necessary components to be successful for our current face to face model. The collaborative had consolidated its seven different sites to four sites to ensure appropriate allocation of resources and to ensure that our leasing districts were not restricted in their fall reopening plans. Based upon the collaborative support of all agencies the data that was collected during the three week program indicated that there was an overall increase of student and parent participation in the direct model from 33% first week with remainder in remote and second week increasing to 40%. Some known factors were transportation logistics, families communicating their preference to maintain the level of consistency, and parents communicating that their child/ themselves needed a break from everything that was going on around them. Parent survey conducted at the end of the extended school year indicated that an estimate of **70%** of families wanted to return to in person instruction across the program with the remainder undecided or requesting remote do to comorbid conditions.

**July 20th-Aug 8th  
Extended School Year**

**REMOTE**

**HYBRID**

**FULL ENTRY**

Students engage in remote learning. Curriculum was modified and tiered based upon individual student needs (e.g. Individualized Binder Instructional Materials, Universal Educational Platforms with tailored goals and sets, concurrent classroom instruction via Google Classroom/Zoom, multimodal counseling and therapy services.)

*Coupled with other defined components above. Figure 1.*

In this model, students learn both in-person and remotely. Keystone will utilize this option in the event we are unable to bring all students back to school under the health and safety requirements despite our best efforts, or in case of COVID-19 related circumstances. In this model, Keystone students will continue to be assigned to cohorts and alternate between in-person and remote learning opportunities on a regular schedule.

In-person learning with new safety requirements: The goal to get as many students as possible back into schools for in-person learning-safely. In this model, Keystone students returned for in-person learning in school settings modified to ensure the safe return of as many students as possible, while adhering to outlined safety requirements.

Some of our students have comorbid conditions and parents have opted to continue with the remote learning platform. Keystone had 33% of their students participate during the first week of the extended school year with about 60% of parents wanting face to face polling during the initial survey. Large component of discrepancy was attributed to transportation issues in coordination with vendors, but will continue to be monitored through the weeks.

## 2020-2021 School Year Recommended Phase

***The safety and well-being of students, families, educators, and staff has been and must continue to be our top priority as an educational community.***

Families, in consultation with their medical providers, will ultimately make the decision as to whether their children will attend in-person instruction if available, or whether their children will continue with remote learning. We have engaged regularly and substantively with families to ensure that they have accurate and up-to-date information to make informed decisions about whether an in-person return is best for their children.

We will continue to engage students and families most impacted by school closures and use their perspectives to drive the planning and decision-making process throughout the implementation of summer services. Clear ongoing communication between schools and families prior to, during, and after the implementation of these guidelines, is of the utmost importance. We want families to feel confident in our decisions and their decision to entrust their child under our care. We encourage and want any questions or concerns from the individual level to reach necessary administrators.

Keystone has identified that **all** of our students that attended the Keystone Educational Collaborative as being of “high needs” and recommend that the full entry model with face to face instruction will be necessary to ensure continued educational and social and emotional growth to a population that are significantly behind their neuro-typical peers. We acknowledge that some of our students have comorbid conditions and parents may opt to continue with the remote learning platform. Parents that have decided that their child requires the remote platform will still require the Keystone staff to individualize the curriculum based on each individual high priority child needs. The team will continue to tier the instruction (examples) **Tier 3:** Binder with synchronous instruction to supply services and collect permanent product/ collect data via remote instruction; **Tier 2:** Combination of individualized material supplied with synchronous/asynchronous classroom video instruction. Data to be collected in the same manner. **Tier 1:** remote student will participate with live classroom feed for instruction. Therapy services will be individualized based upon parents' desire from an alternative location to bring students in for service, tele therapy services, or supplemental services upon parent request. Keystone will utilize a wide modality approach of instruction which we had during the initial shutdown and will discard platforms that were not beneficial for our students. Keystone will await and see what the state has identified as a platform and will also supplement with additional platforms that mirror in face instruction (e.g. IXL, Moby Max, ACES, TEACHTown) to name a few. Keystone has secured and upgraded its technological capabilities to support the growing bandwidth needs and the technology that students will require (e.g. individual Chrome Books, specialized software on specific laptops for certain student's needs, etc.).

REMOTE	HYBRID	FULL ENTRY
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<p>Students engage in remote learning. Curriculum was modified and tiered based upon individual student needs (e.g. Individualized Binder Instructional Materials, Universal Educational Platforms with tailored goals and sets, concurrent classroom instruction via Google Classroom/Zoom, multimodal counseling and therapy services.)</p>	<p>In this model, students learn both in-person and remotely. Keystone will utilize this option in the event we are unable to bring all students back to school under the health and safety requirements despite our best efforts, or in case of COVID-19 related circumstances. In this model, Keystone students will continue to be assigned to cohorts and alternate between in-person and remote learning opportunities on a regular schedule.</p> <p>Students not in the building engage in remote learning.</p>	<p>In-person learning with new safety requirements: The goal to get as many “high needs” students as possible back into schools for in-person learning-safely. In this model, Keystone students will return for in-person learning in school settings modified to ensure the safe return of as many students as possible, while adhering to outlined safety requirements.</p> <p><i>Coupled with other defined components above. Figure 1.</i></p>
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Keystone acknowledges that regardless of our identified phase that families, in consultation with their medical providers, will ultimately make the decision as to whether their children will attend in-person instruction if available, or whether their children will continue with remote learning.

### Phased Approach to Facilities Assessment to Reentry

Keystone Educational Collaborative has utilized its own internal baseline assessment of its facilities site paired with the Department of Elementary of Secondary Education release of the Facilities and Operations Guidance provided on July 22, 2020 as an initial benchmark to assess the feasibility to supply a safe environment for all stakeholders. As the knowledge and research related to COVID-19 continues to evolve we will ensure that we are assessing our overall facilities infrastructure to support our goal for face to face instruction.



## Critical health and safety guideline for facilities assessment

*The following components for assessment were developed in consultation with pediatricians, infectious disease physicians, other medical advisers, and the COVID-19 Command Center's Medical Advisory Board, and including a review of CDC and WHO guidance, the health and safety standards and requirements below will enable students and staff to safely return to school this fall.*

**Masks:** Masks are one of the most important tools to prevent transmission of the virus. From a facilities and operations perspective, it is important to consider how to best support adherence to masking, including putting up signs with reminders to wear masks and how to remove them safely, having a supply of masks for staff and students who may need them, safely disposing of soiled or unusable masks, and identifying spaces that are appropriate for mask breaks. **Masks covering the nose and mouth** are to be worn by students (required for grade 2 students and up and strongly encouraged for kindergarten and grade 1), staff, visitors, and vendors. Exceptions for meals, mask breaks, and medical exemptions are permitted.



*Keystone has and will continue to procure the recommended PPE's to continue to supply a safe and healthy environment for our students and staff. All students and staff will be issued an individualized cloth face mask to wear at school; additionally, the collaborative will have disposable face masks for both students and staff. Due to the nature of some of our students, the use of the issued face mask will assist students in desensitizing and supply exposure training for those that may have limitations to wearing the mask. The differentiation of a "school mask" versus a "home mask" will assist students and families in being able to clean cloth masks on a regular basis. Consent forms will be issued to families to allow the collaborative to hand wash masks for students to ensure the overall integrity and protectiveness of the mask.*

*All staff members will be required to undergo training on the appropriate use of PPE that is recommended by medical agencies and the Department of Education. All training will be documented in the staff personnel records and will be followed up by a comprehension evaluation for each topic area. Trainings will be conducted by appropriate personnel (i.e. Collaborative LEAD Nurse) or video training issued by state and federal medical agencies.*

*All students will be supplied age appropriate training on the Health and Safety Recommendations (e.g. face mask, social distancing, hand washing) to assist them in understanding the correct manner to utilize these forms of protective equipment and the rationale behind the safety recommendations.*

*All students will be prescribed frequent "mask breaks" as part of their daily routine/block schedule. Breaks will be identified by the Program Administrators based upon the population of students that they service. Additional movement opportunities will be supplied to allow these "mask breaks" in open environments in which the desired social distancing can be maintained. Classrooms will alternate times to ensure consolidation of cohorts.*

**Handwashing and hand sanitizing:** Enabling good hand hygiene practices is another key tool to mitigate transmission of the virus. From a facilities and operations perspective, enabling good hand hygiene practices spans from student and staff arrival at school until their departure. This includes providing handwashing or sanitizing stations (touchless if feasible) in commonly used areas (e.g., entries and exits, classrooms, bathrooms, eating areas, stairwell exits, etc.), ensuring sufficient supplies to accommodate frequent hand washing, and having hand sanitizer readily accessible.



*All students will be supplied age appropriate training on the Health and Safety Recommendations (e.g. face mask, social distancing, hand washing) to assist them in understanding the correct manner to utilize these forms of protective equipment/safety guidelines and the rationale behind the safety recommendations.*

*All staff members will be required to undergo training on the appropriate "Social Distancing" and Classroom Configuration that is recommended by medical agencies and the Department of Education. All training will be documented in the staff personnel records and will be followed up by a comprehension assessment for each topic area. Trainings will be conducted by appropriate personnel (i.e. Collaborative LEAD Nurse) or video training issued by state and federal medical agencies.*

*Keystone will utilize a multimodal approach to assist students in comprehending and following the recommended hand washing guidelines. The use of visual prompts will be utilized with the environment as cues in bathrooms and within the classrooms, as well as, through the modeling techniques utilized throughout the day.*

*Keystone has and will continue to procure approved soaps and disinfectants for personal use, or as cleaners, that meet the requirements identified by the EPA. Hand sanitizers will be located within a variety of different locations (e.g. classroom, hallways, bathrooms) to ensure proper hygiene and attempts to maintain a safe and healthy environment.*

**Physical distancing:** Physical distancing is a critical component in mitigating the transmission of the virus. Schools should aim for a physical distance of 6 feet when feasible; 3 feet is the minimum distance allowed. During meals, mask breaks, and other times when masks are not worn, 6 feet is the minimum distance allowed. From a facilities and operations perspective, it is important to understand how these minimum requirements will affect space layouts and movement protocols.



*All staff members will be required to undergo training on the appropriate “Social Distancing” that is recommended by medical agencies and the Department of Education. All training will be documented in the staff personnel records and will be followed up by a comprehension evaluation for each topic area. Trainings will be conducted by appropriate personnel (i.e. Collaborative LEAD Nurse) or video training issued by state and federal medical agencies.*

*Keystone will utilize a multimodal approach to assist students in comprehending and following the recommended social distancing guidelines. The use of visual prompts will be utilized with the environment as cues in hallways and within the classrooms, as well as, through the modeling techniques utilized throughout the day.*

*We acknowledge that some of the students that we serve require staff to be in close proximity to students and they will be supplied additional PPE equipment beyond what is recommended if requested. Staff will assess each child to the level of needs and our ability to ensure the minimal distance requirement can be adhered to due to safety risk and or student needs.*

*All students will be supplied age appropriate training on the Health and Safety Recommendations (e.g. face mask, social distancing, hand washing) to assist them in understanding the correct manner to utilize these forms of protective equipment/Safety guidelines and the rationale behind the safety recommendations.*

**Creating cohorts wherever possible:** Directly related to physical distancing is the idea of creating cohorts (e.g. self-contained groups) of students wherever possible and limiting the cohort from interaction with others. Examples of cohorts could include an elementary school class, students on a bus, or groups of older students with similar schedules. By grouping students and staff into cohorts, interaction will be limited. This means that if there is a positive COVID-19 case in the school, fewer individuals will have interacted with that person. Cohorts should be used to the extent feasible for classes, transportation, mask breaks, meals, recess, and extra-curriculars. **To assist with establishing cohorts, all students should have assigned seating** in each class and to the extent feasible for meals and other activities.



*Keystone Educational Collaborative is primarily based upon a cohort model where sub separate classrooms are designed based upon the students' academic, social emotional abilities and disability profile. Overall current program design replicates the prescribed recommendations of designated seats, small classroom designs with limited commingling to prevent transmission.*

**School cleaning and disinfecting:** From a facilities perspective, schools should update cleaning and disinfecting protocols, obtain additional supplies, and train staff appropriately. Cleaning and disinfecting should occur at least daily for shared spaces and furniture. For high-touch surfaces (e.g., door handles, light switches, handrails), cleaning and disinfecting should occur multiple times per day between uses.



*Keystone has taken guidance from the CDC to maintain a healthy and safe environment and the following strategies which will be implemented multiple times within a school day.*

- **Cleaning and Disinfection**
  - Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses at least daily or between uses as much as possible. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between uses.
  - If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators.
  - Develop a schedule for increased, routine cleaning and disinfection.
  - Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
  - Use products that meet EPA disinfection criteria.
  - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- **Shared Objects**
  - Discourage sharing of items that are difficult to clean or disinfect.
  - Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.

- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.
- Water Systems
  - To minimize the risk of Legionnaire's disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.
- Modified Layouts
  - Space seating/desks at least 6 feet apart when feasible.
  - Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
  - Create distance between children on school buses (g., seat children one child per row, skip rows) when possible.
- Physical Barriers and Guides
  - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one way routes" in hallways).
- Communal Spaces
  - Close communal use shared spaces such as dining halls and playgrounds with shared playground equipment if possible; otherwise, stagger use and clean and disinfect between uses.
  - Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.
- Food Service
  - Have children bring their own meals as feasible, or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies.
  - Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
  - If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies.





Keystone Program has created and will be maintaining an inventory list at the Central office for ordering purposes. Staff will be required to request the necessary items and inventory when they are below the required amount. All programs will be equipped with the appropriate cleaning materials required to operate on a daily basis to ensure a safe and clean environment (e.g. Clorox wipes, disinfectant spray bottles, paper towels, gloves, hand sanitizer). (See example below)

Personal Protective Equipment Inventory					Cleaning Supplies				
Item	Stock		Utilized	Current	Item	Stock		Utilized	Curr
	Initial	Restock				Initial	Restock		
Ma Mask	10000	0	0	20000	Sodium Hypochlorite gal.	24	0	0	
KN N-95	500	0	0	500	Clorox Bottles spray 32oz	24	0	0	
GloGlove Bx 100ct	8000	0	0	8000	Spray Bottles	48	0	0	
GoGown	500	0	0	500	Cleaning Solution gal.	16	0	0	
Fa Face Shield	200	0	0	300			0	0	
HaiHair Nets	100	0	0	200			0	0	
Ha Sanitizer G Gallons	32	0	0	50			0	0	
Hand Sanitizer Ind Mini	40	0	0	40			0	0	
Thermometers	15	0	0	15			0	0	
Posters		0	0	25			0	0	
Shoe Covers	0	0	0	0			0	0	

Keystone will utilize the 3 week extended school year data on usage to be able to predict patterns of usage. Current figures do not reflect the required 3 months fall samples.

**Ventilation:** Schools should work to increase outdoor air ventilation instead of using recirculated air and increase air filtration as much as possible for the ventilation and filtration system.



*Ventilation: Keystone has ensured ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Keystone has recently assessed their leased sites that are not affiliated within a district school building and have supplied updated maintenance to the device to ensure that the air exchange rate is at recommended max capacity and for updated cleaning and meet MERV and SEER ratings 7/2020. Current MERV rating is an 8 for the unit, which captures over 90% efficiency of 3-10 microns. At this time research is still being conducted on the premise mirc transmission and if there is a need to for a specific MERV requirement or alternative air purification requirements (e.g. UV system within HVAC). Keystone will gather the research from all stakeholders and make upgrades as appropriate.*

**Movement protocols within facilities:** Develop clear movement protocols to avoid crowding, maintain cohorts, and minimize unnecessary person-to-person interactions. These protocols should include a plan for arrival and dismissal times, transitions between classes, and bathroom breaks, as well as outlining one-way movement pathways for hallways and cafeterias.



*Keystone has taken guidance from the CDC to maintain a healthy and safe environment and the following strategies which will be implemented multiple times within a school day.*

*Keystone has procured or created appropriate signage and visual cues to assist our specific population to be able to identify a safe healthy environment (e.g. arrows on floors for directional flow, visual prompts to stay 6 feet apart, and visual cues to remind hand washing protocols in restrooms.*

*Keystone has created schedules to assist with movement management for both students and staff, as well as, to identify mask breaks, mealtimes within classrooms, prescribed cleaning times, and instructional time.*

### Extended School Year Mock Schedule

8:15	<b>Environmental/Material Assessment:</b> PPE Check, Cleaning material check etc.
9:00	<b>Morning Greeting:</b> Circle: Schedule review <ul style="list-style-type: none"> <li>● Instructional support on COVID/PPE</li> <li>● Instructional support on “Safe environment protocol”</li> <li>● Exposure trials PPE</li> </ul>
9:20	<b>IEP Instruction</b>
10:00	<b>Reinforcement Break</b>
10:10	<b>IEP Instruction</b>
10:45	<i>Prescribed Cleaning time</i> Mask Break: Movement opportunity Playground
11:15	<b>Instructional Support on Hygiene Protocol</b>
11:30	<b>Lunch</b>
	<b>Mask Break</b>
11:50	<i>Prescribed Cleaning time</i>
12:00	<b>Wrap up of day</b>
12:30	<b>Van Sequence</b>
1:00	<i>Deep Clean of Classroom: power spray high touch surface</i>

### Proposed Path to Reopening:

In order to safely and competently open the Keystone Programs for learning on August 31, 2020, I am proposing a phased-in approach, much like that of the phased opening of the Commonwealth. Currently, the MTA and DESE are in discussion on the required training and support that districts will require and the 180 requirement. Keystone Educational Collaborative will modify their calendar to reflect the decision of the state agencies and will utilize the time to ensure appropriate training for all staff throughout the various different sites. This additional time will provide us with maximum flexibility that will allow us the nimble dexterity and operational capacity to adjust and move along the continuum of opening postures as needed and determined by the status of COVID-19.

The phased-opening plan begins on Aug 24, 2020 with 5 -10 days of faculty and staff training and preparation. **THERE WILL BE NO STUDENTS PRESENT FOR IN-PERSON LEARNING OVER THESE 5 DAYS.** DESE is currently addressing the need to seek a waiver for the 180 school day requirement for student learning (this may be 170-175 days). This time will be used to train faculty and

staff in the necessary new safety protocols and operational protocols that will be articulated in each school's reopening plan. School leadership teams will utilize the time to review the various leased district reopening plans and their different protocols. Programs sites leaders will operationalize our plan by developing their site-level protocols and procedures for opening in collaboration with district site plans.

Dependent on state agency recommendation on school day requirements, Keystone Educational Collaborative will open its doors *for in person instruction for its high need students*. Since the Collaborative is an educational entity that utilizes public school sites we will continue to collaborate on the various different proposed plans set forth by the districts. Some logistical considerations that have been accounted for, but will develop when districts have completed their proposed reopening plan.


SERVING MEALS GUIDANCE		
REMOTE	HYBRID	FULL ENTRY
<p>District/School Requirements:</p> <ul style="list-style-type: none"> <li>• Establish food distribution sites both at district buildings and at particular bus stops/routes, to the greatest extent practicable.</li> <li>• Practice established social distancing protocols to the greatest extent practicable.</li> <li>• Provide PPE to participating staff.</li> </ul> <p>District/School Considerations:</p> <ul style="list-style-type: none"> <li>• Reduce contact by delivering a week's worth of meals during a designated time (ex: delivering a week's worth of meals every Monday).<sup>4</sup></li> <li>• Distribute supplemental instructional materials and printed district/school communications along with meals.</li> </ul>	<p>Coordinate with District/School Requirements:</p> <ul style="list-style-type: none"> <li>• Provide meals to students per remote guidelines for those students who are doing remote learning on any given day.</li> </ul> <p>District/School Considerations:</p> <ul style="list-style-type: none"> <li>• Use disposable plates, utensils, etc.</li> </ul> <p>If serving meals in cafeteria:</p> <ul style="list-style-type: none"> <li>– Mark spaced lines to enter the cafeteria and serving lines; designate entrances and exit flow paths.</li> <li>– Schedule longer meal periods for more staggered meal delivery.</li> <li>– Maximize social distancing to space seating and utilize outdoor seating as practicable and appropriate.</li> <li>– Conduct cleaning of cafeterias and high-touch surfaces throughout the school day. If serving meals in classrooms:</li> <li>– Consider pre-packaged boxes or bags for each student instead of traditional serving lines.</li> <li>– Avoid sharing of foods and utensils</li> </ul> <p>Keystone students will utilize their classrooms as a current meal location to minimize the identified safety risks and to ensure consistency of protocols and as part of the daily schedule. Classrooms will be wiped down before and after meal times, as well as students and staff will also practice basic hand hygiene. After meal opportunities, trash receptacle will be removed and emptied to ensure a clean environment and not to attract other sanitary issues.</p> <p>Outdoor mealtimes will be considered based upon the temperature and based upon nursing recommendations based upon students within a classroom (e.g. allergies, heat sensitivity, light sensitivity due to medication etc.).</p>	

## TRANSPORTING STUDENTS GUIDANCE

REMOTE	HYBRID	FULL ENTRY
<p>While school buildings are closed, districts/schools should require only that staff performing essential services such as food service preparation and delivery, cleaning, and sanitation report in person to carry out functions that are absolutely necessary.</p> <p>District/School Considerations:</p> <ul style="list-style-type: none"> <li>• If feasible, school buildings can remain open for a limited set of students and staff in order to continue in-person educational services for students in grades PreK–3 and students with special needs at a maximum 5:1 student to teacher ratio.</li> <li>• District/school leaders must remain vigilant and purposeful as they determine roles, responsibilities, and reporting requirements for staff, refraining from blanket reporting requirements.</li> <li>• District/school leaders should leverage virtual tools and platforms wherever possible to conduct essential business and keep in-person reporting to an absolute minimum during school closures.</li> </ul>	<p>District/School Considerations:</p> <ul style="list-style-type: none"> <li>• Face coverings are required for all students and staff except while eating, drinking and exercising (including exercising during recess), with limited exceptions for students or staff that have medical reasons for not being able to wear a mask or face shield.</li> <li>• Contracted bus companies should have identified CoVID protocols for the safe operational and transport of students. Protocols should be shared with districts and meet state guidelines.</li> <li>• All districts/schools must work with state and local health officials to have a plan for contact tracing.</li> <li>• Screen all students to the extent practicable: Contracted van companies should be able to identify sign and symptoms and communicate to school personnel if students has exhibited during transit.</li> <li>• Restrict nonessential visitors and volunteers.</li> <li>• Establish a protocol for essential visitors: calling the front office before entering, screening visitors, requiring use of face coverings/masks, etc.</li> <li>• Avoid large group gatherings.</li> <li>• Mark spaced lines to enter the building and designate entrance and exit flow paths.</li> <li>• Establish a protocol for student pickup/drop-off, such as staggered entry and release (by grade, class, or bus numbers) with marked spacing for pickup.             <ul style="list-style-type: none"> <li>• Post signage in classrooms, hallways, and entrances to communicate how to stop the spread of COVID-19.</li> <li>• Assigned student seating on vehicles.</li> <li>• Drivers and Monitors required to follow mask and physical distancing protocols.</li> </ul> </li> </ul> <p>Currently, Keystone students are transported by our member districts with smaller contracted van vendors. Students are typically assigned a typical route with a specified driver/ monitor creating a cohort model that would assist with contract tracing. Due to the varying locations of our students, as well as their individualized transport needs, a majority of our students already are transported on a limited capacity per vehicle. In Accordance with DESE Transportation Guidance on July 22, 2020, students will be transported with 1 student per bench unless from the same household, maintaining the minimal physical distance. Staff will provide a proactive approach and will identify if students are not being transported in a safe manner to the driver as well as communicate to the sending district special education liaison. Data collected during the ESY initial phases showed contracted van</p>	



	<p>companies were in 90 % compliance with guidelines recommended by the state (e.g. students wearing masks, driver and monitor with mask and or gloves if necessary, appropriate spacing based upon Transportation Guidelines issued by the state, etc). Only component that was not assessed was individual cleaning guidelines by the vendors btw routes.</p>
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	<p><i>Keystone Educational Collaborative has identified our Lead School Nurse Abigail Bellevue as the COVID-19 Response Leader. She will work collaboratively with building administrators and executive director on the day to day operation, maintaining a healthy and safe environment</i></p>
	<p><i>Keystone will continue to follow our basic protocol plan for administering medication including a plan for the treatment of students with asthma and other chronic illnesses. School health professionals will work with primary care providers (provided they have parental consent to do so) to identify alternatives to nebulizer treatments in the school setting, such as metered dose inhalers (MDIs) with a spacer. In each program site, Keystone has designated a secondary space for students or staff that may have signs or symptoms of COVID and will be awaiting protocol from DESE on procedures if a secondary or primary nurse is absent or effected and is not available 7/29/20 (Superintendent/ DESE recording)</i></p>
	<p><i>Keystone Educational Collaborative has worked with their Lead Nurse Director, the Department of Education, and outside medical agencies to create a checklist of symptoms against which individuals should assess themselves prior to their shifts. All personnel should assess themselves once at the beginning of their shift and once in the evening. Staff Acknowledge that they are asked to complete such documents as part of the Policy on Healthy Environment Code of Conduct.</i></p> <p><i>Keystone acknowledges that there are no cardinal symptoms of COVID-19. Unfortunately, this means that the virus may be difficult to detect in its early stages. Temperature is an especially difficult symptom since it may not appear readily. As a result, personnel should note any unusual symptoms that they might be experiencing</i></p>

*Keystone Educational TEAM will also have parents and or students complete a checklist prior to school or during the time of entrance within the building. Designated staff will be trained on signs and symptoms to be aware of for students that may not be able to verbalize or complete the checklist.*

*UMASS Amherst had created a Self-Checklist which will be supplied to staff prior to the shift starting to be completed and turned into the Nursing department within each individual program.*

## **COVID-19 Symptoms**

### **Compared To Other Common Conditions**

<b>SYMPTOM</b>	<b>COVID-19</b>	<b>COMMON COLD</b>	<b>FLU</b>	<b>ALLERGIES</b>
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No
Fatigue	Sometimes	Sometimes	Common	Sometimes
Diarrhea	Rare	No	Sometimes*	No
Runny nose	Rare	Common	Sometimes	Common
Sneezing	No	Common	No	Common

\*Sometimes for children

SOURCES: CDC, WHO, American College of Allergy, Asthma and Immunology



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### **Covid Space**

A separate COVID-19 space will be provided for students who are demonstrating relevant symptoms. This space will be the former small conference room located within the Health Office. Both doors to the hall will remain locked and signage will be displayed identifying the bathroom and room and Covid-19 spaces only. The spaces may not be used for any other use. Keystone’s leased sites within public schools will have to work on logistics of building base sites versus creating their own designated isolation rooms.

