

COVID-19 Safety Planning, Response & Re-entry to School Nursing Protocol Manual

SPS NURSING DEPARTMENT

THERESE BLAIN BSN RN NCSN & JEANNE CLANCY M.ED, BSN,RN

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COVID-19 Nursing Health Services Protocol

PURPOSE: This guidance is to further augment district protocols to delineate nursing specific practices and procedures implemented to define and provide guidance on nursing specific actions in response to the COVID-19 pandemic/infection re-opening of schools.

ATTACHMENTS:

- Triage flowchart
- Letter to Parent/Guardians regarding medication administration during COVID-19
- No touch Infrared Thermometer insert

I. Building based strategies for COVID-19

A. Mitigation measures:

Implement and integrate mitigation measures/prevention practices according to district policies and the SPS Control plan guidelines. It is not one mitigation strategy but a combination of all these strategies taken together that will substantially reduce the risk of transmission.

- ✓ District based plans and policies are posted on the SPS intranet at [SPS COVID-19 Site \(springfieldpublicschools.com\)](https://springfieldpublicschools.com) includes:
 - SPS [Face Covering Policy](#)
 - SPS District Control Plan

B. Educational postings:

The following signs/postings are being used throughout the district to reinforce the health and safety procedures being implemented: (APPENDIX)

- ✓ Hand washing procedure (directions in every bathroom)
- ✓ Hand sanitizer direction (at every station)
- ✓ Social distancing (hallway guidance periodically throughout the building)
- ✓ Must wear a mask (at entry point)
- ✓ Cloth mask- how to put on/off & mask breaks (periodically throughout the building and every classroom)
- ✓ Not sharing items (in every classroom)
- ✓ Cleaning high use items (Place at communal shared equipment-example copier)
- ✓ Stay home if you are sick (periodically throughout the building)
- ✓ Stop the spread of germs (periodically throughout the building)
- ✓ Medical waiting room sign and PPE donning/doffing (on medical waiting room door)
- ✓ Low incidence classrooms: changing rooms protocols on toileting (changing/toileting area)

II. Assessments and interventions

A. Visits/Encounters:

There are three treatment pathways for the nurse to assist students in needed health encounters. Refer to the triage algorithm for an overview.

- ✓ Nurse will carry a laptop and create a “to-go” bag to bring when responding to ALL calls. (Modify a first aid bag to contain additional items needed for COVID-19 evaluation and remote treatments. Include: temperature scanner (attached instructions), “back-up” surgical masks, gloves, COVID-19 Questionnaire & Referral forms, maxi-pads, medications, etc., as appropriate)

1. Scheduled health office student visits: Health office encounters are limited to “healthy” visits and require appointments.

- Teachers/Staff must call the school nurse to schedule any student “pick-up”. Students shall not be dismissed on their own from classroom.
- The nurse will make an appointment to retrieve students or provide teacher with the scheduled times for classroom encounter/pick up.
- After each health office interaction: Provide regular disinfecting per label directions of high touch areas on hard, solid surfaces, such as desks, doorknobs, tables, chairs throughout the office. Clean surfaces with soap and water, as they become visibly soiled. Disinfect any shared items, like stethoscope, immediately after use per manufactures recommendations.
 - With QT3: SDS found at: <https://www.hillyard.com/RTUSDS/MSDSHIL00843RTU.pdf> . Product effective two years in an unopened container and 60 days once diluted in a spray bottle. Per label directions dwell time is 3 minutes
 - With Cavicide spray: SDS found at <https://embed.widencdn.net/download/kavokerr/jzwf0hkqnr/CaviCide-US-Canada-en-GHS-SDS-9-5-18.pdf?u=iywczu>. per label directions (dwell time 2 minutes (#9) 46781-6)

2. Sick visits: Upon contact of student/staff with health complaints, complete the COVID-19 assessment questionnaire to provide appropriate treatment pathway and place student in assigned medical waiting room.

- ✓ Teachers/Staff must call health office for any student requesting nurse services to be escorted to appropriate location.
- ✓ Utilize and share the attached Triage Algorithm, COVID-19 questionnaire, and bring sick students that meet COVID-19 criteria to medical waiting room.
- ✓ Follow PPE recommendations from PPE training protocol adding additional PPE as necessary.
- ✓ Follow COVID-19 testing, Medical Waiting Room & discharge protocols.

3. In classroom visits: Examples of tasks student may complete in the classroom setting:

- ✓ Self-administered medication that may be self-carried by law.
- ✓ Minor Toothache / Primary Tooth comes out.
- ✓ Small paper cuts, abrasions, picked scabs.
- ✓ Localized bug bites
- ✓ Anxiety/stress/- calming techniques and/or contact school counselor.

B. Responding to COVID-19 scenarios.

- ✓ Refer to Section 1 of the [MA DPH/DESE Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings](#) ⁽⁷⁾

C. Medically compromised students:


Based on current medical knowledge, parents/guardians of students with high-risk medical conditions, especially mechanical ventilation-dependent children or children with tracheostomies, should be encouraged to consult with their child’s physician to discuss appropriateness of attending in-person school instruction. A collaborative approach should be used to inform decision-making relative to how the student can safely access in-person instruction. ⁽¹⁵⁾

1. School-based nurse to review health records for student population to identify medically fragile students with special healthcare needs.
2. Refer parents of high-risk students to speak with their healthcare provider to determine when and if school re-entry is recommended. ⁽⁶⁾⁽¹⁵⁾

- ✓ Refer the CDC list for conditions for children that may increase risk of severe illness from COVID-19 with underlying medical conditions, particularly if not well controlled.
(<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>)
- 3. Obtain a Release of Information to collaborate with student's PCP/ specialty Physician. Confer for possible clearance/orders/treatment plans for high risk/medically compromised students.
- 4. Revise IHP's to address any additional current healthcare considerations.
- 5. Work with interdisciplinary teams to address needs, communicate with parents and healthcare providers to determine return to school status and modify IEP/504 as indicated.
- 6. Recommendations for home tutoring or remote learning may be indicated.

D. Immunization requirements.

The Massachusetts Department of Public Health, Immunization unit instituted an Influenza vaccine requirement for students for the 2020-2021 school year and rescinded the flu requirement on 01/15/2021. DPH continues to strongly recommend that everyone age six months and older receive their seasonal flu vaccine each year.

- ✓ Immunization requirements:  [Updated List of Immunizations Required for School Entry](#)
- 1. Connect with parent/guardians of all non-compliant students.
- ✓ Documentation of immunization status should be submitted to schools within 60 days of school start; however, excluding students from school based on immunization status during the 60-day grace period is discouraged except in the case of a documented school-based outbreak of a vaccine-preventable disease. ⁽¹³⁾
- 2. Refer to PCP for physical and/or immunization requirements.
- 3. Consult with PACE nurses for additional support as needed.
- 4. Obtain immunization records from Parent/ PCP/ MIIS.

E. Physical Exams-

According to, and taken directly from, the memo issued by the Massachusetts Department of Public Health on August 19, 2020 for *Guidance on selected school health regulations during the COVID-19 Public Health Emergency* ⁽¹³