Suspected cases will be escorted to this room through the back hallway, not via the main office. Students awaiting pickup by a parent will be checked on by the nurse frequently. When it is time for pick up, students will exit through the small hallway adjacent to the health office. The room will then go through cleaning and disinfecting according to protocol. Signs on the outside of doors to indicate rooms that require cleaning.

## KEYSTONE EDUCATIONAL COLLABORATIVE HEALTH PROTOCOLS

This document is provided to families and member districts as an example of a health protocol that Keystone Educational Collaborative will be working to adopt these standards which are not required by law and are evolving as new information and recommendations are provided by the Centers for Disease Control (CDC). Keystone will work with the local health departments and state authorities to ensure that these protocols align with the most current scientific knowledge. Keystone will work with their stakeholders to adopt protocol that is consistent with community expectations. Keystone will also be utilizing DESE's Protocols for Providing Covid-19 scenarios in Schools, Bus and communities as a reference guide. (July 17,2020)

This document was written following the most recent guidance from the MA Department of Education, which is based on state and federal data from the CDC, the American Academy of Pediatrics, and a variety of other experts.

The COVID-19 pandemic is not over. Some people have or will acquire COVID-19 without symptoms or with mild to moderate symptoms. However, some individuals become severely ill and many have died. We know a lot more about this virus than we did six months ago, and can therefore safely reopen our schools as long as health and safety guidelines are vigilantly followed. It appears, from more recent data, that children are less likely to contract or transmit COVID-19.

COVID-19 is highly contagious, but it behaves differently than some other viruses. It is spread primarily from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of those nearby and possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about six feet). The spread of COVID-19 has been difficult to control, in part to the fact that not all who are infected display symptoms. The best ways to prevent spread are to maintain distance from other people, avoid large crowds, cover your mouth and nose, wash and sanitize your hands frequently, clean high-touch surfaces frequently, and stay home if you have symptoms or have been exposed.

It is essential for the school community to work together to prevent the introduction and spread of COVID-19 in the school environment and in the community while still providing a quality education program.

### Screening upon entry

Checking for symptoms each morning by families and caregivers is critical and will serve as the primary screening mechanism for COVID-19 symptoms. Districts should provide information to families in their primary language to support them in conducting symptom checks and ensuring it is understood that families should not send their children to school if they exhibit COVID-19 symptoms. FLLAC: Keystone will be providing a checklist of symptoms and other guides to districts

to help families and students.

Screening procedures are not required 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 healthcare point of contact.

As noted in previous guidance, temperature checks are not recommended as screening for all students due to the high likelihood of potential false positive and false negative results.

### Exclusion from School

Students and employees will be excluded from school if they test positive for COVID-19 or exhibit one or more of the symptoms of COVID-19 based on CDC Guidance that is not otherwise explained:

#### SYMPTOMS

Fever of 100° F or greater  
Cough  
Shortness of breath or difficulty breathing  
Chills  
Repeated shaking with chills  
Muscle pain  
Headache  
Sore throat  
New loss of taste or smell

**If your child develops symptoms while at school:**

If a student has symptoms during the school day, they will be moved to an isolation area and monitored while a parent is called for immediate pick-up. You are expected to get your child immediately and obtain documentation recognizing your child was seen by a medical professional. Medical professionals will provide appropriate testing based upon symptoms. Families will be required to supply medical documentation upon return to school.

**If a student or staff member who has been at school tests positive:**

If we learn of a student or staff member who tests positive for COVID-19 we will contact DPH for guidance on contact tracing and whether or not a room, a section of a school, or a whole school needs to be closed for deep cleaning. Those deemed at risk will be informed that they have been exposed and will be asked to follow the procedures listed above under “If you have been exposed to COVID-19.” Those affected by the closure of a room,

section, or building will be informed that there has been a case and that although they are not considered to be in the “exposed” category, they should monitor for symptoms. The confidentiality of the positive individual will be maintained.

*\*\*At this time the state agencies have not identified the recommended number of individuals exposed before the required shutdown of a school.*

Given the nature of the pandemic, an administrator will make additional medical inquiries of staff and students than they otherwise would have. Please note that federal law typically limits the type of medical inquiries that can be made, but given the nature of the pandemic, more leeway has been given by federal agencies in this circumstance.

If a parent notifies a FLLAC: Keystone staff that a student is ill, the COVID Nurse Team Leader may ask the parent whether the student is exhibiting any symptoms of COVID-19. If an employee calls in sick or appears ill, the COVID Nurse Team Leader will inquire as to whether the employee is experiencing any COVID-19 symptoms. The COVID Nurse Team Leader or designee may take the temperature of students, employees and visitors to school property on a random basis or in situations where there is reason to believe that the person may be ill. If someone is sneezing or coughing, he or she may be excluded to minimize the spread of bodily fluids, even if the person is not exhibiting signs of COVID-19. If a person is obviously ill the COVID Nurse Team Leader or designee may make additional inquiries and may exclude the person from school property until further evaluation by a medical personnel can guide the individual on what is best protocol for their individual situation.

### **Separation While in School**

Each program at FLLAC: Keystone will have a room or space separate from the nurse’s office where students or employees who may have COVID-19 or another communicable disease will wait to be evaluated or for pickup.

Students will be given a mask to wear. Only essential staff and students assigned to the room may enter, all will sign in so that there is a record of the persons who entered the room, and the room will be disinfected several times throughout the day. Strict social distancing is required, and staff must wear appropriate PPE. Students who are ill will be walked out of the building to their parents.

## Return to School After Exclusion

Once a student or employee is excluded from the school environment, they may return if they satisfy the recommendations of the CDC. Currently those guidelines are:

1. **Untested.** Persons who have not received a test proving or disproving the presence of COVID-19 but experience symptoms may return if the following three conditions are met:

- They have not had a fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers); and
- Other symptoms have improved (for example, when your cough or shortness of breath have improved); and
- At least seven (7) calendar days have passed since your symptoms first appeared and with recommendations for the individual to be seen by medical professionals to be provided for further guidance to return to school/ work.

2. **Tested.** Persons who experienced symptoms and have been tested for COVID-19 may return to school if the following three conditions are met:

- They no longer have a fever (without the use medicine that reduces fevers); and
- Other symptoms have improved (for example, when your cough or shortness of breath have improved); and
- They have received two negative tests in a row, at least 24 hours apart.
- Recommendations for the individual to be seen by medical professionals to be provided for further guidance to return to school/ work.

3. **Tested with no symptoms.** Persons who have not had symptoms but test positive for COVID-19 may return when they have gone seven (7) calendar days without symptoms and have been released by a health care provider for further guidance to return to school/ work.

Students may also return if they are approved to do so in writing by the student's health care provider.

### Siblings or Other Students in the Household

If a student is excluded from school due to COVID-19 symptoms or has had a positive COVID-19 test, his or her siblings or other individuals living in the same household will be questioned and if they exhibit symptoms, they will also be excluded from school. If they do not exhibit symptoms, they may still be excluded from school and asked to self-quarantine, but it is recommended for the individual to be seen by medical professionals to be provided for further guidance to return to school/ work.



### **Confirmed Case of COVID-19 In the School Building**

When there is confirmation that a person infected with COVID-19 was in a school building, the COVID Team Leader will contact the local health department immediately. Unless extenuating circumstances exist, the COVID Team Leader will communicate with the executive director and all stakeholders and will close the school building for a minimum of two to five\* days, and work with the local health department to assess factors such as the likelihood of exposure to employees and students in the building, the number of cases in the community and other factors that will determine when the building should reopen.

*\*Currently the state medical agencies have not assigned a specific period of closures identified for educational facilities if positive cases of COVID have been identified and will be identified when such agencies have done so.*

The COVID Team Leader or designee will contact parents/students and employees and notify them that a person who tested positive for COVID-19 was in the building and encourage cooperation with all of the stakeholders and the local health department to trace contacts with the individual. The individual who tested positive will not be identified in communications to the school community at large but may need to be selectively identified for contact tracing by the health department.

While the school building is closed, all school activities will be cancelled or rescheduled, regardless of whether the activity was to take place in the building or another location, including extracurricular activities, before and after-school programs, and field trips.

### **Student supports and professional learning**

Please include the following information in this section: (a) safety, wellness, and social emotional supports; (b) planning and instruction; (c) assessment; and (d) intervention.

As part of the initial 5 day training that the collaborative has embedded into its calendar, we will have 3 days of training that will be supplied by our SEL curriculum that we have identified for our student population that has been CASEL approved. Training will be conducted across all program staff and will incorporate a specialized instruction for our counselors to be able to utilize curriculum that will be embedded within the classroom and also merging counselors levels of skills set with complex topic areas (e.g. pandemic). The collaborative has also identified a point person as a senior clinician in conjunction with an external contracted psychiatrist to assist with the potential growing needs of both our staff, students, and families needs. A multidisciplinary TEAM has been created consisting of psychiatrist, school psychologist, BCBA, counselors, and educational stakeholders to meet on a prescribed basis to discuss individualized student supports as well as global accommodations that will need to be created within the programs.

**Other:**

Currently the collaborative operates a majority of its classroom space within public school location. Potential shutdowns or districts inability to maintain space agreement will require the collaborative to identify alternate space and complete the necessary forms for approval. Due to the current state of affairs DESE acknowledges this as a variable and the collaborative will adhere to the guidelines in best effort to support our high need students. Current contingency plans will be drafted to support our student needs and the department will receive the proper verbal notification to move forward while the required physical paperwork has been approved within approved sites.

**Attestation to Health and Safety Requirements**

At this time, Keystone Educational Collaborative Districts attest that we meet the health and safety guidelines issued by the Department of Elementary and Secondary Education as it appeared in DESE's initial fall reopening guidance.

## TRAINING

### Examples

#### Daily Checklist: Staff and Students

#### TRAINING: Students

##### **Student Training Video on COVID**

<https://www.youtube.com/watch?v=MVvVTDhGqaA&vl=en>

##### **Social Distancing for Kids**

<https://www.youtube.com/watch?v=KXUT62G-IcU>

##### **Wearing Mask and Prevention for Kids**

<https://www.youtube.com/watch?v=lgaKLPsXQag>

[https://www.youtube.com/watch?v=lnP-uMn6q\\_U](https://www.youtube.com/watch?v=lnP-uMn6q_U)

##### **Washing Hands as Prevention**

<https://www.youtube.com/watch?v=kfbU9Ie9tFc>

<https://www.youtube.com/watch?v=yrY5N7qVC7w>

#### TRAINING: Staff

##### **Staff Training PPE**

[https://mymedia.bu.edu/media/PPEforCOVID-19/1\\_7asqqmdw](https://mymedia.bu.edu/media/PPEforCOVID-19/1_7asqqmdw)

##### **CDC: Social Distancing**

<https://www.youtube.com/watch?v=GDDDz89EhSU>

##### **How Social Distancing slows the Spread**

<https://www.youtube.com/watch?v=8x20vBOKGNY>

##### **Preventing Transmission: Environmental Cleaning**

<https://www.youtube.com/watch?v=EYCVYcbgCGc>

##### **Cleaning vs. Disinfecting**

<https://www.youtube.com/watch?v=VRNDD4WI3eU>

##### **CDC Guidelines for Disinfecting Work Environment**

<https://www.youtube.com/watch?v=RC0QbwZWiQ0>

*All Keystone Staff will be required to review and complete comprehension quiz and assessment before they are allowed to work with students in a direct face-to-face model.*

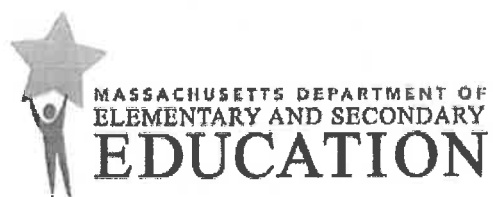




# Initial Fall School Reopening Guidance

**Jeffrey C. Riley**  
**Commissioner**

June 25, 2020





## Opening Letter from Commissioner Jeffrey C. Riley

June 25, 2020

Dear Fellow Educators, School Administrators, Parents, and Community Members,

After a spring unlike any before, I write to you about our plans for the fall with the wellbeing of our students, teachers, staff, and communities firmly in mind. It is sobering to think of the sickness and fatalities caused by COVID-19 in our state, in our nation, and around the world. It is also distressing to witness the murder of George Floyd and others and know that this is a reflection not of a single incident, but a long history of inequity. Through the lens of these two issues, we look at how to best open our schools this fall.

After weeks of discussion with many stakeholders, including our members of our Return-to-School Working Group, infectious disease physicians, pediatricians, and other public health experts; a thorough review of the medical literature; and evaluating what works best for our students, we want to start the school year with as many of our students as possible returning to in-person settings—safely. If the current positive public health metrics hold, we believe that when we follow critical health requirements, we can safely return to in-person school this fall with plans in place to protect all members of our educational community.

Part of our responsibility as educators, administrators, and parents is to do all that we can to help our children in this difficult time. As we all know, there is no substitute for the attention and engagement that is only possible with in-person learning. We can mitigate the risks associated with COVID-19 for in-person school programs and prevent the significant consequences of keeping students out of school and isolated. It will take all of us working together to make this successful.

In the memo that follows, DESE is providing initial guidance for school reopening this fall that prioritizes getting our students back to school in person—safely, following a comprehensive set of health and safety requirements. At the same time, DESE is requiring each district and school to also plan for remote learning and a hybrid school model, a combination of in-person and remote learning, should local conditions change this fall or winter.

The fall reopening guidance comes from a place of deep care and concern, with a focus on translating the public health data and evidence into practical application for school settings. We also acknowledge that it will likely elicit many new questions. We intend to address the most common questions in a running series of FAQs, along with additional specific topical guidance throughout the summer.

I look forward to hearing from you and working together to plan for our children's individual and collective success in the school year ahead.

Jeffrey C. Riley  
Commissioner of Elementary and Secondary Education

## MEMORANDUM

To: Superintendents, Charter School Leaders, Assistant Superintendents, Leaders of Special Education Schools, and Collaborative Leaders  
Fr: Jeffrey C. Riley, Commissioner  
Date: June 25, 2020  
Re: **DESE Initial Fall School Reopening Memo**

With this memo, we are providing districts and schools with initial guidance on reopening for the fall. In this guidance, we:

- **Clearly state our goal for this fall: the safe return of as many students as possible to in-person school settings, to maximize learning and address our students' holistic needs.** If the current positive public health metrics hold, we believe that by following critical health requirements, we can safely return to in-person school.
- **Provide a clear set of health and safety requirements for in-person learning this fall, grounded in the most up-to-date scientific literature and discussions with expert medical advisors.** While subject to revision as the COVID-19 pandemic evolves and more scientific evidence becomes available, these requirements will serve as an initial planning blueprint for the in-person return of students and staff this fall.
- **Require districts and schools to prepare a reopening plan that addresses three possible learning models for this fall:** in-person learning with new safety requirements, a hybrid of in-person and remote learning, and the continuation of remote learning (to ensure continuity of learning throughout the school year, even if circumstances change). Schools will also need a focused plan for special student populations. Districts and schools will be required to submit a comprehensive reopening plan to the Department of Elementary and Secondary Education (DESE) in August that addresses these three models. More information will follow shortly.
- **Outline the future guidance and other supports that DESE will provide in the coming weeks.**

This initial fall memo is one of several updates you will receive from us about fall reopening, with more information to come in July. Districts and schools have already received initial supplies guidance and also two documents for summer school planning – initial summer school guidance and guidance on summer 2020 special education services. Earlier this spring, we also provided initial and then more comprehensive guidance on remote learning.

Developing this initial fall memo required us to draw on the perspectives of both the educational *and* medical communities. To that end, this guidance reflects weeks of intensive conversations with education stakeholders, including our Return-to-School Working Group, and collaboration with infectious disease physicians, pediatricians and public health experts from the Massachusetts General Brigham Health System and the Massachusetts chapter of American Academy of Pediatrics. Our process has included a close review of guidelines from the Centers for Disease Control (CDC) and World Health Organization (WHO), as well as available medical literature on COVID-19 related to children and school settings. Finally, we consulted with the MA COVID-19 Command Center's Medical Advisory Board, comprised of physicians and other

health experts, which carefully reviewed the health and safety requirements for in-person learning outlined in this document.

## **Background and context**

On March 17, 2020, all elementary and secondary public and private schools in the Commonwealth were ordered to cease in-person instruction, as part of the statewide plan to combat the COVID-19 pandemic and rapidly reduce the transmission of the novel coronavirus. This closure was later extended to last through the end of the 2019-20 school year.

We are currently in Phase 2 of Reopening Massachusetts, and more businesses are able to resume operations with restrictions and capacity limitations. We are optimistic that with our collective continued vigilance (wearing masks, hand washing/sanitizing, staying home when sick), Massachusetts will continue to progress through subsequent reopening phases.

The virus has had different impacts on communities across the state; several cities and towns were impacted significantly, while others have had few infections and no reported fatalities. Over the past several weeks, Massachusetts has seen rates of infections, hospitalizations and fatalities fall steadily, even as the virus remains a significant concern in several communities. As we all know, the COVID-19 context in Massachusetts is not static, and we will continue to monitor the situation closely.

At the same time, other countries have taken steps to reopen schools, which has provided the medical community with an opportunity to study the impacts of the virus in school settings and on children, providing valuable data and strategies that have been effective in reducing the risk of infection and transmission.

In our discussions with infectious disease physicians and other health experts, we have used both local and international data, trends, and case studies to inform our initial guidance for the fall.

## **Our goal for this fall**

**Our goal for the fall is to safely bring back as many students as possible to in-person school settings, to maximize learning and address our students' holistic needs. With the information provided in this memo, districts and schools should begin planning for a fall return that includes multiple possibilities, with a focus first and foremost on getting our students back into school buildings.**

There is a clear consensus from both education and medical groups: we must keep in mind not only the risks associated with COVID-19 for in-person school programs, but also the known challenges and consequences of keeping students out of school. While remote learning has improved over the course of the school closures, there is no substitute for in-person instruction when it comes to the quality of students' academic learning. In-person school plays an equally important role in our ability to support students' social-emotional needs, including their mental and physical health, and in mitigating the impacts of trauma. We also recognize how disruptive

school closures have been to families trying to maintain regular work schedules and manage household needs, including childcare, while also facilitating remote learning.

Moreover, in light of recent events and a national movement to fight for racial justice, it is even more critical that our students are able to quickly return to robust learning opportunities and a supportive school environment, through which we can engage in meaningful discussions on anti-racism, provide mental health supports, and help to prepare our young people to bring about the changes our world desperately needs.

In discussions with infectious disease physicians, other medical advisers, and the COVID-19 Command Center’s Medical Advisory Board, we were heartened to learn that – based on current data and research – the medical community supports the return of our students to in-person learning, with appropriate health and safety guardrails in place. **With adherence to a comprehensive set of critical health and safety requirements, we can bring our students, staff, and families safely back to school.**

Most of us are now quite familiar with the critical health and safety practices that reduce the risk of transmission of COVID-19. These include rigorous hygiene and handwashing, use of masks/face coverings, physical distancing, reducing interaction between groups, staying home when sick, protecting those most vulnerable to the disease, and expanding testing and tracing capabilities, among others.

However, what can often get lost in long lists of practices is that it is not one mitigation strategy, but a *combination* of all these strategies taken together that will substantially reduce the risk of transmission. **In other words, establishing a culture of health and safety in our schools that focuses on regularly enforcing these important practices is more important than any one measure.**

## **Contextual factors**

We recognize that several critical factors affect our ability to bring students back to in-person school settings this fall.

**Financial resources.** For planning purposes, districts and schools should assume a “level service plus” budget in order to bring students back in person; in other words, additional funds on top of their projected budgets to manage additional costs associated with health and safety preparations. We also recognize that “level service plus” must include additional resources targeted to our historically under-resourced communities. While schools and districts, through the city or town in which they are located, have already received federal CARES Act funds to support COVID-19 related purchases such as health and safety supplies/PPE, technology, and facilities upgrades, **the Commonwealth is making additional funding sources available directly to schools and districts to support reopening.**

To date, the following federal grants have been available to cities and towns for educational expenses related to COVID-19:

- \$193.8 million from the Elementary and Secondary School Emergency Relief (ESSER) Fund to districts, largely based on the Title I formula.
- A portion of the \$502 million from the Coronavirus Relief Fund (CvRF) already allocated to cities and towns, of which a meaningful amount of submitted costs are related to education.
- Up to \$15 million in competitive federal funds for which the Executive Office of Education (EOE) and DESE have applied.

**In addition to the above funds, the Commonwealth is making available:**

- **An additional \$202 million from the CvRF for a new grant round to support school reopening.** Of the \$202 million, \$182 million will be formula grants (\$225 per pupil) and \$20 million will be available at the Commissioner's discretion for distribution to districts with unmet needs. In accordance with federal rules, these funds must be spent by December 30, 2020 for COVID-19 related expenses. Funding for the City of Boston and Plymouth County are separate and in addition to these funds.
- **\$25 million available for remote learning technology grants** through which the Commonwealth will provide a 100% state match to districts for their remote learning needs.

While school and district budgets remain uncertain, these additional resources will support schools and districts to provide a healthy and safe environment for in-person learning in the fall.

**Cold/flu season.** Flu season is another critical factor that could pose significant challenges for schools and students. Not only do flu symptoms closely mirror COVID-19 symptoms, but managing both a bad flu season and ongoing presence of COVID-19 could be highly disruptive for our educational institutions and healthcare system. It is essential that the educational and public health communities, as well as cities and towns, work closely together to ensure as many children and adults as possible receive flu vaccines this fall. Given the high priority of flu vaccinations, particularly this year, the administration will work with these key stakeholders and others on a strategy to enhance flu vaccination coverage in Massachusetts, particularly among school aged children. More guidance will be coming from the Department of Public Health.

**Trajectory of COVID-19.** All guidance in this document is based on the best information we have as of mid-June. We will carefully monitor the data in the coming weeks and months. Districts and schools must be prepared to be flexible and ready to pivot if circumstances change significantly. For this reason, districts and schools must plan not only for in-person learning, but also hybrid learning models (in which students learn in-person for some of the time and remotely for some of the time), and also full remote learning. Remote learning may be a necessary option in the fall for some students who are unable to return to school due to underlying medical conditions and potentially for all students if COVID-19 forces widespread school closures in the future.



## Supporting educators and staff

Our educators and staff are essential to our success as a Commonwealth in preparing for a safe and successful fall reopening. We recognize that educators have been concerned about the challenges of remote learning and student learning loss during school closures this spring, and many educators have been balancing their teaching duties with their own family and personal needs. Some have felt the devastating impact of the virus personally.

We also know educators are eager to teach their students in person again, and that staff members are concerned about the health and safety of their students as well as their own health and safety. We are committed to supporting you with guidance and training as we prepare for fall reopening.

**Based on the combination of health and safety requirements and rigorous protocols that we are putting in place for the fall, we believe the risk of transmission in schools is likely lower than the risk of transmission in many other settings.** Furthermore, based on available data and effective implementation of critical health and safety practices, the rate of in-school transmissions has been low.<sup>1 2 3 4</sup>

We recognize that planning for reopening in this “new normal” will not be easy; we also know that planning is not nearly as important – nor as difficult – as execution. To have a successful school year, we will all have to be problem-solvers, flexible and responsive to data, and willing to course-correct as necessary. It is also important to acknowledge that there will be COVID-19 positive cases in schools, and we will have protocols to help you determine the appropriate next steps when this happens to keep the school community safe.

Educators and other staff who are at higher risk of severe illness from COVID-19 will want to consult with their health care providers about whether and under what circumstances a return to in-person school settings would be medically inadvisable. We will provide guidance to support districts in working with their educators and staff on critical reopening issues, including those who are at higher risk of severe illness from COVID-19.

## Recognizing the special role of families

Families, in consultation with their medical providers, will ultimately make the decision as to whether their children will attend in-person instruction, or whether their children will continue with remote learning. Districts should engage regularly and substantively with families in their primary language to ensure that they have accurate and up-to-date information to make informed decisions about whether an in-person return is best for their children. This also means that all districts will need to have a remote learning program in place for students who are unable to return to in-person school.

Families also play a critical role in supporting the new culture of health and safety that each school must establish. Most importantly, families can help mitigate the transmission of COVID-19 in their school communities by checking their children daily for any COVID-19 symptoms and keeping them home from school if they are sick or have had close contact with a person

diagnosed with COVID-19. Families can also contribute by supporting the use of masks in school and on the bus, arranging alternate transportation whenever possible, communicating with teachers, school leaders and local authorities, and continuing to follow state guidance on health and safety outside of school. DESE will provide further guidance and resources for families.

## Emerging implications from the medical literature

This section summarizes some of the emerging themes and implications from the medical literature on childhood susceptibility to and transmission of COVID-19 as of mid-June 2020. Because COVID-19 is a novel disease, this literature is growing rapidly, and new information is emerging almost every day. Our guidance will continue to evolve as the science develops.

**At this time, the evidence suggests schools have not played a significant role in COVID-19 transmission and that children, particularly younger children, are less likely than adults to be infected with COVID-19. Furthermore, if they become infected, it appears children may be less likely to transmit COVID-19 to others.** Based on these initial findings, the health and safety requirements throughout this guidance, as well as considering the key features of school programming at different grade spans, the current evidence supports a safe in-person return to school with implementation details varying for elementary schools (including pre-kindergarten programs), middle schools, and high schools.

- **Schools do not appear to have played a major role in COVID-19 transmission.** In a review of COVID clusters, only 4% (8 of 210) involved school transmission.<sup>5</sup> In a case study from New South Wales Australia, after 18 cases were found in schools (12 in high schools and 6 in primary schools), only 0.3% of student contacts were infected (1 in 695 individuals in 10 high schools and 1 in 168 individuals in primary schools). No teachers or staff were infected.<sup>6</sup> Additional studies are included in Appendix A.
- **In general, rates of COVID-19 infection are lower for children than for adults.** Based on an analysis of data from six countries, children under 20 are half as susceptible to COVID-19 infection than adults.<sup>7</sup> Furthermore, although children under the age of 18 make up 22% of the U.S. population, they account for less than 2% of all cases of COVID-19.<sup>8</sup> In Massachusetts, children under the age of 19 were about four times less likely than the population at large to be diagnosed with COVID-19.<sup>9</sup> Children are more likely to be asymptomatic, however, which underscores the importance of health behaviors for everyone (masks/face coverings, distancing, handwashing, surface cleaning).<sup>10</sup> Additional studies are included in Appendix A.
- **If exposed, children may be less likely to become infected with COVID-19.** A meta-analysis of studies from several countries found that children were only 44% as likely as adults to become infected after exposure (note: pre-print study).<sup>11</sup> In China, in households with COVID-19 exposure, children under the age of 18 were infected at a rate of 4% compared with 17% for adults.<sup>12</sup> Additional studies are included in Appendix A.
- **If infected, it appears children may be less likely to infect others with COVID-19.** Most transmissions are from adults to children, rather than vice versa; this is different from some other respiratory viruses (note: pre-print study).<sup>13</sup> In a U.S. study of 15 households, 73% of transmissions were from adult to child (the remaining were child-to-child or child-to adult).<sup>14</sup> Additional studies are included in Appendix A.

## **Health and safety requirements and related guidance for in-person learning**

The health and safety of students and staff are our top priority when making the decision to reopen schools for in-person learning in the fall. The following health and safety requirements have been developed in collaboration with infectious disease physicians, pediatricians and public health experts from the Massachusetts General Brigham Health System and the Massachusetts chapter of American Academy of Pediatrics. Our process has included a thorough review of guidelines from the Centers for Disease Control (CDC) and World Health Organization (WHO), as well as available medical literature on COVID-19 related to children and school settings. Finally, the MA COVID-19 Command Center Medical Advisory Board, made up of physicians and other health experts, has carefully reviewed the health and safety requirements for in-person learning outlined in this section.

**At this time, these are the health and safety practices that will enable the safe reopening of schools for in-person learning this fall. These requirements will be modified as needed during the summer and into the fall. In addition to required practices, we have also included guidance on best practices where applicable.**

As general background, COVID-19 spreads when people are in relatively close proximity, through respiratory droplets generated through coughing, sneezing, or talking to an infected person. Among the most effective preventive measures – when used consistently and in combination – are masks/face coverings, physical distancing, handwashing, and cleaning frequently touched surfaces.<sup>15</sup>

**Masks/face coverings:** As the primary route of transmission for COVID-19 is respiratory,<sup>16 17 18</sup> masks or face coverings are among the most critical components of risk reduction.<sup>19 20 21</sup> Masks/face coverings protect the general public against COVID-19 infection,<sup>22</sup> with a recent retrospective study estimating near 80% effectiveness in reducing COVID-19 transmission, especially when worn prior to symptom onset.<sup>23</sup> In the United States, states advising face masks/face coverings be worn in public saw a decline in their COVID-19 growth rates,<sup>24</sup> and community-wide mask/face covering usage contributed to control of COVID-19 in Hong Kong.<sup>25</sup> **At this time, our initial requirements and related guidance are as follows:**

- **Students in grade 2 and above are required to wear a mask/face covering that covers their nose and mouth.** Students in kindergarten and grade 1 should be encouraged to wear a mask/face covering.<sup>26</sup> Face shields may be an option for those students with medical, behavioral, or other challenges who are unable to wear masks/face coverings. Transparent masks may be the best option for both teachers and students in classes for deaf and hard of hearing students. They may also be useful for teachers and younger students who rely on visual / facial cues.
- **Adults, including educators and staff, are required to wear masks/face coverings.**
- **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.
- **Mask breaks should occur** throughout the day.<sup>27</sup> Breaks should occur when students can be six feet apart and ideally outside or at least with the windows open. Further guidance on mask breaks including duration and frequency will be forthcoming, as well as more information about properly removing and putting on masks.

- **Masks/face coverings should be provided by the student/family, but extra disposable face masks should be made available by the school for students who need them. Reusable masks/face coverings provided by families should be washed by families daily. Districts and schools with families experiencing financial hardship and unable to afford masks/face coverings should endeavor to provide masks for students through grant funds described earlier in this document.**
- **Masks/face coverings are required to be worn by everyone on the bus during school bus transportation.**
- **Transparent face coverings provide the opportunity for more visual cues and should be especially considered as an alternative for younger students, students who are deaf and hard of hearing, and their teachers.**

**Physical distancing:** Physical distancing is another important practice that helps mitigate transmission of the virus. While the U.S. federal CDC has recommended maintaining a physical distance of six feet between individuals,<sup>28</sup> the World Health Organization's guidance states approximately three feet.<sup>29</sup> There is no precise threshold for safety; indeed, studies suggest that physical distancing of three feet or more leads to reduced transmission, with additional distance providing additional protection.<sup>30 31</sup> For instance, in a study of household transmission in China, keeping at least three feet of distance was associated with one-fourth the number of transmissions.<sup>32</sup> It is important to note that six feet distancing is emphasized in public health advisories especially when no mask/face covering is worn.

We encourage districts and schools to aim for six feet of distance between individuals where feasible. **At the same time, a minimum physical distance of three feet has been established when combined with the other measures outlined in this list of safety requirements.** Because of the reduced susceptibility in children and lower apparent rates of transmission, establishing a minimum physical distance of three feet is informed by evidence and balances the lower risk of COVID-19 transmission and the overarching benefits of in-person school.

In preparing this document, we have reviewed the physical distance guidance for many other states and countries. In addition to the WHO, several other countries including Denmark, France, China, and Hong Kong recommend one meter (approximately three feet) distance in schools.<sup>33 34</sup> <sup>35 36</sup> The United Kingdom is also changing its guidance to one meter of distance beginning July 4, replacing previous guidance of two meters.<sup>37</sup>

Finally, this guidance is for fall reopening and is predicated on the Commonwealth continuing to progress through the phases of reopening with low COVID-19 public health metrics.<sup>38</sup> It will be critical to continue to take into account the community context of COVID-19 prevalence into the fall and winter. Where the community prevalence of COVID-19 is of concern, increased distancing will need to be considered.

**Our initial requirements and related guidance are as follows:**

- **Distancing requirements:** As reviewed and advised by the Massachusetts COVID-19 Command Center Medical Advisory Group, schools should aim for a physical distance of six feet when feasible, and three feet is the minimum distance allowed.<sup>39</sup> Schools should

seek to maximize physical distance among individuals within their physical and operational constraints.

- **Classroom and facility configuration:** To the extent possible, aim for desks to be spaced six feet apart (but no fewer than three feet apart) and facing the same direction.<sup>40</sup> Again, schools should seek to maximize physical distance between desks within their physical and operational constraints.
- Alternative spaces in the school (e.g., cafeteria, library, and auditorium) should be repurposed to increase the amount of available space to accommodate the maximum distance possible.
  - In these larger spaces, establishing consistent cohorts/classes with separation between the cohorts/classes provides another option to maximize these spaces safely.
- **Additional safety precautions are required for school nurses and/or any staff supporting students with disabilities in close proximity, when distance is not possible:** These precautions must include eye protection (e.g., face shield or goggles) and a mask/face covering. Precautions may also include gloves and disposable gowns or washable outer layer of clothing depending on duration of contact and especially if the individual may come into close contact with bodily fluids.

**Student groups:** To minimize the number of students who would potentially be exposed in the event of a COVID-19 event, to the extent feasible, elementary schools should aim to keep students in the same group throughout the day and middle and high schools are encouraged to minimize mixing student groups to the extent feasible. **Our initial requirements and related guidance are as follows:**

- **Cohorts:** Schools should divide students into small groups that remain with each other throughout the day, with smaller cohort sizes preferred. Schools should look for ways to isolate cohorts of students and prevent inter-group contact to the extent feasible.
- **Capacity:** There are no required maximums on cohort or group sizes, so long as schools adhere to the physical distancing requirements above. (This guidance for the fall will replace previous summer guidance at the start of the school year, assuming positive health metrics hold.)

**Screening upon entry:** Checking for symptoms each morning by families and caregivers is critical and will serve as the primary screening mechanism for COVID-19 symptoms.<sup>41</sup> Schools should provide information to families in their primary language to support them in conducting this symptom check and families should not send their children to school if they exhibit COVID-19 symptoms. We will be providing a checklist of symptoms and other guides to districts and schools to help families and students.

- **Screening procedures are not required 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 healthcare point of contact.
- **As noted in previous guidance, temperature checks are not recommended** as screening for all students due to the high likelihood of potential false positive and false negative results.<sup>42</sup>



**Hand hygiene: Handwashing and hand sanitizing:** Handwashing removes pathogens from the surface of the hands. While handwashing with soap and water is the best option, alcohol-based hand sanitizer (at least 60 percent ethanol or at least 70 percent isopropanol) may be utilized when handwashing is not available.<sup>43 44</sup> As has always been the case, handwashing should be used whenever hands are visibly soiled and after using the bathroom.<sup>45</sup> **Our initial requirements and related guidance are as follows:**

- Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school, before eating, before putting on and taking off masks, and before dismissal.
- **Handwashing:** When handwashing, individuals should use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly, and dry with an individual disposable towel.<sup>46</sup>
- **Hand sanitizing:** If handwashing is not feasible, hand sanitizer with at least 60 percent ethanol or at least 70 percent isopropanol content can be used.<sup>47</sup> Hand sanitizer should be applied to all surfaces of the hands and in sufficient quantity that it takes 20 seconds of rubbing hands together for the sanitizer to dry. Hand sanitizer should be placed at key locations (e.g., building entrances, cafeteria, classrooms).

**COVID-19 related isolation space:** In order to minimize transmission of COVID-19, schools must ensure they have an isolated space available for students displaying COVID-19 symptoms. **Our initial requirements and related guidance are as follows:**

- **Schools are required to designate a COVID-19 related isolation space that is separate from the nurse's office or other space where routine medical care is provided.** A student who shows COVID-19 symptoms during the school day should be moved to the specific room pre-designated for medical-related isolation until they can be picked up by a family member.<sup>48</sup> More information about steps to safely discharge students will be provided in future guidance.

**COVID-19 testing in schools:** At this time, in-school testing is not recommended. Students' families should discuss testing with their health care provider. As the accuracy of point-of-care testing develops, this guidance may change.

**Vaccines:** Districts and schools should work with parents to ensure that students are current on all standard vaccinations before they return to in-person school. In addition, health providers strongly recommend all students and staff get their regular flu vaccine.<sup>49</sup> Whereas for COVID-19 it appears children are less likely to be infected with and to transmit COVID-19, this is not the case for influenza, where children are frequent transmitters.<sup>50 51 52 53</sup> Therefore, ensuring all students, teachers, and staff receive the seasonal flu vaccine is an extremely high priority. The Department of Public Health will be issuing updated guidance regarding vaccines for schools and parents.

**Health and safety/PPE supplies:** Per the initial supply guidance issued by DESE, schools should have an inventory of standard healthcare supplies (e.g., masks and gloves). Use of additional supplies may be optional based on type of tasks performed (e.g., teachers do not need to wear gloves while teaching but may need to during necessary contact with students, such as

when providing physical support to students with disabilities). All districts are eligible for federal CARES Act funds to support these purchases.

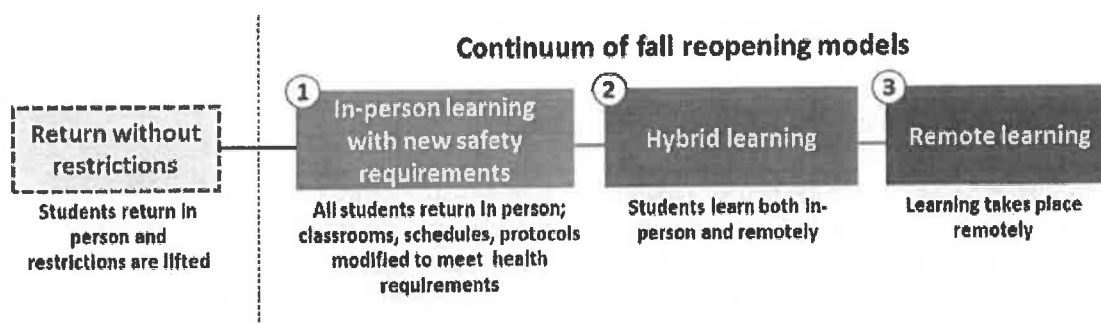
**Additional health and safety protocols:** Other protocols, such as facilities cleaning, are described later in this document.

## District and school fall reopening plans

In this section, we describe the plans we are requiring all districts and schools to create to effectively prepare for fall reopening. This section also offers recommendations on reopening models to support districts and schools in preparing these plans.

### Components of district/school fall reopening plans

Each district and school will need to plan for three possibilities on the continuum of reopening: 1) in-person learning with new safety requirements; 2) a hybrid of in-person and remote learning; and 3) remote learning. In addition, all districts/schools will also need a focused plan for serving special student populations across each of these models.



**1. In-person learning with new safety requirements:** For the fall, the box in light blue represents our goal to get as many students as possible back into schools for in-person learning—safely. In this model, all students return in person to school settings that are appropriately modified to accommodate the health and safety requirements outlined above. Examples of modifications could include altered classroom configurations, setting up additional learning spaces, and schedule changes.

**2. Hybrid learning:** In addition, all districts/schools must create a plan for a hybrid model in the event they are unable to bring all students back to school under the health and safety requirements despite their best efforts, or in case of COVID-19 related circumstances. A hybrid model means that students would alternate between in-person and remote learning. For instance, students could switch between in-person and remote learning on alternating weeks or days of the week.

**3. Remote learning:** All districts and schools are required to have a plan for operating a remote learning program. This model must be available for individual students who cannot yet return in-person, and for all students in the event of future classroom or school closures due to

COVID-19. Additional guidance on statewide support and resources for remote learning will be provided in the coming weeks.

***Plan for special populations:*** Finally, across each of these models, all districts and schools need a plan for how special populations, including students with disabilities and English learners, will receive necessary services and accommodations.

### **Plan development and submission**

**Districts and schools will be required to submit their comprehensive fall reopening plans (all three models) to DESE in August.** In addition, districts and schools will need to post their plans on their websites and complete an attestation to affirm that their fall reopening plans meet the health and safety guidelines established in this and updated guidance documents. We will issue further guidance, including whether any portions of the plans will require approval by DESE (for instance, plans for students with disabilities or others).

**In creating their plans, districts and schools should first prioritize developing an in-person learning model with new safety requirements.** DESE staff will establish multiple communications channels with superintendents and other school stakeholders to monitor how planning for an in-person return to school is progressing. We recognize the importance of equity in this process and will be available to support districts and schools in troubleshooting challenges that may arise.

### **Recommendations from DESE on reopening models**

The model recommendations below assume key contextual factors that are not within our collective control. This includes an assumption of “level service plus” district and school budgets based on current projections, which include additional costs that may come with modifying class sizes, staffing, transportation, facilities, etc. We also recognize that “level service plus” must include additional resources targeted to historically under-resourced communities. The trajectory of the virus and availability of testing and treatments are other critical contextual factors. We will continue to monitor these and other factors and issue updated guidance as needed.

#### **In-person learning with new safety requirements:**

**Learning time:** Districts and schools should plan for an in-person return to school five days per week if feasible.

**Utilizing alternative school spaces:** Districts and schools should consider using their libraries, cafeterias, auditoriums, and other appropriate available spaces to set up additional classrooms to accommodate more students, reduce class size, and/or enable additional distancing while adhering to the health and safety guidelines. Teachers may also hold classes outdoors when feasible.

**Utilizing external facility spaces:** Schools should consider engaging community partners to find spaces outside the school<sup>54</sup> (e.g., libraries, community centers) to set up additional classrooms<sup>55</sup>

to accommodate more students, reduce class size, and/or enable additional distancing while adhering to the health and safety guidelines.

**Staffing alternatives to consider for reducing class sizes:** Specialist teachers and other educators such as instructional coaches, reading specialists, and others who have appropriate certifications may be enlisted to serve as additional core teachers to reduce class sizes in schools.

**Reducing the mixing of student groups:** When in classrooms, all students should have assigned seating. At the elementary school level, students should be restricted to their grade level class to the greatest extent possible. At the middle school level, students should remain with their cohort throughout the day to the extent feasible.

High schools could also consider ways to cohort or cluster students, though we recognize this is more challenging at the high school level:

- **Placing students in cohorts.** When grouping students into cohorts, a school should consider ways to keep families/siblings together (e.g., grouping students alphabetically, while recognizing that some siblings may have different last names).
- **Limiting travel within a school.** High schools may try to group students into clusters in the school (a “school within a school”) to try to reduce interactions with other groups when students move to their next class.

### **Hybrid learning models:**

When planning for a hybrid learning model, we recommend that districts and schools use an A/B cohort model that isolates two distinct cohorts of students who attend school in-person on either different weeks, different days of the week, or half days each day. For instance, Cohort A would attend school in-person from Monday – Friday of Week 1, while Cohort B learns at home remotely. In Week 2, Cohort B would attend in-person school and Cohort A would engage in remote learning at home.

Additional recommendations for hybrid models include:

**High-needs students should be prioritized for full-time in-person learning when feasible.** That is, even if most students are not in school each day, schools should consider setting up small programs that would run daily for one or more cohorts of high-needs students, including students with disabilities and English learners who are most in need of in-person services.

**Students who do not have internet and/or computer access at home** should come into the school and/or to a local partner or community organization, with appropriate supervision, to complete their remote learning school days.

### **Initial fall reopening planning steps**

This section provides a checklist of key actions districts and schools should take in the coming weeks to plan for all three fall reopening models. This list focuses on establishing processes and

communication structures; future guidance will have more details about concrete operational planning.<sup>56</sup> Please see Appendix B and C of this document for initial operational guidance for the fall in a few areas (facilities, operations, and special education).

#### **Point person and teams:**

- ✓ **Name a COVID-19 response leader.** If you have not done so already, name a COVID-19 Response Leader for each school and for the district. The COVID-19 response leaders should coordinate with key district and school personnel on planning efforts over the summer and be a key part of the implementation as schools open.
- ✓ **Establish planning and implementation teams at the district and school levels** to work intensively over the summer on all issues related to school reopening in the fall. Planning and implementation teams should include COVID-19 response leaders, district leaders, school administrators, general and special education teaching staff, school nurses, custodial staff, as well as parents and other local officials and organizations as appropriate. These teams should cover the following essential domains:
  - **Teaching and learning**, including plans for in-person learning, hybrid learning, and remote learning, including technology needs and training.
  - **Student supports**, including addressing mental health and trauma.
  - **Special education, English learners, and other special student populations.**
  - **Personnel and staffing**, including managing staff assignments, supporting staff with high risk medical conditions, addressing the need for possible additional staff to assist with instruction, possible additional needs for tutors, and ways to provide additional support including recruitment of volunteers as needed.
  - **Facilities and operations**, including cleaning and sanitation, classroom and building set-up and flow, and food services.
  - **Transportation**, including bus transportation capacity and safety protocols, management of increased traffic flow from families who decide to drop off/pick up their children, promotion of alternatives such as walking and biking.
  - **Additional topics** should be addressed as appropriate to the school and the district.

#### **Communication plans and structures:**

- ✓ **Develop and begin implementing this summer a plan for communicating more intensively with students, families, staff, and the community.** This plan should include both two-way proactive communication (e.g., providing information and receiving feedback) and emergency communication. Consider creating and practicing communication systems with parents, students, all staff, facility and/or grounds management, and emergency medical services. Ensure translation of any information published by the school into the primary language spoken by the parent/guardian and make interpretation services available for two-way communication.
- ✓ **Establish connections and a process to work with local boards of health** so that all parties are up to date on various statewide and local guidance and plans (e.g., health and safety updates, COVID-19 testing availability, availability of flu vaccines, etc.).

### **Family survey:**

- ✓ **Develop a family survey to support school reopening planning and scheduling.** Districts should consider surveying families multiple times throughout the summer and potentially into the school year. Districts and schools can use the survey to help determine:
  - Children who will return to school in the fall in-person
  - Children who will continue remote learning and for what reasons
  - Children who need internet/technology access, and/or other technical support or one-on-one guidance
  - Children who will need bus transportation
  - Families who are planning to use alternate transportation (e.g., drop off and pick up their children, have their children walk or bike)
  - Families who will need food assistance and other essential services

### **Planning for training:**

- ✓ **Build in time in the fall calendar for training sessions** for staff, students, and families. Training should include health and safety topics (such as the use of safety supplies/PPE, visual screening for symptoms, and health and hygiene practices) and educational topics (such as strengthening remote learning). More guidance will be forthcoming.
- ✓ **Special education:** Ensure additional training time for educators who will provide direct physical support to students with disabilities on the use of the additional protective supplies they will need, including disposable gowns, face shields, etc.

### **Timing and topics for additional guidance**

As districts and schools begin planning in earnest for fall reopening, DESE is committed to supporting you. In the coming weeks, we will issue more guidance on a variety of topics for the fall. We will also continue to update our guidance based on evolving medical information and contextual factors.

### **Below is list of additional topics on which DESE intends to issue guidance:**

- **Fall reopening checklist**, including operations, teaching and learning, student supports, training, and communications needs.
- **Process for handling a COVID-19 positive case in the school community**, including when a school or classroom would need to shut down.
- **Remote learning resources.** We are actively exploring how best to support districts and schools with improving remote learning.
- **Facilities and operations**, including entry and exit procedures, cleaning and ventilation, procurement, food distribution, and signage.
- **Transportation**, including bus scheduling options, addressing bus capacity, and alternative modes of transportation, and operational considerations.
- **Guidance for special programs and student supports**, including special education, English learner education, and other programs and supports.

- **Athletics, extracurriculars, and electives.**
- **Key policies, including academic calendar considerations.**

Supplemental guidance for vocational high schools and programs will also be forthcoming.



## **Appendix A: Details on medical literature review and emerging implications**

This section summarizes some of the emerging themes and implications from the medical literature on childhood susceptibility to and transmission of COVID-19 to date. This is a point-in-time summary as of mid-June 2020.

The evidence suggests that children, particularly younger children, are less likely than adults to be infected with COVID-19. Furthermore, if infected, children may be less likely to transmit COVID-19 to others.

Based on these themes, the health and safety recommendations throughout this guidance, as well as considering the key features of school programming at different grade spans, we believe the evidence supports a safe in-person return to school with implementation varying for elementary, middle school, and high school.

Because COVID-19 is a novel disease, this literature is growing rapidly with new information emerging almost every day. Our guidance will continue to evolve as the science develops.

### **Schools do not appear to have played a major role in COVID-19 transmission.**

- In a review of COVID-19 clusters, only 4% (8 of 210) involved school transmission.<sup>57</sup>
- In a case study from Ireland, after six school cases involving three students ages 10-15 and three adults, there were no confirmed transmissions despite there being over 1,000 school contacts of these individuals (students and staff).<sup>58</sup>
- In a case study from New South Wales Australia, after 18 cases were found in schools (12 in high schools and 6 in primary schools), only 0.3% of student contacts were infected (1 in 695 individuals in 10 high schools and 1 in 168 individuals in primary schools). No teachers or staff were infected.<sup>59</sup>
- One infected student (9 years old) in the French Alps attended three schools while symptomatic; none of 112 contacts became infected.<sup>60</sup>

### **In general, rates of COVID-19 infection are lower for children than for adults.**

- Based on data from six countries, children under 20 are half as susceptible to COVID-19 infection than adults.<sup>61</sup> However, this study also found infection in children to be more likely to be asymptomatic, which underscores the importance of health behaviors for everyone (masks/face coverings, distancing, handwashing, surface cleaning).
- Although children under the age of 18 make up 22% of the U.S. population, they account for less than 2% of all cases of COVID-19.<sup>62</sup>
- In a South Korea study, children under 20 only accounted for 6.2% of all positive cases.<sup>63</sup>
- After an outbreak in Italy, no children under 10 were infected and children 11-20 were infected at half the overall rate.<sup>64</sup> (Note: pre-print study; has not yet been peer-reviewed)
- In a Chicago study, only 1% of COVID-19 cases in Chicago were in children 0-17.<sup>65</sup>
- In Massachusetts, children under the age of 19 were about four times less likely than the population at large to be diagnosed with COVID-19.<sup>66</sup>

### **If exposed, children may be less likely to become infected with COVID-19.**

- In China, in households with COVID-19 exposure, children under the age of 18 were infected at a rate of 4% compared with 17% for adults.<sup>67</sup>

- In another study from China, exposed children less than 19 years of age became infected at a rate of 5.3%, vs. 13.7% for 20-59 and 17.7% for 60+.<sup>68</sup> (Note: pre-print study; has not yet been peer-reviewed)
- In one study from Japan, 7.2% of exposed male children ages 0-19 and 3.8% of exposed female children tested positive for COVID-19, compared to 22.2% of exposed males ages 20-59 and 21.9% of exposed females ages 20-59.<sup>69</sup> (Note: pre-print study; has not yet been peer-reviewed)
- In NYC, in households with at least one COVID-19 case, prevalence of infection for children 5-≤18 was 31.9% vs. overall prevalence 52.5%.<sup>70</sup>
- A meta-analysis of studies from several countries found that children were only 44% as likely as adults to become infected after exposure.<sup>71</sup> (Note: pre-print study; has not yet been peer-reviewed)
- A study in Israel found that children 5-17 were 61% less likely to have positive COVID-19 tests compared with adults in the same household.<sup>72</sup>

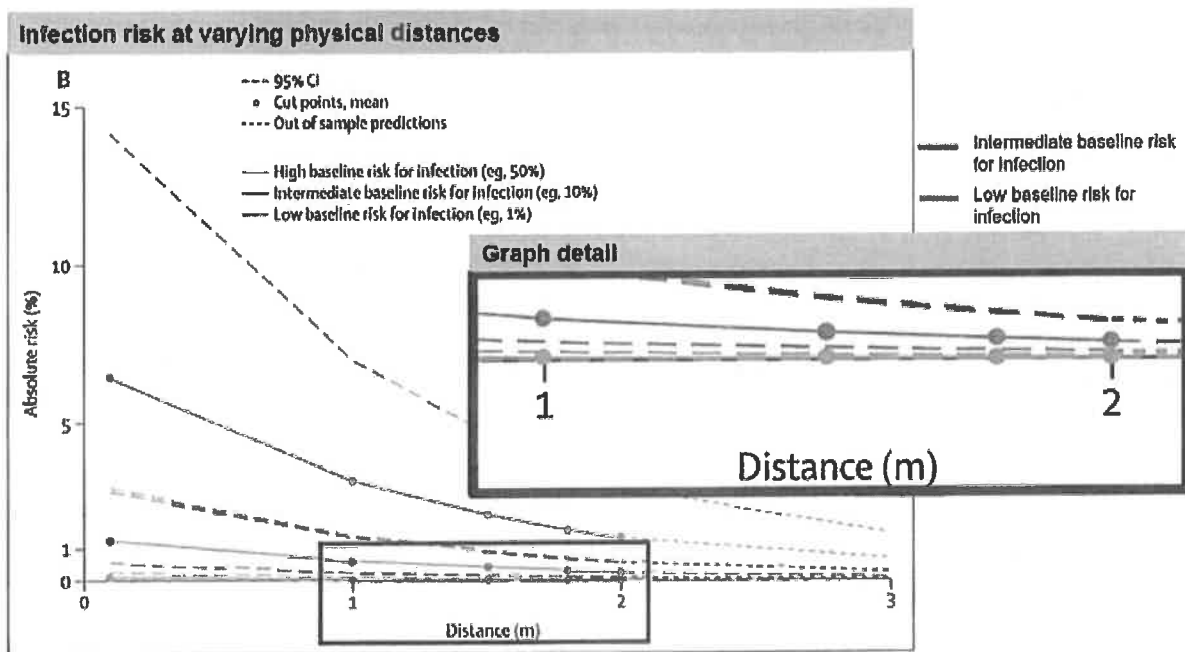
**If infected, children may be less likely to infect others with COVID-19.**

- Analysis of clusters of patients with COVID-19 indicates that most transmissions are from adults to children, rather than vice versa. This is different from some other respiratory viruses.<sup>73</sup> (Note: pre-print study; has not yet been peer-reviewed)
- In a study from China, only 5% of household clusters were found to have a child <20 as the index patient.<sup>74</sup> (Note: pre-print study; has not yet been peer-reviewed)
- In Switzerland, a study of household clusters found that only 8% had a child as the index case. In nearly 80% of the cases, the child got COVID-19 from an adult family member.<sup>75</sup>
- In a Chicago study, for 15 households where data was available, 73% of transmissions were from adult to child (the remaining 27% was due to two child-to-child and two child-to adult transmissions).<sup>76</sup>

## Risk of infection at varying physical distances

**Key finding:** in intermediate- and low-risk settings, the risk of infection is similar at one meter (approximately three feet) and two meters (approximately six feet) distances. Experts suggest schools would be considered low to intermediate risk, especially with additional protections (e.g., masks), and that the risk of infection in these settings at both one meter and two meters is low.

Note: the risk of infection at various physical distances was modeled based on a meta-analysis of data from a group of coronaviruses (COVID-19, MERS, SARS). These are estimates of the risk by type of setting, not the risk to different types of individuals.



**Source:** Chu, D.K., Akl, E.A., Duda S., Solo K., Yaacoub S., Schunemann H.J. et al. (2020) Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*.

## Appendix B: Initial list of facilities and operations guidance

**The considerations below are not exhaustive but can be used to support districts and schools with early operational planning in these areas.**

**Cleaning and supplies:** Prepare for frequent cleaning and sanitization of facilities and surfaces, especially high-touch surfaces (e.g., doorknobs, hand rails).<sup>77 78</sup> Please refer to the federal guidance related to cleaning of facilities for more information regarding appropriate cleaning supplies, protocols, and frequency (e.g., wear appropriate protection such as gloves, wash hands often, follow instructions on all cleaning products, handle waste properly).<sup>79 80</sup> Provide hand sanitizing at key locations in the building (e.g., entryways, bathrooms, classrooms). Install signage and equipment to enable effective health and safety procedures, as defined in the Commonwealth's guidance on required safety supplies for reopening schools.

**Facility management:** Prepare an "medical isolation room" for students/staff who exhibit COVID-19 symptoms during the school day.<sup>81</sup> Consider removing large furniture (e.g., refrigerator, couches) from classrooms to maximize space available for student desks, and ensure desks are spaced according to the physical distancing guidance and facing in same direction, to reduce the transmission of droplets. Where physical distancing is difficult to implement (e.g., office space, reception desks), consider installing barriers or changing the configuration to support student/staff health and safety.<sup>82</sup> Repurpose communal spaces (e.g., cafeteria, library) to provide additional classroom spaces. If feasible, redesign hallways to be one-way to avoid crowding or restrict usage where distancing is not possible. Establish procedures for student entry and dismissal from the building.

**Capacity:** Evaluate classroom capacity on a case-by-case basis, based on the maximum capacity consistent with health and safety guidelines (e.g., distancing). Remember to include adequate space for the teachers. For the overall facility, plan for traffic, drop off, and pick up (e.g., staggered pickup/dismissal as needed).

**Ventilation:** Consider ways to increase facility ventilation (e.g., open windows through fall, perform an HVAC inspection)<sup>83</sup>. Ensure that proper maintenance protocols are followed in terms of changing filters, etc.

**Food:** Prepare to hold breakfast and/or lunch in classrooms, instead of the cafeteria or common areas.<sup>84</sup> As it is assumed that masks/face coverings will not be worn during meals, in order to achieve six feet of physical distance between individuals, consider ways to conduct breakfast and lunch (e.g., stagger time, build in other breaks, etc.). If serving food in the cafeteria, develop staggered schedules that minimize mixing of cohorts and enforce physical distancing protocols. Adjust food preparation and service procedures to minimize shared items (i.e. serving utensils), maintain physical distance, and support compliance with health and safety. For students continuing with remote learning, provide school meals as needed for days they are not in the school building.

## **Appendix C: Initial Fall Special Education Guidance**

Due to the health and safety requirements that will be in place when school resumes, special education services may be provided differently during the 2020-21 school year as compared to previous years. As stated in the U.S. Department of Education's March 21 Supplemental Fact sheet, "School districts must provide a free and appropriate public education (FAPE) consistent with the need to protect the health and safety of students with disabilities and those individuals providing education, specialized instruction, and related services to these students." While further guidance is forthcoming, the topics listed below are meant to support school and district special education leaders in their initial plans for the new school year.

### **Promoting Inclusive Services and the Least Restrictive Environment**

When determining classroom setups to accommodate physical distancing requirements, schools and districts should factor in the additional special educators and related service providers who will need to enter the classroom to provide services for students with disabilities in the least restrictive environment.

### **Staffing, Specialized Safety Supplies/PPE and Training**

Schools and districts should follow the directions for staffing, specialized safety supplies/PPE and training described in DESE's Guidance on Summer 2020 Special Education Services as they prepare for this fall.

### **Considerations for Specific Populations of Students**

Special considerations must be given for students with high risk medical conditions, students who are deaf or hard of hearing, and preschool-age students. Additional directions can be found in DESE's Guidance on Summer 2020 Special Education Services.

### **Considerations for Preschool-Age Students**

Preschool-age students with disabilities are particularly in need of in-person services so that they can develop the socialization, motor, and communication skills that are vitally important at this age. Schools and districts should prioritize in-person instruction for this age group but should also be prepared to adjust to remote services if necessary.

### **Delivery of IEP Services**

Students must receive all services pursuant to their IEPs through in-person or remote instruction, with an emphasis on providing in-person instruction to this particularly vulnerable population of students whenever possible. In particular, DESE recommends that schools and districts make additional provisions to provide as much in-person instruction as possible for students with moderate to severe disabilities (e.g., maintaining full-time in-person instruction for students in substantially separate classrooms even if the rest of the school is in a hybrid model of instruction). When providing remote services, schools and districts should continue to follow the directions provided in DESE's Coronavirus/COVID-19 Frequently Asked Questions for Schools and Districts Regarding Special Education (Updated May 15, 2020).

### **Monitoring Student Progress**

Schools and districts must continue to issue Progress Reports at least as often as report cards or progress reports are provided for students without disabilities. Educators and service providers

must collect data, whether in-person or remotely, and use these data to monitor each student's progress and develop Progress Reports.

### **Transition Services**

Although in-person participation in community-based programs and inclusive concurrent enrollment programs at institutions of higher education may be limited at this time, schools and districts should make efforts to develop plans collaboratively with community-based providers, colleges, parents/guardians, and students so that students can access as much programming as possible.

### **Initial Evaluations, Reevaluations, and IEP Team Meetings**

Schools and districts should continue to follow the directions on meeting special education timelines as described in DESE's Implementation of Special Education Timelines During the COVID-19 State of Emergency.

### **Communication with Families**

Educators and service providers must communicate with parents and guardians to discuss the provision of IEP services during this challenging time. Ongoing communication will help educators, related service providers, and parents/guardians develop a comprehensive plan for students to receive high quality individualized instruction and related services.

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<sup>2</sup> Heavey, L., Casey, G., Kelly, C., Kelly, D., & McDarby, G. (2020). No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020. *Eurosurveillance*, 25(21), 2000903. Available at <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.21.2000903>

<sup>3</sup> National Centre for Immunisation Research and Surveillance (NCIRS) (2020). COVID-19 in schools – the experience in NSW. Available at [http://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20COVID\\_Summary\\_FINAL%20public\\_26%20April%202020.pdf](http://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20COVID_Summary_FINAL%20public_26%20April%202020.pdf)

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<sup>7</sup> Davies, N.G., Klepac, P., Liu, Y., *et al.* Age-dependent effects in the transmission and control of COVID-19 epidemics. *Nat Med* (2020). <https://doi.org/10.1038/s41591-020-0962-9>

<sup>8</sup> Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:422–426. DOI: <http://dx.doi.org/10.15585/mmwr.mm6914e4>

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## MEMORANDUM

**To:** Superintendents, Charter School Leaders, Assistant Superintendents, Special Education Directors, Collaborative Leaders, and Leaders of Special Education Schools

**From:** Russell Johnston, Senior Associate Commissioner and State Director of Special Education

**Date:** July 9, 2020

**Subject:** Guidance on Fall 2020 Special Education Services

On June 25, 2020, the Department of Elementary and Secondary Education (“Department”) released its Initial Fall Reopening Guidance, which prioritizes the safe return of students back to school by following a comprehensive set of health and safety requirements. The Initial Fall Guidance also asks schools and districts to prioritize and begin planning for in-person instruction, while simultaneously preparing blueprints for both remote learning and a hybrid school model (a combination of in-person and remote learning), should local conditions change this school year. This document supplements the Initial Fall Reopening Guidance by providing further information on supporting students with disabilities during the upcoming school year. It also provides necessary information in support of schools and districts, as they develop the portion of their reopening plans specifically related to special education.

Schools and districts were unexpectedly required to rapidly transition to remote models of special education service delivery when in-person learning was suspended from mid-March 2020 until the end of the 2019-2020 school year. Now, with more planning time and an emphasis on returning to in-person services in the school year ahead, this document is designed to provide guidance on these critical points:

- School districts must provide a free and appropriate public education (FAPE) consistent with the need to protect the health and safety of students with disabilities and those individuals providing education, specialized instruction, and related services to these students. Students with disabilities, particularly preschool-age students and those with significant and complex needs, should be prioritized for receiving in-person instruction during the 2020-2021 school year. These students should receive as much in-person instruction as is feasible within the health and safety parameters in effect at each particular time. Even if schools or districts are operating in a hybrid or remote model, educators and administrators must make every effort to continue to provide up to full-

time in-person instruction to such students. If in-person instruction cannot be provided and students with disabilities must receive instruction remotely in full, or in part, through a hybrid model, they must receive special education instruction and related services necessary to provide FAPE through an Instruction and Services model of delivery (e.g., structured lessons, teletherapy, video-based lessons, etc.) instead of relying solely on a Resources and Supports model (e.g., packets and assignments). For students with more significant and complex disabilities, providing one-on-one in-person instruction in the home or in a community-based setting should also be considered and made available as feasible, if it is not possible to provide instruction in an in-school setting.

- When school resumes in-person, with health and safety requirements in place, general education, special education, and English language education staff members must collaborate in order to determine the unique modifications that will be necessary to ensure the least restrictive environment (LRE) is in place for students with disabilities. This will require careful planning and scheduling.
- Family engagement is a critical component of school reopening. It is essential to reach out to parents and establish ongoing communication in a manner that works for the family. Parental input is always valuable, but is particularly critical during this time, when parents are ordinarily best positioned to observe their children and provide feedback on their children's experiences. Data from parents on primary areas of need, their children's ability to access remote learning, and other observations about their emotional and social well-being during the state of emergency will be essential to determining how to meet students' needs when schools re-open.
- It will also be important for families to provide input and to fully understand how the school or district plans to provide special education services to their children in the new school year.
- For limited English proficient parents and guardians, the school or district must provide interpreters, translating special education notifications sent to families, as well as schedules, learning plans, IEPs, and Progress Reports. Districts and schools must also use interpreters at all IEP Team meetings. The school or district should arrange for parents to have a specific contact person(s) within the child's special education Team and provide access to interpretation, if needed to communicate. The communication should be provided in language understandable to the general public. Many limited English proficient parents will require ongoing support in their own language so that they know what to expect from the school or district and how to support their child.

This document covers other important topics such as positive approaches to behavior, monitoring student progress, and transition services that the Department wants schools and districts to have at the forefront of their planning for the reopening of schools in the Fall. The Department recommends that schools and districts start to implement this guidance immediately and continue to develop additional supports throughout the school year to further enhance the quality of learning for students with disabilities.

## Delivery of IEP Services

Students must receive all services documented in their IEPs through in-person instruction, remote instruction, or a combination of both, with a strong emphasis on providing in-person instruction to the greatest extent possible, while abiding by the current necessary health and safety requirements. In particular, the Department urges schools and districts to prioritize in-person instruction for two particular groups of students with disabilities: preschool-aged students, and students with significant and complex needs. Remote learning is often more challenging for these students.

For the purposes of this document, students with complex and significant needs include:

- Students already identified as “high needs” through the IEP process on the IEP form entitled “Primary Disability/Level of Need-PL3.” *Such students must meet at least two of these criteria:*
  - Services provided outside of the general education classroom;
  - Service providers are special education teachers and related service providers;
  - Special education services constitute more than 75% of the student’s school day;
- Students who cannot engage in remote learning due to their disability-related needs;
- Students who primarily use aided and augmentative communication;
- Students who are homeless
- Students in foster care or congregate care; and/or
- Students dually identified as English Learners.

Even if the rest of the school has entered into a hybrid or remote model of instruction, schools and districts must make every effort to maintain in-person instruction for students with disabilities, particularly those with complex and significant needs and preschool-aged students. For example, if a school or district needs to implement a hybrid model of instruction for its students, teachers may be able to simultaneously maintain full-time in-person instruction for students in self-contained special education classes. In such situations, schools and districts should first attempt to maintain full-time in-person instruction (i.e., having the students remain in school for the entirety of their school day). If this is not possible, schools and districts are encouraged to provide as many in-person services as possible on a part-time basis (such as having the students come into school for related therapies, social skills groups, or Applied Behavior Analysis (ABA) services). Finally, in-person services may be provided in the home or in community-based settings where feasible for students with significant and complex needs, if it is not possible to provide services in the school setting. In sum, schools and districts must make their best efforts to take all necessary steps to ensure that students with disabilities, particularly preschool-aged students and those with complex or significant needs, receive as many services as possible in-person, whether full-time, part-time or in a student’s home or community-based setting (if feasible).

## **Learning Models**

The sections below describe expectations for providing special education services through the three learning models schools and districts are expected to prepare prior to the reopening of school: in-person learning, hybrid learning and remote learning. While each model is described below, the Department re-emphasizes the importance of prioritizing in-person learning for students with disabilities, particularly preschool-aged students and those with complex and significant needs, if the school or district is unable to safely provide full-time in-person learning for all students.

### **1. Full-time In-person Learning (while meeting current health and safety requirements)**

- Considerations for maximizing in-person learning for students with disabilities should be made when developing schedules.
- When considering staffing alternatives for reducing class size, students with disabilities must receive specialized instruction and supports from qualified professionals.
- Flexible solutions for reducing the mixing of student groups should be considered to ensure students with disabilities are receiving services safely in the least restrictive environment.
- When considering the use of alternative school spaces or external facility spaces, considerations for providing students with disabilities with inclusive learning must be made and placement of students with disabilities in groupings or cohorts that support learning goals in the least restrictive environment should be prioritized.
- When planning for full-time in-person learning, schools and districts should carefully consider the specific needs of their students with disabilities. While having classes outdoors may be a possibility for many students, this option may not be suitable for some students with disabilities. For example, students with visual impairments may have light sensitivity and/or outdoor settings may be too distracting.
- Identify staff trained in various areas of special education to be included in the COVID-19 Response Team.
- Provide additional training time for educators who will provide direct physical support to students with disabilities on the use of the additional protective supplies they will need, including appropriately donning and doffing disposable gowns, face shields, etc.
- Consider using strategies to pair peer models with students with disabilities to promote social interaction.

Districts and schools should partner with parents to support a smooth transition to re-opening of school, given the introduction of the new social distancing protocols and schedules. It is particularly important that educators work closely with parents of children who experience difficulty with changes in routine (for example, students with autism) or children who experience anxiety with such changes. (For example, schools and districts may create social stories or video introductions from providers and teachers, recorded tours of new buildings or programs, or



provide opportunities for students to ride new bus routes and visit new school buildings in person before the school year begins.)

## **2. Remote Learning**

- All schools and districts are required to have a comprehensive plan for delivering special education instruction and services remotely. This model must be available for individual students who are not returning in-person, and for all students in the event of future classroom or school closures due to COVID-19.
- Remote learning in school year 2020-2021 is expected to be more robust than the models of remote learning implemented in the Spring of 2020 when schools and districts did not have time to fully plan for the changes in instruction and service delivery due to emergency school closures.
- During the Spring of 2020, the Department described two models of service delivery that could be used to satisfy the requirement to provide a FAPE to students with disabilities: Resources and Supports (e.g., sending packets and assignments home coupled with frequent communication with parents) and Instruction and Services (e.g., structured learning time, teletherapy and video conferencing). With the ability to plan for the possibility of remote service delivery during the 2020-2021 school year, schools and districts must be prepared to provide services through “Instruction and Services” mode of delivery. The “Resources and Supports” delivery model can only be used on a temporary basis for a limited period of time (no more than two weeks), until which time the school or district has overcome the hurdles preventing service delivery through an “Instruction and Services” delivery model.
- In accordance with 603 CMR 27.08(3)(b), as adopted by the Board of Elementary and Secondary Education on June 30, 2020, remote learning models shall include the following requirements:
  - Procedures for all students to participate in remote learning, including a system for tracking attendance and participation;
  - Remote academic work aligned to state standards; and
  - A policy for issuing grades for students’ remote academic work. Teachers and administrators shall regularly communicate with students’ parents and guardians, including providing interpretation and translation services to limited English proficient parents and guardians.
- For school year 2020-2021 Instruction and Services must include the following components:
  - A regular and consistent schedule of classes, interventions, services and therapies as required by the student’s IEP, offered synchronously or asynchronously;
  - Structured learning time designed so that the student can access state standards; and

- Frequent interactions with teachers and other staff members to ensure participation.

The consistent schedule of classes, interventions, services and therapies must include time spent interacting directly with teachers and related service providers on a regular basis, as well as some independent work time, as appropriate, and opportunities for interacting with classmates. Synchronous remote lessons or tele-therapy sessions can be provided via telephone or video conferencing. Students might also benefit from asynchronous pre-recorded videos of lessons to follow at home. For students receiving the majority of their daily instruction through special education, teachers and therapists should assign supplemental work (beyond lessons taught synchronously or asynchronously) during the school day that can be accomplished independently with guidance from and accountability to the teacher or therapist.

- Schools and districts must support the infrastructure needed to put in place the required Instruction and Services, including availability of computer devices and internet connectivity in students' homes, appropriate communication platforms, and educator and parent training. Parent training topics might include the use of devices and electronic learning and communication platforms, troubleshooting technology issues, expectations for structured learning time, supporting students' social/emotional needs, etc., and trainings need to be offered in parent's primary language

### **3. Hybrid Learning**

- When planning for hybrid learning models, consideration for continuing to maximize in-person learning for students with disabilities should be prioritized. Preschool-aged students with disabilities and students with significant and complex needs should be considered for continuous in-person learning to the greatest extent possible. For example, even if most students are not in school each day, schools should consider scheduling small groups of students with significant and complex disabilities for daily in-person instruction. Where appropriate, peers without disabilities should also be included to ensure inclusionary services.
- Learning and services provided remotely via a hybrid learning model must follow the guidance provided in the section below on Remote Learning. Similarly, learning and services provided in-person must follow guidance provided in the section above on Full-time In-person Learning while meeting the current health and safety requirements.
- In-person services offered within the student's home or in a community-based setting, particularly for students with significant and complex needs, can also be considered as part of a hybrid model to ensure that as many services as possible are provided in-person instead of remotely.

## **Promoting Inclusive Services and the Least Restrictive Environment (LRE)**

When planning for the physical distancing requirements for students and adults in a classroom, schools and districts should be mindful of the additional special educators and related service providers who will need to enter the classrooms throughout the school day to provide services to students with disabilities in the least restrictive environment. As such, the following should be considered:

- Schools and districts should carefully develop classroom assignments and service delivery schedules for students with disabilities so that they receive services consistent with their IEPs in the least restrictive environment, as defined in 603 CMR 28.02(12), while also maintaining the current health and safety protocols.  
For example, special education teachers and related service providers (speech language pathologists, occupational therapists, etc.), could provide special education services in the general education setting (“B Grid”) services remotely from within the school building via video conference, instead of coming into the classroom to provide services. This practice would help to minimize foot traffic in and out of classrooms while also providing access to services that support the inclusion of students with disabilities.  
To support this model, schools and districts could train paraprofessionals to serve as facilitators for push-in services. Training should address technology-related issues, such as device use, electronic platform use, troubleshooting procedures, and other student-specific needs and strategies.
- If service providers are not able to provide special education services in the general education setting remotely within the school building via video conference, those educators or related service providers should schedule services in a manner that maintains physical distancing requirements and avoids overlapping with other staff in the classroom or physical setting. Some classrooms might need to have a marginally reduced number of students in order to accommodate the additional educators and staff members who are needed to support students with disabilities throughout the school day.
- Schools and districts are encouraged to partner with parents to think creatively about how they can maintain opportunities for inclusion for students with disabilities. For example, students with disabilities often benefit from peer models, and providing inclusive groupings of students or using technology might help to support peer-to-peer connections while maintaining physical distancing requirements.

## **Parent Engagement**

The Department strongly recommends that schools and districts cultivate excellent two-way communication with families. For example, schools and districts should ensure that classroom teachers, special education teachers, or related service providers communicate regularly with parents. The frequency and type of communication will vary depending on the child’s individual needs, language and technology access barriers families may face supporting their children with remote learning and the preferred mode of communication. The Department recommends that

school personnel document all of their communication with parents. All written and oral communication must be provided in the primary language of the home and in language that is understandable to the general public. This includes translating district-wide and special education notification sent to families, as well as translating special education documents, schedules, and instructions; learning plans, IEPs, Progress Reports and using interpreters at IEP Team meetings.

Ongoing engagement will help educators, related service providers, and parents develop a comprehensive plan for students to receive individualized instruction and related services. IEP team members must consider information from parents regarding their children's experiences during the state of emergency, including primary areas of need, ability to access remote learning during these past months, and other information critical to meet students' needs as schools re-open. Keep in mind that school closure can be traumatic, students may have regressed, and may have developed new disability-related areas of need, e.g. anxiety. Since most students will have spent several months in the full-time company of their family or caregivers, schools and districts should take the opportunity to obtain as much data and information from parents and caregivers as possible. Schools and districts should use all available data to anticipate the student's present areas of need and levels of need during re-entry. In addition, it will help school personnel and families be prepared to quickly pivot should in-person services suddenly become unavailable. Ongoing engagement will also promote and sustain important connections between students and their teachers, a source of vital support and stability for students. Engagement between teachers and parents can occur through scheduled phone conversations, "office hours" when parents know they can reach teachers via phone or email, webinars for parents, etc.

Schools and districts should explain to parents how decisions will be made relative to health and safety issues as they come up during the 2020-21 school year. Parents need to know at the start of the school year that schools and districts must take into account many different factors in totality when making decisions about adjustments to health and safety guidelines. Certain issues cannot be divulged to parents due to student privacy and confidentiality protections (such as the ways in which an individual student's health needs might require unique health and safety protocols in a particular classroom). Student privacy and confidentiality must remain core to parent communications and should be respected by all parties.

Parent engagement is particularly crucial when determining if and how special education services will be provided differently as a result of the changes to the overall learning environment associated with any of the three models of instruction schools and districts might employ during the 2020-21 school year (in-person, hybrid or remote learning models). Teachers or IEP liaisons should contact the parents of their students as soon as possible to discuss how a given student's IEP services will be delivered if different than described in a student's IEP, giving particular consideration to potential changes to how and where special education services will be provided. Using input from that discussion, teachers or liaisons must provide parents with written notification containing specific information about how IEP services will be provided promptly at the start of the 2020-21 school year. For example, if during in-person learning, a student will receive related therapies via video conferencing while in the general education classroom, parents must receive written notification describing this different mode of delivering

IEP services. Examples of this written notification include the use of DESE's suggested Documentation of Modified In-Person, Remote or Hybrid Services template (forthcoming), Notice of Proposed School District Action (N1), letter or other written documentation.

If special education services are provided differently than as they are described in a student's IEP, parents must be notified in writing with specific information about how those services will be provided after they have discussed such matters with a teacher or IEP liaison. Written parent notification describing any differences in how special education services will be delivered should include how, where and when specialized services are being provided, and should be dated to reflect when services that are being provided differently begin. Parental consent is not required to implement modified in-person, hybrid or remote special education services; however, such documentation should describe the school's and district's efforts to provide services as closely aligned to the way they are described in the IEP as possible. Schools and districts can provide notification of remote services to families in multiple ways, e.g., U.S. mail, email, student information systems, or online communication platforms if schools and districts determine that parents can access online communications effectively. It is also critical to note that these notifications must be provided in the primary language of the home. Furthermore, special education interpreters must be fluent in the primary language of the home and in English and familiar with special education terminology so that information is accurate and conveyed in a manner that is understandable to the parent.

### **Developing Positive Behavior Supports and Safe Learning Environments**

Schools and districts should continue to create safe and supportive learning environments and provide proactive support to prevent unwanted behaviors in each of the three learning models planned for the 2020-2021 school year. Proactive direct instruction for school- and class-wide routines, social skills instruction, individualized social stories, and other preventative measures will be necessary, particularly following the disruption to normal school routines. Schools and districts should engage in conversations with parents about how their child is doing emotionally and behaviorally, and partner with parents in planning for the transition to in-person learning. Schools and districts may also need to provide additional supports for promoting positive behavior and reducing challenging behavior as schools reopen. Students will reacclimate to learning and school life at different rates. Additional considerations regarding how anxiety and/or trauma may impact the reintegration into normal school life should be considered, including providing Tier 1, Tier 2, and Tier 3 supports available to students under a multi-tiered system of support.

Under the present circumstances, schools and districts should utilize disciplinary action as a last resort for students with disabilities exhibiting behavioral challenges. Wearing of masks, maintaining social distance, adapting to new routines and protocols, and other nuances related to changes in the learning and the school environment may be challenging or frightening for students with disabilities. Retraining and development of strategies that directly address student concerns regarding the pandemic itself and/or other current events should be integrated into lessons and/or classroom routines.

Before administering discipline, it is critical that special educators and school administrators determine if behaviors deemed inappropriate are a result of situations brought about by the pandemic, or if such behaviors are caused time away from in-person learning. Appropriate planning for newly-identified concerns should be part of reentry planning. In addition, restorative practices and other diversionary strategies should be utilized in place of punitive measures to help focus on correcting the concerning behavior. Additional de-escalation training and/or training on trauma-sensitive practices for staff including school resource officers may be needed to support the transition back to full-time in-person learning in an environment altered by public health and safety needs, and the potential of increased behavioral concerns.

### **Early Childhood Special Education and Preschool Children**

Preschool children with and without disabilities are particularly in need of in-person services so that they can develop the socialization, motor and communication skills that are vitally important at this age. Schools and districts should prioritize in-person instruction for this age group but should also be prepared to adjust to hybrid or remote services if necessary. As stated previously in this document, providing services in a student's home if feasible might be a beneficial option, particularly if it is not possible to provide services in the school setting.

In general, public preschools should follow DESE guidance, but can consult guidance provided by the Department of Early Education and Care (EEC) for additional information. However, for public preschools that enroll children who are eligible for and receive a voucher for financial assistance for childcare that is issued by EEC, districts and schools should check in with their EEC regional funded program monitors for additional information.

District and school leaders should work with families to ensure family engagement strategies are in place, especially for families and children who are new to schools. For example, co-developing protocols and social stories that help children learn social distance guidelines with families can be helpful. For additional guidance for IEP matrices across environments to assist children and families to address goals throughout the day, please see this guidance on the Florida Technical Assistance and Training System.

Below are additional recommendations to consider when addressing the unique needs of preschool children with disabilities:

#### **Transition from Early Intervention**

An extension of Early Intervention (EI) services is available for children who turned 3 between March 15, 2020 and August 31, 2020. For those students, EI services can continue until special education eligibility determination can be completed and the child has transitioned to special education, or until October 15, 2020. Because as a result of the pandemic, many districts may have been unable to conduct evaluations, convene IEP meetings, and initiate services by the child's third birthday, districts can expect an increased number of children needing to complete the eligibility determination process and an increased number of children needing special education services. School and district leaders should be prepared to complete the transition

process, have completed assessments, and an IEP signed for this group of students by October 15, 2020.

In partnership with EI providers, districts should develop a plan that explicitly outlines the transition process for each child with extended EI services and who are potentially eligible for school-based services. Additional resources are available in the Technical Assistance Advisory SPED 2019-1: Transition from Early Intervention Programs to Early Childhood Special Education. Districts should establish policies and procedures addressing the potential increase in assessments and the increase of children requiring special education services and should consider allocating additional staff, as necessary to complete assessments. There are several currently available tools that can be used to complete remote or face-to-face eligibility determinations.

### **Natural Environments and LRE for Preschool Children**

In addition to public preschool programs, the LRE for preschool children includes natural environments which are comprised of childcare centers, community centers and the home. By developing IEP Activity Matrices, childcare center staff and families can see how IEP goals can be addressed in a variety of environments. For sample IEP Activity Matrices, see the Florida Technical Assistance and Training System.

If children are attending childcare or Head Start programs, and IEP services are being provided, collaboration with the childcare staff is critical to ensure a smooth transition and delivery of IEP services. Public preschool staff and childcare staff should collaborate to ensure that special education services are being provided within current EEC guidelines as outlined below:

The Requirements refer to “coordinating space and facilitating support services for children, including when identified on an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).” Programs should interpret this to mean setting aside appropriate space for the remote services or tele-health services to take place, rather than attempting to receive visits from outside adults into the program.

The Department recognizes that schools and districts face unique challenges related to preschool programming for children without disabilities and therefore providing in-district inclusive education might be impacted. Districts that have part-time preschool programs and those that charge tuition are at an exceptional disadvantage. An updated process for seeking an alternative compliance waiver under 603 CMR 28.03(5) for inclusionary programs for young children during the COVID-19 pandemic is forthcoming.

### **Kindergarten Screening**

Kindergarten screening requirements are set forth in 603 CMR 28.03(1)(d). Districts are required to screen three- and four-year old children for the Child Find process and for all children who are of age to enter kindergarten. The Department recognizes that because of the rapid shift to remote operation in the spring, kindergarten screening may have been delayed for some children. We recommend that schools and districts resume the screening process this summer (e.g., family interviews) using phone calls or virtual meetings. It may be helpful to complete in-person



screening when children return to school in the fall and have an opportunity to first adjust to being in the classroom environment. The exception to delays in screening protocols is if a student has a suspected disability and/or already has been referred for a special education evaluation; in these cases, the district should move forward in a timely manner with evaluation procedures.

### **In-person Instructional Environments and Physical Distancing for Preschool Children**

When determining classroom arrangement to accommodate physical distancing requirements, schools and districts should factor in the additional special educators and related service providers who will need to enter the classroom to provide services for young children with disabilities in the least restrictive environment. In light of the Department's guidance that students at the elementary level remain in one classroom for the majority of the day, districts may want to consider whether pull-out services can be offered in accordance with the health and safety guidelines or, instead, if services should be pushed into the classroom.

Given the specific health and safety requirements, schools and districts should reconfigure space to discourage prolonged close contact and instead encourage activities that allow for children to spread out. Programs may use different means to divide classrooms as needed to support group sizes and promote distancing requirements. These may include movable walls, partitions, or other barriers that clearly define and separate areas, ideally clear partitions so that children can see and interact with each other, while maintaining physical distance. Barriers should be robust enough to keep children physically separated and prevent materials and toys from being shared.

- Schools and districts may also design their own strategies to implement this requirement, e.g., spacing chairs at tables, designing games and group activities where children may engage in play that can be spaced apart (for example, by using visual cues like hula hoops or developing social stories to support children in learning new rules), and increasing outdoor time.
- Visual supports and strategies for direct instruction for children to maintain physical distance and comply with other health and safety guidelines will be critical. For additional ideas related to supporting social/emotional instruction and positive behavior supports, visit the [Pyramid Model Consortium's](#) webpage.
- Educators may also develop individual bins with activities/materials that still foster social interactions such as music and dancing; additionally, educators could identify materials that stretch across learning centers so that children can be working together on projects while remaining physically distanced (e.g., mural size paper).
- The balancing of health and safety requirements with child development needs is something that will continue to evolve during this time of significant transition. The Department will rely on the expertise of educators to ensure daily schedules and activities are designed to foster physical distancing in the most effective way to mitigate virus spread while continuing to help children enjoy their day, support the development of social-emotional competencies, and foster learning.

## Hybrid/Remote Learning Considerations for Preschool Children

As described above, the Department recommends that young children be prioritized for in-person instruction. If remote instruction becomes necessary, balance screen time and non-screen time by considering shorter virtual sessions and consider providing flexible offerings of live, recorded, small group instruction.

- Pre-recorded enrichment activities aimed at providing practice and/or generalization opportunities can be provided outside of live learning time.
- Keep learning opportunities interactive and similar to the routine of what children already were familiar with (e.g., circle songs, etc.) and when appropriate, pair new learning with familiar activities.
- Given the remote aspect of learning in these circumstances, educators should be mindful of wait times to maximize opportunities for as many children to be engaged.
- In-person services offered within the student's home, particularly for preschool age students with complex and significant disabilities, can also be considered as part of a hybrid model to ensure that as many services are provided in-person instead of remotely.

## Monitoring Student Progress

School districts, collaborative programs, and approved special education day and residential school programs must continue to issue Progress Reports at least as often as report cards or progress reports are provided for students without disabilities, in accordance with [603 CMR 28.07\(3\)](#). Progress Reports must be sent to families, guardians and state agencies involved with the student through mail, email, student information systems, or online communication platforms, and translated into the language of the home when required. The school must maintain documentation of when and to whom Progress Reports are issued.

Educators and service providers must collect data and use this data to monitor the student's progress to develop Progress Reports. If there are periods of remote learning, educators, service providers, parents, and students should review a student's IEP and identify the types of data that can be collected from the student, family, and home environment. Staff can reimagine their roles in a hybrid or remote context, e.g., by using a tracking sheet to collect data from student videos, interviewing parents and students, or using assessments. There are many resources to aid in this work, for example:

- [The Texas Education Agency Phase 4 Remote Learning Plan Monitoring](#)
- [Student Progress Monitoring Tool for Data Collection and Graphing](#)
- [Measuring and Reporting Progress Toward Mastery of Annual Goals](#)
- [Data Collection During Distance Learning](#)
- [Using Google Drive to Collect Data for IEP Goals](#)

## **Transition Services**

Although in-person participation in community-based programs and inclusive concurrent enrollment programs at institutions of higher education may be limited at this time, schools and districts should make best efforts to develop plans collaboratively with community-based providers, colleges, parents/guardians, and students in order for students to access as much transition programming as possible. Current health and safety requirements must remain a priority when making decisions as to the extent that transition services are able to be accessed in community-based settings; however, it is highly recommended that in-person transition services resume as soon as it is safe to do so with the proper health and safety measures in place.

## **Initial Evaluations, Reevaluations and IEP Team Meetings**

The Department recognizes that due to the closure of school buildings and settings and the unexpected suspension of in-person education in March, annual review Team meetings, evaluations and/or parts of evaluations may have been postponed. As we plan to return to in-person services and instruction, schools and districts will need to plan for addressing the backlog of assessments and meetings while simultaneously addressing the need to maintain timelines for annual review Team meetings and evaluations for students who are newly referred and/or due for an evaluation. Schools and districts should continue to follow the direction on meeting special education timelines as described in the Department's Implementation of Special Education Timelines During the COVID-19 State of Emergency.

IEP Teams must continue to conduct annual review Team meetings as they are due, in accordance with 603 CMR 28.04 (3). Districts are advised to update the IEP as though the student will be attending school full time in-person; however, given the unpredictable nature of the COVID-19 virus, schools and districts must be prepared to be adaptable in their approach to delivery of IEP services, based on the current health information and trends at that time. As was the case when schools closed in March, any changes to service delivery should be documented in writing to the parent.

It is important to note that a change in the delivery of services due to a school's change in learning model, in-person, hybrid or remote, as a result of COVID-19 **does not result in a change in placement**. The services outlined in the IEP remain and are considered "stay-put." Schools and districts must maintain open communication and collaboration with families as they respond to the trajectory of the virus and make decisions about the opening and/or closing of school buildings and settings and the learning models to be utilized.

## **Considerations for Students with Low Incidence Disabilities**

- **Students with high risk medical conditions**
  - Parents/guardians of students with high risk medical conditions should be encouraged to consult their child's healthcare provider to discuss the appropriateness of attending in-person instruction. This includes students who depend on mechanical ventilation and students with tracheostomies. School health professionals should work with primary healthcare providers to identify alternatives to nebulizer treatments in the school setting and to inform decision-making relative to how the student can safely access in-person instruction.
  
- **Students with visual impairments**
  - **General considerations**
    - Students with visual impairments do not acquire information incidentally and often need additional instructional time devoted to visual efficiency, technology, orientation and mobility (O&M), recreation and leisure, self-determination, independent living skills, career education and compensatory skills, including communication.
    - Consider grouping students who need braille and/or tech instruction in centralized locations for specialized instruction in order to reduce Teachers of the Visually Impaired (TVIs) moving between several locations.
    - Academics of braille can be provided remotely; however, technique of braille and writing and reading should be prioritized for in-person learning.
    - O&M should be prioritized for in-person learning. Reteaching may be necessary once in-person learning resumes.
  
  - **Technology Considerations**
    - Use technology or software that allows screen sharing easily with the TVI to "see what they are seeing."
    - Provide braille notetakers with Wi-Fi access, braille curriculum materials, and braille production capability from home, if possible.
    - Be sure links and sites that are shared with the classroom are accessible to students with visual impairments.
    - Students with low vision may need a larger monitor to interact with class remotely and for others the visual multitasking required to participate in live remote classes may be too overwhelming. Pre-teaching and reinforcement may be needed to assist with processing the live lesson.

- Provide Bluetooth keyboards for students with visual impairments who have iPads to allow students to use accessibility keyboard shortcuts when in online platforms. Touchscreens have proven very difficult for students with visual impairments to use when accessing Google Meet or Zoom.
  - Reinforce technology skills such as using screen reading or magnification software, teaching keyboarding skills, and learning to navigate and use the Windows or Mac environment so that they are (1) more easily able to access remote learning and (2) more independent with their technology.
  - Provide accessible online typing program memberships to increase keyboarding skills for students with visual impairments to help ready them for more remote learning (Typio by Accessibyte is one option).
  - Provide check-ins with the district assistive technology specialist, the student/parent and the TVI to make sure equipment is working and to take care of any accessibility problems.
- Students who are deaf or hard of hearing (DHH):
    - Consider the needs of students who must be able to see the lips of the speaker.
    - Purchase clear masks or shields, as needed, for staff.
    - Consider the need for an interpreter in the classroom for deaf or hard of hearing students and determine the logistics of social distancing and classroom setups.
    - Face shields and masks distort voice and are difficult with FM systems. The Massachusetts Commission for the Deaf and Hard of Hearing is working on resources to address FM system use and will disseminate these when they are available.

### **Staffing, Specialized Safety Supplies/Protective Equipment and Training**

Due to the need to be closer than the minimum physical distancing requirements when instructing some students with disabilities, the Department recommends that school and district special education service providers follow the guidelines that the Center for Disease Control describes for “direct service providers”. Direct service providers 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 with students with disabilities.

Direct service providers are essential for the health and well-being of the students they serve. Direct service providers should be aware of and trained on how COVID-19 spreads, risk factors, and prevention actions. Additional preventive measures may need to be taken depending on the activity and the risk level of that activity. Please note that DESE provided guidance on the provisioning of key safety supplies on June 5, 2020 in order to help schools and districts determine the quantities of the protective equipment described below:

<i>Classification of Individual Wearing protective equipment</i>	<i>N95 or KN95 Respirator</i>	<i>Face Shield</i>	<i>Disposable Gowns</i>	<i>Disposable Gloves</i>	<i>Gowns/ Coveralls/ Other Body Covering</i>	<i>Cloth Face Covering</i>	<i>Disposable mask</i>
DSPs in care areas of students with suspected COVID-19	X	X	X	X	X		X  (with face shield if 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 but who may potentially be exposed to bodily fluids		X (preferred)		X			X
DSPs performing or present during aerosol generating procedures such as nebulizer treatments, chest PT, suctioning, trach care	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	

Some students with disabilities will require unique supports that may make it less possible to practice physical distancing. In addition, some students with disabilities will not be able to wear cloth face masks as frequently or at all. In order to support such students safely, schools and districts must ensure that:

- Classrooms are adequately staffed, and in accordance with any approved student: licensed educator: aide ratios;
- Educators, related service providers, paraprofessionals and other staff members are prepared with any additional protective equipment that may be needed as unexpected situations arise, such as disposable gowns, face shields, etc.;
- When assessing the amount of protective equipment needed, considerations should be made for itinerant staff who interact with multiple groups of students in multiple locations, staff who perform tasks routinely that require close proximity and/or physical contact with students, and those who go out into the community to support students' educational programming;

- All staff members using additional protective equipment are properly trained to accommodate children's needs (See BU SHIELD COVID-19 training resources for videos, posters and other training materials); and
- Families are consulted as partners to ensure the health and safety of students.



To support our priority goal of getting students back to in-person learning, safely, DESE is asking school officials to change classroom configurations to space students farther apart from each other, set up additional classrooms in libraries, auditoriums, and cafeterias, and make scheduling changes.

As reviewed and advised by the Massachusetts COVID-19 Command Center Medical Advisory Board, schools are encouraged to aim for a physical distance of 6 feet when feasible, while 3 feet is the minimum distance allowed as informed by evidence. There is no maximum number for group size, so long as schools adhere to the physical distancing requirements. We encourage schools to physically measure each classroom in addition to using the parametric tool to make sure that space is being maximized to the extent possible.

### **Classroom Diagrams**

- The illustrative diagrams provide administrators and teachers ideas about how to space desks to maximize the number of students in a classroom, using “seat edge” to “seat edge” measurements.
- The diagrams were developed after touring several classrooms and take into account typical desk sizes.
- The diagrams are intended to help school officials begin to think about how to arrange classrooms to determine what is feasible to return as many students as possible to classrooms, safely.

## **Best Practices for Classroom Setup**

- 1. Physical distancing:** To the extent possible, aim for desks to be spaced six feet apart, but no fewer than three feet apart, (edge-of-seat to edge-of-seat) and facing the same direction.
- 2. Teacher space:** Allow adequate space for teachers to ensure safe physical distance from students.
- 3. Furniture:** Consider removing non-essential furniture out of classrooms. Explore storage options in advance.
- 4. Communal areas:** Consider repurposing communal areas for additional classrooms.
- 5. Other constraints:** When estimating capacity, consider additional constraints that reduce usable desk space (e.g., emergency fire egress, radiators, immovable furniture, desk/furniture size and type, camera angles for synchronous learning).



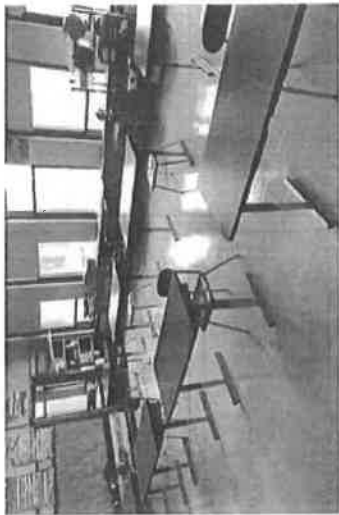
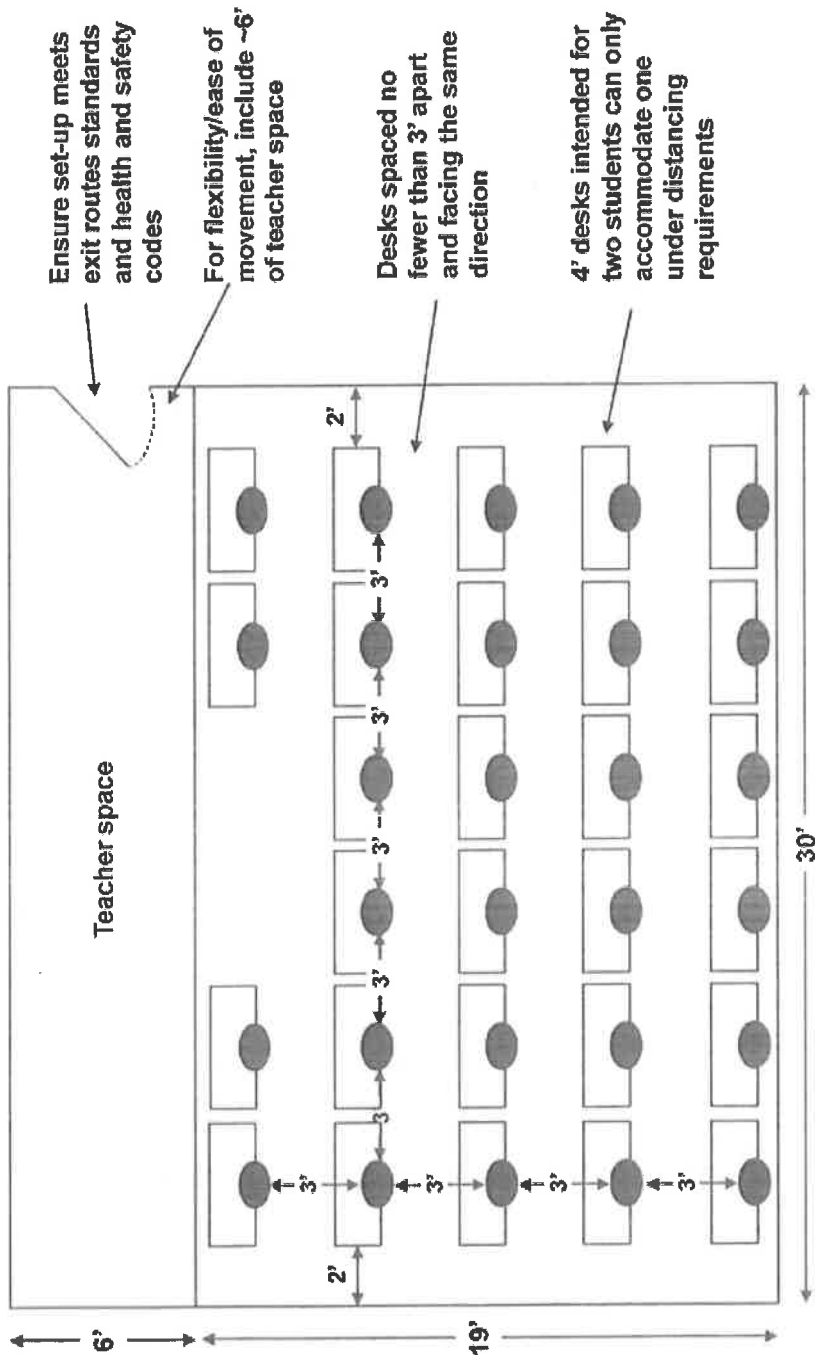






# Example B1: Fits ~28 4' dual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 25' x 30'); with all furniture/equipment removed



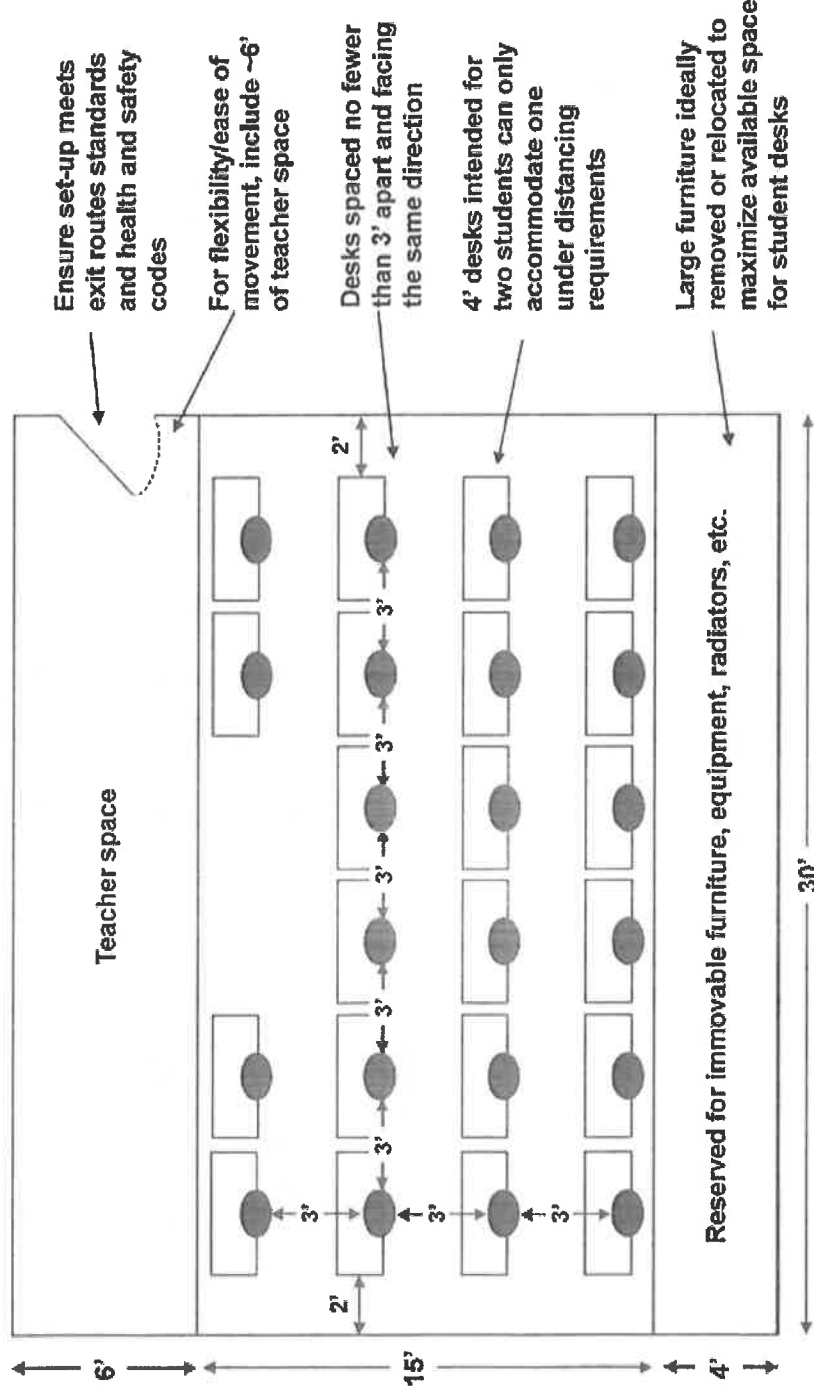
- Estimated 750 ft<sup>2</sup> capacity: ~28 students (with furniture/equipment removed)
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)<sup>1</sup>

<sup>1</sup> Assumed 1.5' seat width, 4' desk width



# Example B2: Fits ~22 4' dual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 25' x 30')

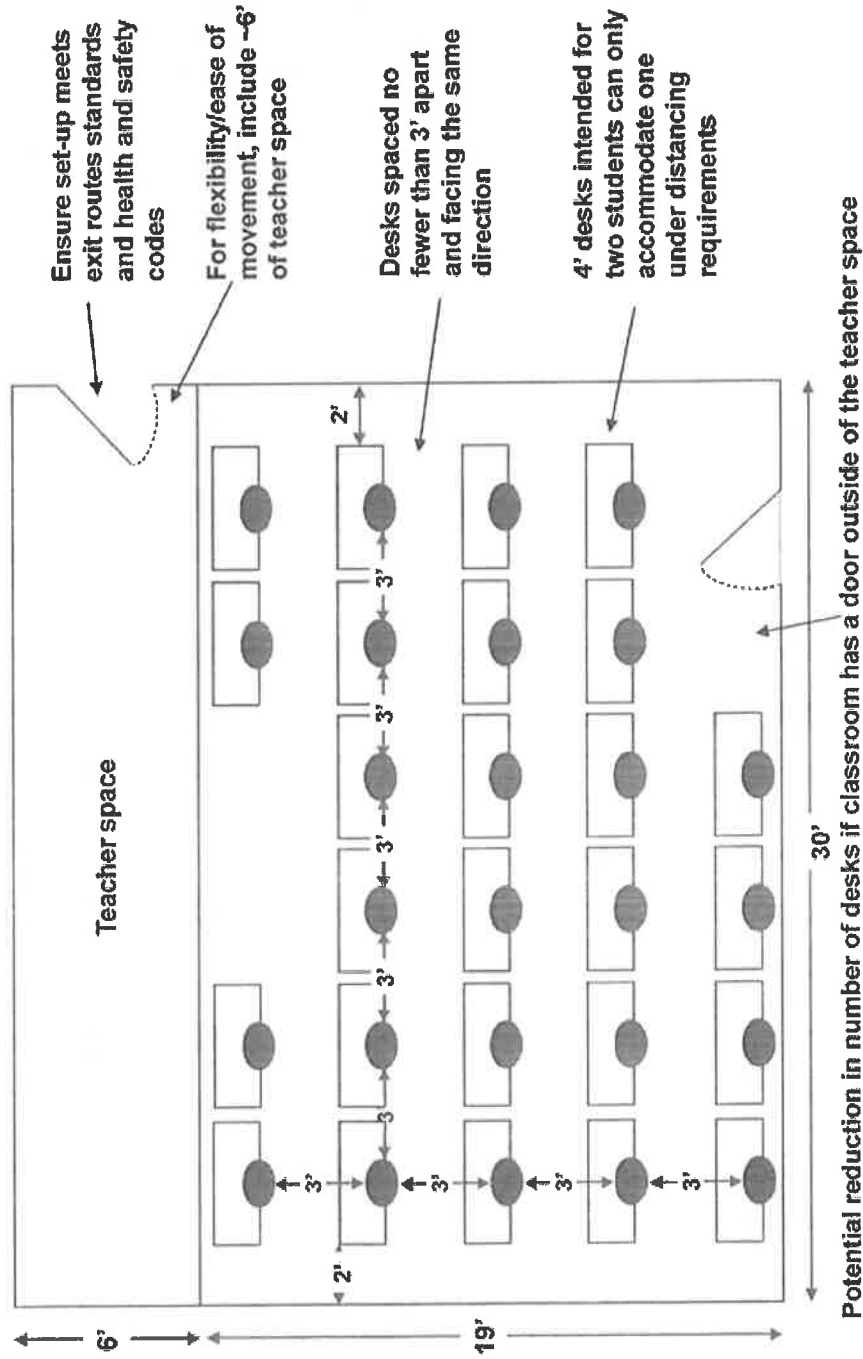


- Estimated 750 ft<sup>2</sup> capacity: ~22 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of-seat (desk-to-desk measurement would decrease classroom capacity)<sup>1</sup>

<sup>1</sup>Assumed 1.5' seat width, 4' desk width

# Example B3: Fits ~26 4' dual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 25' x 30'); with all furniture/equipment removed

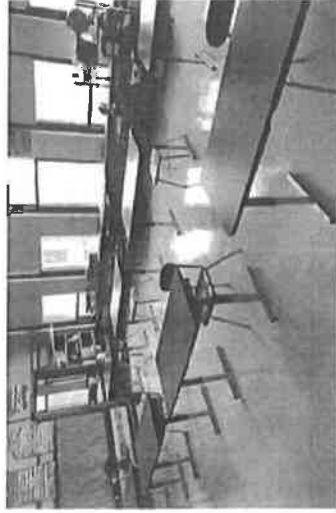
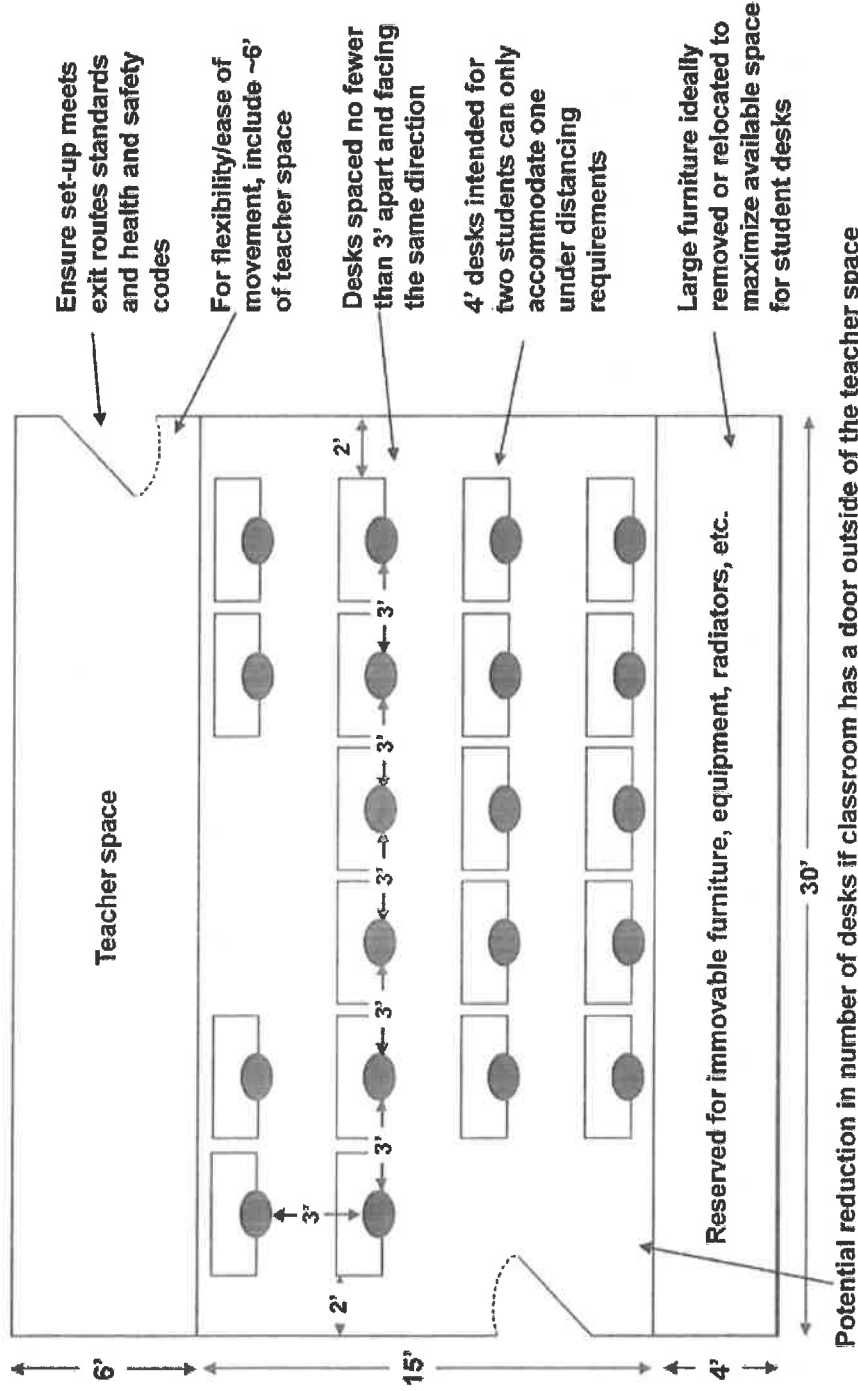


- Estimated 750 ft<sup>2</sup> capacity: ~26 students (with furniture/equipment removed)
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)<sup>1</sup>

<sup>1</sup> Assumed 1.5' seat width, 4' desk width

# Example B4: Fits ~20 4' dual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 25' x 30')



- Estimated 750 ft<sup>2</sup> capacity: ~20 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of-seat (desk-to-desk measurement would decrease classroom capacity)<sup>1</sup>

<sup>1</sup> Assumed 1.5' seat width, 4' desk width





## Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings

July 17, 2020

### Introduction and overview

As a supplement to DESE's Initial Fall School Reopening Guidance, we are providing districts and schools with additional information on protocols for responding to specific COVID-19 scenarios this fall. Protocols from the Centers for Disease Control (CDC) related to this topic may be released in the coming weeks and this guidance may be updated accordingly. We will also be providing additional clarifying information through our FAQ process.

**This guidance provides more information and protocols to answer the following questions:**

- What should a district do if there is a symptomatic individual – at home, on the bus, or at school?
- What should a district do if someone in the school community tests positive for COVID-19 – be it a student, teacher, staff, or bus driver, or one of their household members or close contacts?
- Who should get tested for COVID-19 and when?
- In what circumstances would someone need to quarantine (when they have been exposed but are not sick) or isolate (when they are sick)?
- What should school districts do to monitor COVID-19 spread in their communities?

In our Initial Fall School Reopening Guidance, we put forth the goal of the safe return of as many students as possible to in-person learning. At the same time, we asked districts to plan for all contingencies by asking for three reopening models.

**A safe return to in-person school environments will require a culture of health and safety every step of the way. Specifically:**

- **It is not one mitigation strategy but a combination of all these strategies taken together that will substantially reduce the risk of transmission.** No single strategy can ever be perfect, but all strategies together will reduce risk. In addition, although we are currently in Phase 3 of Reopening Massachusetts, it will take collective continued vigilance towards health and safety measures to continue to contain COVID-19.
- **Staff must monitor themselves for symptoms daily and students, with the assistance of families, must also be monitored daily for symptoms. Staff and students must stay home if feeling unwell.** Everyone must do their part to protect others and not come to school if they are exhibiting any COVID-19 symptoms or are feeling sick.
- **Masks are among the most important single measures to contain the spread of COVID-19.** We require students second grade and above and all staff to wear masks that adequately cover both their nose and mouth. Younger children are strongly encouraged to wear masks. Exceptions must be made for students with medical, behavioral, or other challenges who are unable to wear masks/face coverings.

- **Hand hygiene is critical.** Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school, before eating, before putting on and taking off masks, and before dismissal.
- **Physical distance greatly reduces the risk of transmission.** As COVID-19 is transmitted through respiratory droplets, putting distance between yourself and others reduces risk. In classroom settings, when all parties are wearing masks, a minimum of 3 feet of separation is needed; if one or both parties are not wearing masks, 6 feet is needed. (Kindergarten and first grade students without masks may be 3 feet apart, but no less, which is permissible given the lower susceptibility of the age group).
- **Cohorts/assigned seating.** Students organized in groups/classrooms and other cohorts help mitigate transmission of the virus. Assigned seating is important because it effectively creates even smaller groups within cohorts which minimize transmission. Assigned seats can also assist with contact tracing. Wherever possible, seats should be assigned (including classroom, bus, meals).

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

#### **Preparing to respond to COVID-19 scenarios**

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

#### **Be prepared to provide remote learning**

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

#### **Testing, tracing, and isolation**

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



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

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

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

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

**Close contacts of a positive COVID-19 case should be tested.** For general guidance, DPH defines close contact as:<sup>1</sup>

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

**In school settings**, close contacts include other students and staff who were within 6 feet of the student or staff for at least 10-15 minutes in a classroom, in other school spaces, on the bus, or at an extracurricular activity. In elementary and other school situations where the students are in self-contained classrooms for an extended period, all students/staff within this “cohort” are considered close contacts as they may have been within 6 feet of the person with a positive test result. Possible close contacts should not come back to school until they have been tested (or elected instead to self-quarantine for 14 days). If an individual tests positive for COVID-19, then self-isolation is for a minimum of 10 days **and** until at least three days have passed with no fever and improvement in other symptoms as noted. If the test is negative, the student/staff can return to school if asymptomatic and wearing a mask.

### **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.**

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<sup>1</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

CDC protocols may be released in the coming weeks and this guidance may be updated accordingly  
7/17/2020

Below is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves:<sup>2 3</sup>

- Fever (100.4° Fahrenheit or higher), 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*

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

**Every school should have a list of available test sites.**<sup>4</sup> A list of test sites is available here, and Massachusetts also has an interactive testing map. Staff and students who have symptoms should also contact their primary care physician for further instructions. More information related to the availability of testing will be provided later this summer.

*Please turn to the next page for information on protocols for possible COVID-19 scenarios.*

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<sup>2</sup> Massachusetts DPH, Testing of Persons with Suspect COVID-19. (2020, May 13).

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<sup>4</sup> A list of test sites is available here; this is Massachusetts's interactive testing map

## Protocols for possible COVID-19 scenarios

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

- ✓ Evaluate symptoms
- ✓ Separate from others
- ✓ Clean and disinfect spaces visited by the person
- ✓ Test for COVID-19 and stay at home while awaiting results
- ✓ If test is positive:
  - Remain at home at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms
  - Monitor symptoms
  - Notify the school and personal close contacts
  - Answer the call from local board of health or Massachusetts Community Tracing Collaborative to help identify close contacts to help them prevent transmission
  - Secure release from contact tracers (local board of health or Community Tracing Collaborative) for return to school

**The following pages outline protocols for the scenarios below.**

### **Section 1: Protocols for individual exposure or individual positive test**

- **Protocol: Student or staff tests positive for COVID-19**
- **Protocol: Close contact of student or staff tests positive for COVID-19**
- **Protocol: Student is symptomatic on the bus**
- **Protocol: Student is symptomatic at school**
- **Protocol: Staff is symptomatic at home**
- **Protocol: Staff is symptomatic at school**

### **Section 2: Protocols for potential school closure (partial or full) or district closure**

- **Protocol: Presence of multiple cases in the school or district**
- **Protocol: Presence of significant number of new cases in a municipality**
- **Protocol: Statewide regression to a previous reopening phase**

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

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

## *Section 1: Protocols for individual exposure or individual positive test*

### **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 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. 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 improvement in other symptoms.
2. The student's parent/caregiver or the staff member informs the proper school official (e.g. a designated person that is the COVID-19 school lead) that the individual has tested positive for COVID-19. The designated COVID-19 school lead in turn notifies others as pre-determined by the school (e.g., school leadership, school nurse or school medical point of contact, building management, maintenance).
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. **ELEMENTARY SCHOOL (e.g., student has self-contained classroom 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 if close contacts choose not to be tested, the student or staff member should remain home in self-quarantine for 14 days.<sup>5</sup>
  - 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 received the results of testing (or elected to instead quarantine for 14 days<sup>6</sup>) and are asked to 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 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. MIDDLE AND HIGH SCHOOL (e.g., no single self-contained classroom):**

- 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.

<sup>5</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

CDC protocols may be released in the coming weeks and this guidance may be updated accordingly  
7/17/2020

- b. Follow the communication and other relevant Elementary School protocols above.
- c. Close contacts should be tested for COVID-19 at one of Massachusetts's test sites.<sup>7</sup> 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.
- e. An individual who does not wish to be tested should instead quarantine for 14 days<sup>8</sup> 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:** Close contacts can return to school immediately if they test negative and do not have symptoms; however, strict mask wearing covering the nose and mouth must be maintained at all times. The wearing of masks includes K-1 students for this 14-day period. If they have symptoms but test negative regardless, they should wait until they are asymptomatic for 24 hours before returning to school.

**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.

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<sup>7</sup> <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

<sup>8</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>



### 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.<sup>9</sup>
2. The student or staff member who was in close contact with someone who tested positive for COVID-19 should be tested at one of Massachusetts's test sites.<sup>10</sup> Sites may require pre-screening, a referral, and/or an appointment. An individual who does not wish to be tested should instead quarantine for 14 days<sup>11</sup> and until asymptomatic.
3. Close contacts should isolate at home prior to testing and while awaiting test results. Ability to mask is critical, so if the close contact cannot mask or is in K-1 and not masking they should not return for 14 days.
4. In order to return to school, close contacts need to have one negative test result and not be showing any COVID-19 symptoms, or if they do not wish to be tested, quarantine at home for 14 days. Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive.
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."

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<sup>9</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>10</sup> [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

<sup>11</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

### Protocol: Student is symptomatic at home

1. Family should monitor students at home each morning for the most common symptoms of COVID-19 (see list above).
  - a. **IF NO SYMPTOMS:**
    - i. Send student to school.
  - b. **IF ANY SYMPTOM:**
    - i. Do not send the student to school.
    - ii. Call the school's COVID-19 point of contact and inform them 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.<sup>12</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>13</sup> and until asymptomatic.
    - iv. The student should get tested at one of Massachusetts's test sites.<sup>14</sup> 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.
      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 improvement in other symptoms.<sup>15</sup> **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

<sup>12</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>13</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>14</sup> <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

<sup>15</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

### 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. Note: This will require training for bus drivers (and bus monitors, if applicable).
2. If symptoms are noticed as the student is getting on the bus and if there is a caregiver present, do not allow student to board the bus. Caregiver should then **FOLLOW:** “Protocol: Student is symptomatic at home.”
3. If student is already on the bus, ensure 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.<sup>16</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>17</sup> and until asymptomatic.
  - iv. Student should get tested at one of Massachusetts's test sites.<sup>18</sup> 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.
    - 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 improvement in other symptoms.<sup>19</sup> **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.

<sup>16</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>17</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>18</sup> [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

<sup>19</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

### **Protocol: Student is symptomatic at school**

1. Although families are the most important first line of defense for monitoring symptoms, teachers will play an important role in referring possible symptomatic students to the school nurse or other medical point of contact. (Note: This will require training for teachers.)
2. Teacher ensures the student is wearing a mask that fully covers nose and mouth at all times.
3. Teacher calls the nurse or school medical point of contact to inform them that they have a possible case. Nurse or school medical point of contact comes to get the student from class.
4. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Most common symptoms of COVID-19”).
  - a. **IF ANY SYMPTOM:**
    - i. Place the student in the designated medical waiting room. There is no specific capacity limit for the medical waiting room, but all students in the COVID-19 waiting room must be as far apart as possible, and no less than 6 feet. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room
    - ii. Contact caregiver for pick-up.
      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.<sup>20</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>21</sup> and until asymptomatic.
    - iv. Student should get tested at one of Massachusetts’s test sites.<sup>22</sup> 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:

<sup>20</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>21</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>22</sup> [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

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.
  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 improvement in other symptoms.<sup>23</sup> **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.

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<sup>23</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

## 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”).
  - a. **IF NO SYMPTOMS:**
    - i. Come to work.
  - b. **IF ANY SYMPTOM:**
    - 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.<sup>24</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>25</sup> and until asymptomatic.
    - iv. The staff member should get tested at one of Massachusetts’ test sites.<sup>26</sup> 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.<sup>27</sup> **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19”.

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<sup>24</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>25</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>26</sup> <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

<sup>27</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

### 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.<sup>28</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>29</sup> and until asymptomatic.
    - ii. The staff member should get tested at one of Massachusetts's test sites.<sup>30</sup> 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.<sup>31</sup> **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19".

<sup>28</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>29</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>30</sup> <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

<sup>31</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>



## *Section 2: Protocols for potential school closure (partial or full) or district closure*

### 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. These steps could include, *for example*, making a decision to a) close part of the school or the entire school for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) close the school partially or fully for the longer duration of a 14-day quarantine period.
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. These steps could include, *for example*, making a decision to a) shut down the district for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) shut down the district for the longer duration of a 14-day quarantine period.
5. **Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.**

#### **Contacts:**

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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: Presence of significant number of new cases in a municipality**

1. In the case of significant municipal outbreak, as determined by the local board of health or DPH, the superintendent and school leaders must consult with the local board of health to determine whether it is appropriate to close a specific school, schools, or an entire district.
2. **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, [Russell.Johnston@mass.gov](mailto:Russell.Johnston@mass.gov), 781-605-4958.

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### **Protocol: State-wide regression to a previous reopening phase**

1. Massachusetts is tracking its overall statewide reopening in phases according to the Reopening Massachusetts plan. Currently, Massachusetts is in Phase 3 of reopening, where even more businesses can resume operations with specific guidance.
2. If Massachusetts moves back into a prior phase, DESE (in consultation with the Massachusetts COVID-19 Command Center) will communicate with school districts and schools to determine whether in-person school should continue.

# K-12 Schools and Childcare Programs

## FAQs for Administrators, Teachers, and Parents

### Administrators

#### **WHAT SHOULD WE DO IF A CHILD, STUDENT, OR STAFF MEMBER HAS RECENTLY TRAVELED TO AN AREA WITH COVID-19 OR HAS A FAMILY MEMBER WHO HAS TRAVELED TO AN AREA WITH COVID-19?**

Review updated [CDC information for travelers](#), including [FAQ for travelers](#), and consult with state and local health officials. Health officials may use CDC's [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases](#) to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

#### **Planning and Responding to COVID-19**

##### **WHAT SHOULD I CONSIDER AS I PLAN AND PREPARE FOR COVID-19?**

Administrators should always reinforce healthy practices among their staff and students, as well as prepare for a potential case of COVID-19, regardless of the current level of community transmission.

As you create and update your preparedness plans, work with your local health officials to determine the most appropriate plan and actions for your school or program. Together, you will need to consider your local community situation—whether you have local transmission in your community, and if so, the level of transmission (none/minimal, minimal to moderate, substantial).

CDC has created overall guidance, as well as guidance tailored for transmission level in your area to help childcare programs, schools, and their partners understand how to help prevent COVID-19 and react quickly when a case is identified. The guidance includes information about the following:

- How to prepare if you have no community spread of COVID-19.
- How to prepare if you have minimal to moderate community spread in your community.
- How to prepare if you have substantial community spread in your community.
- What to do if a person with COVID-19 has entered your school.

See [CDC's full interim guidance for more details](#).

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



## WHAT CAN STAFF AND STUDENTS DO TO PREVENT THE SPREAD OF COVID-19?

Encourage students and staff to take everyday preventive actions to prevent the spread of respiratory illnesses. These actions include staying home when sick; appropriately covering coughs and sneezes; cleaning and disinfecting frequently touched surfaces; and washing hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if they are visibly dirty. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.

## HOW SHOULD MY SCHOOL PREPARE WHEN THERE IS NO COMMUNITY TRANSMISSION IN OUR AREA?

The most important thing you can do now is to prepare. Schools need to be ready if COVID-19 does appear in their communities. Here are some strategies:

- Review, update, and implement emergency operations plans.
- Develop information-sharing systems with partners.
- Teach and reinforce health hygiene practices.
- Intensify cleaning and disinfection efforts.
- Monitor and plan for absenteeism.
- Assess group gatherings and events. Follow current guidance about non-critical gatherings and events.
- Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.
- Create and test communications plans for use with the school community.
- Review CDC's guidance for business and employers.

## WHAT SHOULD I INCLUDE IN MY EMERGENCY OPERATIONS PLAN?

Review and update your emergency operations plan in collaboration with your local health department. Focus on the components or annexes of the plans that address infectious disease outbreaks.

- Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). This includes strategies for social distancing and school dismissal that may be used to stop or slow the spread of infectious disease. The plan should also include strategies for continuing education, meal programs, and other related services in the event of school dismissal.
- Ensure the plan emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.

## **HOW SHOULD MY SCHOOL PREPARE WHEN THERE IS *MINIMAL TO MODERATE COMMUNITY TRANSMISSION* IN OUR AREA?**

Work with your local health officials to determine a set of strategies appropriate for your community's situation. Continue using the preparedness strategies implemented for no community transmission, and consider the following social distancing strategies:

- Cancel field trips, assemblies, and other large gatherings.
- Cancel or modify classes where students are likely to be in very close contact.
- Increase the space between desks to at least 6 feet.
- Stagger arrival and/or dismissal times.
- Reduce congestion in the health office.
- Limit nonessential visitors.
- Limit bringing in students from other schools for special programs (e.g., music, robotics, academic clubs)
- Teach staff, students, and their families to maintain a safe distance (6 feet) from each other in the school.

## **WHAT SHOULD I DO WHEN THERE IS *SUBSTANTIAL COMMUNITY TRANSMISSION*?**

If local health officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for childcare programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community.

You may need to consider extended school dismissals (e.g. dismissals for longer than 2 weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community. During extended school dismissals, also cancel extracurricular group activities, school-based after-school programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Remember to implement strategies to ensure the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.

## **SHOULD MY SCHOOL SCREEN STUDENTS FOR COVID-19?**

Schools and childcare programs are not expected to screen children, students, or staff to identify cases of COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and follow up on next steps.

## **WHAT RESOURCES DOES CDC HAVE AVAILABLE TO SHARE WITH STAFF, STUDENTS, AND PARENTS?**

Share resources with the school community to help them understand COVID-19 and steps they can take to protect themselves:

- CDC's [health communication resources](https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html)  
<https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>
- CDC information on [stigma and COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html)  
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html>

- CDC information on COVID-19 and children  
<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
- CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.
- Other health and education professional organizations may also have helpful resources your school can use or share, such as the American Academy of Pediatrics
- CDC's information on helping children cope with emergencies  
<https://www.cdc.gov/childrenindisasters/helping-children-cope.html>

### **WHAT SHOULD I DO IF MY SCHOOL EXPERIENCES INCREASED RATES OF ABSENTEEISM?**

If your school notices a substantial increase in the number of students or staff missing school due to illness, report this to your local health officials.

### **WHAT STEPS SHOULD MY SCHOOL TAKE IF A STUDENT OR STAFF MEMBER SHOWS SYMPTOMS OF COVID-19?**

You should establish procedures to ensure students and staff who become sick at school or who arrive at school sick are sent home as soon as possible. Keep anyone sick separate from well students and staff until the sick person can be sent home.

### **WHAT SHOULD I DO IF THE SUSPECTED SICK STUDENT OR STAFF MEMBER IS CONFIRMED TO HAVE COVID-19?**

Immediately notify local health officials. These officials will help administrators determine a course of action for their childcare programs or schools.

You will likely dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

### **IF CHILDREN WITH ASTHMA USE "BREATHING TREATMENTS" OR PEAK FLOW METERS, DO SCHOOLS NEED TO BE CONCERNED ABOUT AEROSOLIZING THE VIRUS THAT CAUSES COVID-19?**

First, students with symptoms of COVID-19 should not attend school. Symptoms of asthma and COVID-19 may overlap, including cough and shortness of breath. Therefore, students experiencing acute asthma attacks should not be attending school without approval by a healthcare provider; if an asthma attack starts at school, a student may need a bronchodilator treatment before being sent home or before an ambulance arrives. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers/mouthpieces and nebulizers with disposable tubing with mask/mouthpieces. Inhalers and nebulizers should be used and cleaned according to the manufacturer's instructions.

During this COVID-19 pandemic, asthma treatments using inhalers with spacers (with or without face mask, according to each student's individualized treatment plan) are preferred over nebulizer treatments whenever possible. Based on limited data, use of asthma inhalers (with or without spacers or face masks) is not considered an aerosol-generating procedure.

Due to limited availability of data, it is uncertain whether aerosols generated by nebulizer treatments are potentially infectious. During this COVID-19 pandemic, nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with or without spacer or face mask).

Use of peak flow meters, including in the school setting, includes forceful exhalation. Based on limited available data<sup>1</sup>, forceful exhalation is not considered an aerosol-generating procedure associated with increased risk of transmitting the virus that causes COVID-19. However, for some people with asthma, using a peak flow meter can trigger cough.

Schools should obtain the appropriate personal protective equipment (PPE) for staff who administer nebulizer treatments and peak flow meters to students with asthma. PPE for use when administering nebulizer treatments or peak flow meters to students with asthma consists of gloves, medical or surgical facemask and eye protection. School staff should be trained on when to use PPE, what PPE is necessary, where this PPE is stored, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of used PPE. CDC has information on using PPE. Staff should also be trained on how to administer nebulizer treatments and peak flow meters.

During this COVID-19 pandemic, if a nebulizer treatment or use of peak flow meter is necessary at school for a student, the number of people present in the room should be limited to the student and the staff member administering the treatment or peak flow meter. If appropriate based on the student's age and level of maturity, the staff member could leave the room and return when the nebulizer treatment is finished. After the nebulizer treatment or use of peak flow meter, this room should undergo routine cleaning and disinfection. CDC has information on how to clean and disinfect and how to prevent asthma attacks triggered by cleaning and disinfecting activities.

People with moderate to severe asthma may be at higher risk of severe COVID-19. CDC has more information on COVID-19 for schools and healthcare providers (including school nurses).

**IF EACH CHILD HAS HIS OR HER OWN SPACER, CAN A SCHOOL'S METERED DOSE INHALER BE USED BY MORE THAN ONE STUDENT IF THE ACTUATOR IS CLEANED BEFORE USE BY ANOTHER STUDENT?**

CDC is not aware of data regarding practices to prevent transmission of the virus that causes COVID-19 or other respiratory viruses, when multiple people share one asthma inhaler.

Students should be permitted to use their personal inhaler, as needed, to the extent permitted by state law and school policies. When students need to use of the school's stock inhaler, the inhaler should be used and cleaned according to the manufacturer's instructions. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers/mouthpieces. Additional strategies to further minimize cross-contamination include using spacers with one-way valves and not allowing the student to touch the inhaler (e.g., the student can touch the spacer, but only the school staff administering the inhaler can touch the inhaler). Limited data from healthcare settings suggest wiping all surfaces of an inhaler with an alcohol-based wipe containing at least 70% alcohol after inhaler use, and then allowing these surfaces to air-dry can prevent bacterial cross-contamination. CDC is not aware of data on whether this has helped prevent viral infections or infections in the school setting.

CDC is not aware of data regarding viral contamination of spacer devices. A study evaluating the persistence of SARS-CoV-2 (the virus that causes COVID-19) on plastic, stainless steel, and cardboard surfaces showed that the virus is able to remain viable for up to 72 hours. The American Lung Association's Model Policy for School Districts: Stock Bronchodilators recommends using inhalers with disposable spacers or disposable mouthpieces.

School staff who administer asthma medication to students should use good hand hygiene, including washing hands with soap and water for at least 20 seconds before and after administration. If soap and water are not available and hands are not visibly dirty, staff should use an alcohol-based hand sanitizer that contains at least 60% alcohol.

People with moderate to severe asthma may be at higher risk of getting very sick from COVID-19. CDC has more information on COVID-19 for schools and healthcare providers (including school nurses).

CDC has additional information about asthma (non-COVID related) for health professionals and schools here: <https://www.cdc.gov/asthma/info.html>

## **IF A SCHOOL IS CONSIDERING LIMITING STUDENTS TO THE LOCAL GEOGRAPHIC AREA DUE TO A PHASED OPENING, WOULD CHILDREN DISPLACED DUE TO HOMELESSNESS BE PROHIBITED FROM ATTENDING THEIR HOME SCHOOL?**

No. Per the Mc-Kinney-Vento Act, students experiencing homelessness should receive equal access to free, appropriate public education as provided to other students. Per the Act, residency requirements should not be a barrier to the enrollment, attendance, or success in school for children and youths experiencing homelessness.

## **Dismissals**

### **WHEN SHOULD I DISMISS OUR SCHOOL/CHILDCARE PROGRAM?**

Any decision about school dismissal or cancellation of school events should be made in coordination with your local health officials. Schools are not expected to make decisions about dismissals on their own.

You may need to temporarily dismiss school for 2-5 days, if a student or staff member attended school before being confirmed as having COVID-19. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials to determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

If there is substantial transmission in the local community, local health officials may suggest extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community.

### **ARE THERE WAYS FOR STUDENTS TO KEEP LEARNING IF WE DECIDE TO DISMISS SCHOOLS?**

Yes, consider implementing e-learning plans, including digital and distance learning options as feasible and appropriate. Determine, in consultation with school district officials or other relevant state or local partners:



- If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding.
- How to convert face-to-face lessons into on-line lessons and how to train teachers to do so.
- How to triage technical issues if faced with limited IT support and staff.
- How to encourage appropriate adult supervision while children are using distance learning approaches.
- How to deal with the potential lack of students' access to computers and the internet at home.

### **IF I MAKE THE DECISION FOR A SCHOOL DISMISSAL, WHAT ELSE SHOULD I CONSIDER?**

In the event of a school dismissal, extracurricular group activities and large events, such as performances, field trips, and sporting events should also be cancelled. This may require close coordination with other partners and organizations (e.g., high school athletics associations, music associations). In addition, discourage students and staff from gathering or socializing anywhere, like at a friend's house, a favorite restaurant, or the local shopping mall.

Ensure continuity of meal programs for your students. Consider ways to distribute food to students who receive free or reduced cost meals. Check with the US Department of Agriculture – Food and Nutrition Service for additional information: <https://www.fns.usda.gov/disaster/USDAfoodsPandemicSchools>. If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.

Consider alternatives for providing essential medical and social services for students. Continue providing necessary services for children with special healthcare needs, or work with the state Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

### **IF WE DISMISS SCHOOL, WHAT DO WE NEED TO CONSIDER WHEN RE-OPENING THE BUILDING TO STUDENTS?**

CDC is currently working on additional guidance to help schools determine when and how to re-open in an orderly manner. If you need immediate assistance with this, consult local health officials for guidance. Stay in touch with your local and state health department, as well as the Department of Education.

### **WHAT SHOULD WE DO IF A CHILD, STUDENT, OR STAFF MEMBER HAS RECENTLY TRAVELED TO AN AREA WITH COVID-19 OR HAS A FAMILY MEMBER WHO HAS TRAVELED TO AN AREA WITH COVID-19?**

Review updated CDC information for travelers, including FAQ for travelers, and consult with state and local health officials. Health officials may use CDC's Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

## **Parents**

### **WHAT ARE SCHOOLS DOING TO PREPARE FOR COVID-19?**

Schools are advised to ensure adequate supplies are available to support healthy hygiene practices, and to routinely clean and disinfect objects and surfaces that are frequently touched.

They are also working closely with local health officials to review and update their school emergency operation plans, and to determine if or when to dismiss schools.

## **HOW WILL I KNOW IF MY CHILD'S SCHOOL IS CLOSED?**

Look out for information from your school district. Information may come via phone, email, or website depending on your school's communication plan. Local media outlets may provide updates, since they often monitor this information.

## **ARE CHILDREN MORE AT-RISK?**

Information about COVID-19 in children is somewhat limited, but the information that is available suggests that healthy children generally have mild symptoms. However, a small percentage of children have been reported to have more severe illness. Children and adults with serious chronic medical conditions are believed to be at higher risk, as well as older adults. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.

## **HOW SHOULD PARENTS TALK TO CHILDREN ABOUT COVID-19?**

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Parents play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created guidance to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html>.

## **Teachers:**

### **WHAT CAN TEACHERS DO TO PROTECT THEMSELVES AND THEIR STUDENTS?**

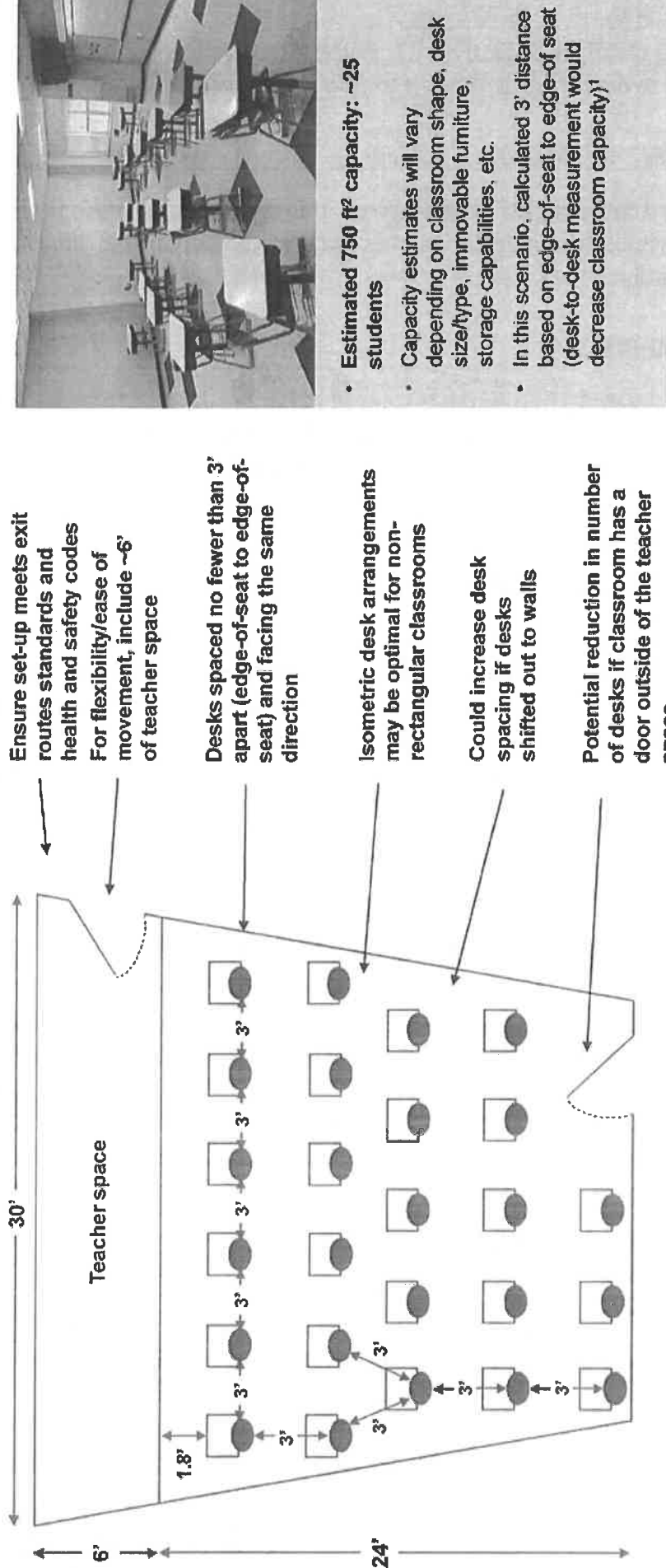
Teachers and students are in close contact for much of the day, and schools can become a place where respiratory diseases like COVID-19 can quickly spread. Protect yourself and your students by practicing and promoting healthy habits during the school year. You should also plan to stay home if you have symptoms of COVID-19 like fever, cough, or shortness of breath. Encourage parents to keep students at home if they're sick. Consider social distancing strategies, such as modifying classes where students are likely to be in very close contact; increasing space between desks; and allowing students to eat meals in the classroom.

### **HOW SHOULD I TALK TO MY STUDENTS ABOUT COVID-19?**

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Teachers can play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created guidance to help adults have conversations with children about COVID-19 and ways they can avoid getting and spreading the disease <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/talking-with-children.html>.

# Example C1: Fits ~25 individual desks with 3' physical distancing

(Dimensions: 750 sq. ft., 30' at widest / 20' at narrowest x 30')



Ensure set-up meets exit routes standards and health and safety codes  
For flexibility/ease of movement, include ~6' of teacher space

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

Isometric desk arrangements may be optimal for non-rectangular classrooms

Could increase desk spacing if desks shifted out to walls

Potential reduction in number of desks if classroom has a door outside of the teacher space



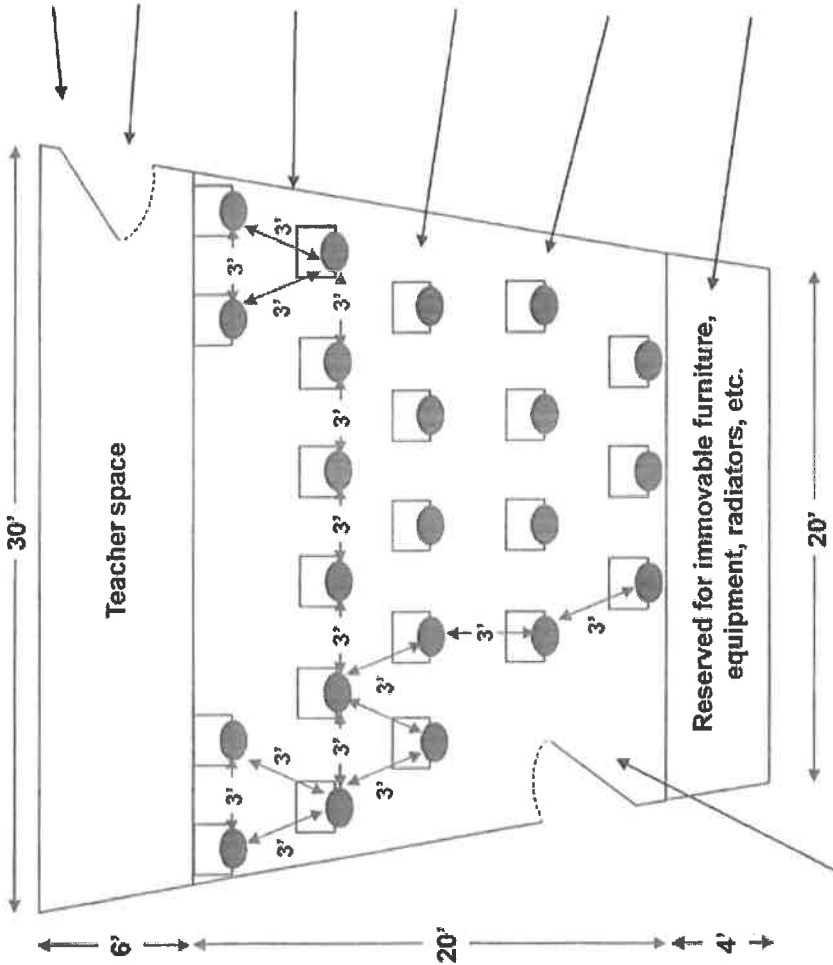
- Estimated 750 ft<sup>2</sup> capacity: ~25 students

- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.

- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)<sup>1</sup>

<sup>1</sup>Assumed 1.5' seat width, 2' desk width

# Example C2: Fits ~22 individual desks with 3' physical distancing (Dimensions: 750 sq. ft., 30' at widest / 20 at narrowest x 30')



- Estimated 750 ft<sup>2</sup> capacity: ~22 students
- Capacity estimates will vary depending on classroom shape, desk size/type, immovable furniture, storage capabilities, etc.
- In this scenario, calculated 3' distance based on edge-of-seat to edge-of seat (desk-to-desk measurement would decrease classroom capacity)<sup>1</sup>

<sup>1</sup> Assumed 1.5' seat width, 2' desk width

Ensure set-up meets exit routes standards and health and safety codes

For flexibility/ease of movement, include ~6' of teacher space

Isometric desk arrangements may be optimal for non-rectangular classrooms

Desks spaced no fewer than 3' apart (edge-of-seat to edge-of-seat) and facing the same direction

Could increase desk spacing if desks shifted out to walls

Large furniture ideally removed or relocated to maximize available space for student desks

Potential reduction in number of desks if classroom has a door outside of the teacher space

DRAFT for discussion only

# Appendix



# Example – Common Safety Violations in School Classrooms (2/2)

## Common Safety Violations in School Classrooms

- 1 Classroom exits shall remain clear and not blocked by any obstructions, such as cabinets that open into the exit path.
- 2 Classroom emergency exit windows shall not be blocked by items stored under or in front of the windows.
- 3 Classroom fire extinguishers shall be mounted in plain view and not blocked or hidden.
- 4 Exit signs for emergency window exits shall be visible at all times. Illuminated exit signs, when provided, shall be illuminated at all times.
- 5 Classroom exit doors shall not have decorations on the door.
- 6 Decorations or classroom materials that are suspended from ceilings shall be treated to be flame retardant and never impede an exit.
- 7 Suspending or hanging decorative items from fire sprinkler pipes is not allowed.
- 8 Flame retardant classroom wall decorations shall not extend out from the walls or cover exit signs.
- 9 Suspending decorative or instructional items from classroom ceiling lights is not allowed.
- 10 Material stored on top of shelves or cabinets may not be closer than 3 feet to the ceiling. This material shall also be secured so that, during an earthquake, it will not fall. Unfastened or unrestrained materials shall be removed.
- 11 Materials stored on top of shelves or cabinets may not be closer than 18" to automatic sprinkler heads.
- 12 Excess paper and other supplies, shall be stored in an orderly manner in approved storage closets and not in open classrooms.
- 13 Hazardous materials, such as cleaning products and chemicals used for instruction, shall be stored in approved secure locations and always kept out of reach of children. Science chemicals and very hazardous materials must be kept in hazardous materials cabinets.

- 14 All bookcases and cabinets shall be secured to walls.
- 15 Approved portable heaters shall be positioned so that they are not close to combustibles.
- 16 Do not plug more than one extension cord and one power strip into an electrical outlet. Extension cords shall be removed and stored at the end of the school day. Extension cords may not be put into permanent use. Extension cords and power strips may not be plugged in series.
- 17 Extension cords may not be extended from one classroom to another or create a tripping hazard.
- 18 All compressed gas cylinders shall be attached with restraints to prevent them from overturning.
- 19 Do not exceed the classroom occupancy load by putting too many students or desks in the room. (20 square feet per student.)

Most classrooms safety violations can be avoided by keeping classrooms clean, neat and well organized. Do not try and store more materials than your room was designed to safely handle. Do not obstruct the existing fire safety systems that are there to protect all occupants. Do not try and exceed the capacity of the room's electrical system with plug strips and extension cords. Always look out for conditions that have the potential to hurt students.

*In addition to the classroom violations, there are some fire/safety violations that occur outside of the classroom. If you notice any of the following, please notify your site administrator.*

Do not store items in basements or under stairs unless the entire area is sprinklered.

When storing items in closets or workrooms, maintain a 3 foot (36") clearance around all water heaters, electrical panels, fire alarms and portable fire extinguishers.

Parking of vehicles on campus shall be limited to official parking stalls only. Do not park vehicles on school grounds in such a way as to block paths or egress and access or any fire lanes.

Source: [Dennis-Yarmouth\\_Regional\\_School\\_District](#)

## Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings

July 17, 2020

### Introduction and overview

As a supplement to DESE's Initial Fall School Reopening Guidance, we are providing districts and schools with additional information on protocols for responding to specific COVID-19 scenarios this fall. Protocols from the Centers for Disease Control (CDC) related to this topic may be released in the coming weeks and this guidance may be updated accordingly. We will also be providing additional clarifying information through our FAQ process.

#### **This guidance provides more information and protocols to answer the following questions:**

- What should a district do if there is a symptomatic individual – at home, on the bus, or at school?
- What should a district do if someone in the school community tests positive for COVID-19 – be it a student, teacher, staff, or bus driver, or one of their household members or close contacts?
- Who should get tested for COVID-19 and when?
- In what circumstances would someone need to quarantine (when they have been exposed but are not sick) or isolate (when they are sick)?
- What should school districts do to monitor COVID-19 spread in their communities?

In our Initial Fall School Reopening Guidance, we put forth the goal of the **safe** return of as many students as possible to in-person learning. At the same time, we asked districts to plan for all contingencies by asking for three reopening models.

**A safe return to in-person school environments will require a culture of health and safety every step of the way. Specifically:**

- **It is not one mitigation strategy but a combination of all these strategies taken together that will substantially reduce the risk of transmission.** No single strategy can ever be perfect, but all strategies together will reduce risk. In addition, although we are currently in Phase 3 of Reopening Massachusetts, it will take collective continued vigilance towards health and safety measures to continue to contain COVID-19.
- **Staff must monitor themselves for symptoms daily and students, with the assistance of families, must also be monitored daily for symptoms. Staff and students must stay home if feeling unwell.** Everyone must do their part to protect others and not come to school if they are exhibiting any COVID-19 symptoms or are feeling sick.
- **Masks are among the most important single measures to contain the spread of COVID-19.** We require students second grade and above and all staff to wear masks that **adequately cover both their nose and mouth**. Younger children are strongly encouraged to wear masks. Exceptions must be made for students with medical, behavioral, or other challenges who are unable to wear masks/face coverings.



- **Hand hygiene is critical.** Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school, before eating, before putting on and taking off masks, and before dismissal.
- **Physical distance greatly reduces the risk of transmission.** As COVID-19 is transmitted through respiratory droplets, putting distance between yourself and others reduces risk. In classroom settings, when all parties are wearing masks, a minimum of 3 feet of separation is needed; if one or both parties are not wearing masks, 6 feet is needed. (Kindergarten and first grade students without masks may be 3 feet apart, but no less, which is permissible given the lower susceptibility of the age group).
- **Cohorts/assigned seating.** Students organized in groups/classrooms and other cohorts help mitigate transmission of the virus. Assigned seating is important because it effectively creates even smaller groups within cohorts which minimize transmission. Assigned seats can also assist with contact tracing. Wherever possible, seats should be assigned (including classroom, bus, meals).

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

### **Preparing to respond to COVID-19 scenarios**

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

### **Be prepared to provide remote learning**

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

### **Testing, tracing, and isolation**

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

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

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

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

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

**Close contacts of a positive COVID-19 case should be tested.** For general guidance, DPH defines close contact as:<sup>1</sup>

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

**In school settings**, close contacts include other students and staff who were within 6 feet of the student or staff for at least 10-15 minutes in a classroom, in other school spaces, on the bus, or at an extracurricular activity. In elementary and other school situations where the students are in self-contained classrooms for an extended period, all students/staff within this “cohort” are considered close contacts as they may have been within 6 feet of the person with a positive test result. Possible close contacts should not come back to school until they have been tested (or elected instead to self-quarantine for 14 days). If an individual tests positive for COVID-19, then self-isolation is for a minimum of 10 days **and** until at least three days have passed with no fever and improvement in other symptoms as noted. If the test is negative, the student/staff can return to school if asymptomatic and wearing a mask.

### **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.**

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<sup>1</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

Below is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves:<sup>2 3</sup>

- Fever (100.4° Fahrenheit or higher), 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*

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

**Every school should have a list of available test sites.<sup>4</sup>** A list of test sites is available here, and Massachusetts also has an interactive testing map. Staff and students who have symptoms should also contact their primary care physician for further instructions. More information related to the availability of testing will be provided later this summer.

*Please turn to the next page for information on protocols for possible COVID-19 scenarios.*

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<sup>2</sup> Massachusetts DPH, Testing of Persons with Suspect COVID-19. (2020, May 13).

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<sup>4</sup> A list of test sites is available here; this is Massachusetts's interactive testing map

## Protocols for possible COVID-19 scenarios

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

- ✓ Evaluate symptoms
- ✓ Separate from others
- ✓ Clean and disinfect spaces visited by the person
- ✓ Test for COVID-19 and stay at home while awaiting results
- ✓ If test is positive:
  - Remain at home at least 10 days **and** until at least 3 days have passed with no fever and improvement in other symptoms
  - Monitor symptoms
  - Notify the school and personal close contacts
  - Answer the call from local board of health or Massachusetts Community Tracing Collaborative to help identify close contacts to help them prevent transmission
  - Secure release from contact tracers (local board of health or Community Tracing Collaborative) for return to school

**The following pages outline protocols for the scenarios below.**

### Section 1: Protocols for individual exposure or individual positive test

- **Protocol: Student or staff tests positive for COVID-19**
- **Protocol: Close contact of student or staff tests positive for COVID-19**
- **Protocol: Student is symptomatic on the bus**
- **Protocol: Student is symptomatic at school**
- **Protocol: Staff is symptomatic at home**
- **Protocol: Staff is symptomatic at school**

### Section 2: Protocols for potential school closure (partial or full) or district closure

- **Protocol: Presence of multiple cases in the school or district**
- **Protocol: Presence of significant number of new cases in a municipality**
- **Protocol: Statewide regression to a previous reopening phase**

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

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

## *Section 1: Protocols for individual exposure or individual positive test*

### **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 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. 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 improvement in other symptoms.
2. The student's parent/caregiver or the staff member informs the proper school official (e.g. a designated person that is the COVID-19 school lead) that the individual has tested positive for COVID-19. The designated COVID-19 school lead in turn notifies others as pre-determined by the school (e.g., school leadership, school nurse or school medical point of contact, building management, maintenance).
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. **ELEMENTARY SCHOOL (e.g., student has self-contained classroom 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 if close contacts choose not to be tested, the student or staff member should remain home in self-quarantine for 14 days.<sup>5</sup>
  - 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 received the results of testing (or elected to instead quarantine for 14 days<sup>6</sup>) and are asked to 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 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. MIDDLE AND HIGH SCHOOL (e.g., no single self-contained classroom):**

- 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.

<sup>5</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

- b. Follow the communication and other relevant Elementary School protocols above.
- c. Close contacts should be tested for COVID-19 at one of Massachusetts's test sites.<sup>7</sup> 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.
- e. An individual who does not wish to be tested should instead quarantine for 14 days<sup>8</sup> 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:** Close contacts can return to school immediately if they test negative and do not have symptoms; however, strict mask wearing covering the nose and mouth must be maintained at all times. The wearing of masks includes K-1 students for this 14-day period. If they have symptoms but test negative regardless, they should wait until they are asymptomatic for 24 hours before returning to school.

**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.

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<sup>7</sup> [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

<sup>8</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>



## **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.<sup>9</sup>
2. The student or staff member who was in close contact with someone who tested positive for COVID-19 should be tested at one of Massachusetts's test sites.<sup>10</sup> Sites may require pre-screening, a referral, and/or an appointment. An individual who does not wish to be tested should instead quarantine for 14 days<sup>11</sup> and until asymptomatic.
3. Close contacts should isolate at home prior to testing and while awaiting test results. Ability to mask is critical, so if the close contact cannot mask or is in K-1 and not masking they should not return for 14 days.
4. In order to return to school, close contacts need to have one negative test result and not be showing any COVID-19 symptoms, or if they do not wish to be tested, quarantine at home for 14 days. Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive.
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."

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<sup>9</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>10</sup> [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

<sup>11</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

## **Protocol: Student is symptomatic at home**

1. Family should monitor students at home each morning for the most common symptoms of COVID-19 (see list above).
  - a. **IF NO SYMPTOMS:**
    - i. Send student to school.
  - b. **IF ANY SYMPTOM:**
    - i. Do not send the student to school.
    - ii. Call the school's COVID-19 point of contact and inform them 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.<sup>12</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>13</sup> and until asymptomatic.
    - iv. The student should get tested at one of Massachusetts's test sites.<sup>14</sup> 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.
      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 improvement in other symptoms.<sup>15</sup> **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

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<sup>12</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>13</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>14</sup> [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

<sup>15</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

### 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. Note: This will require training for bus drivers (and bus monitors, if applicable).
2. If symptoms are noticed as the student is getting on the bus and if there is a caregiver present, do not allow student to board the bus. Caregiver should then **FOLLOW:** “Protocol: Student is symptomatic at home.”
3. If student is already on the bus, ensure 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.<sup>16</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>17</sup> and until asymptomatic.
  - iv. Student should get tested at one of Massachusetts's test sites.<sup>18</sup> 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.
    - 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 improvement in other symptoms.<sup>19</sup> **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.

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<sup>16</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>17</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>18</sup> <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

<sup>19</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

## Protocol: Student is symptomatic at school

1. Although families are the most important first line of defense for monitoring symptoms, teachers will play an important role in referring possible symptomatic students to the school nurse or other medical point of contact. (Note: This will require training for teachers.)
2. Teacher ensures the student is wearing a mask that fully covers nose and mouth at all times.
3. Teacher calls the nurse or school medical point of contact to inform them that they have a possible case. Nurse or school medical point of contact comes to get the student from class.
4. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Most common symptoms of COVID-19”).
  - a. **IF ANY SYMPTOM:**
    - i. Place the student in the designated medical waiting room. There is no specific capacity limit for the medical waiting room, but all students in the COVID-19 waiting room must be as far apart as possible, and no less than 6 feet. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room
    - ii. Contact caregiver for pick-up.
      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.<sup>20</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>21</sup> and until asymptomatic.
    - iv. Student should get tested at one of Massachusetts’s test sites.<sup>22</sup> 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:

<sup>20</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>21</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>22</sup> [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

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.
  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 improvement in other symptoms.<sup>23</sup> **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.

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<sup>23</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

## **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”).
  - a. **IF NO SYMPTOMS:**
    - i. Come to work.
  - b. **IF ANY SYMPTOM:**
    - 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.<sup>24</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>25</sup> and until asymptomatic.
    - iv. The staff member should get tested at one of Massachusetts’ test sites.<sup>26</sup> 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.<sup>27</sup> **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19”.

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<sup>24</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>25</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>26</sup> <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

<sup>27</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

## 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.<sup>28</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>29</sup> and until asymptomatic.
    - ii. The staff member should get tested at one of Massachusetts's test sites.<sup>30</sup> 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.<sup>31</sup> **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19".

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<sup>28</sup> <https://www.mass.gov/doc/covid-19-testing-guidance/download>

<sup>29</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>30</sup> <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

<sup>31</sup> <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>



## ***Section 2: Protocols for potential school closure (partial or full) or district closure***

### **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. These steps could include, *for example*, making a decision to a) close part of the school or the entire school for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) close the school partially or fully for the longer duration of a 14-day quarantine period.
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. These steps could include, *for example*, making a decision to a) shut down the district for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) shut down the district for the longer duration of a 14-day quarantine period.
5. **Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.**

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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: Presence of significant number of new cases in a municipality**

1. In the case of significant municipal outbreak, as determined by the local board of health or DPH, the superintendent and school leaders must consult with the local board of health to determine whether it is appropriate to close a specific school, schools, or an entire district.
2. **Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.**

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### **Protocol: State-wide regression to a previous reopening phase**

1. Massachusetts is tracking its overall statewide reopening in phases according to the Reopening Massachusetts plan. Currently, Massachusetts is in Phase 3 of reopening, where even more businesses can resume operations with specific guidance.
2. If Massachusetts moves back into a prior phase, DESE (in consultation with the Massachusetts COVID-19 Command Center) will communicate with school districts and schools to determine whether in-person school should continue.

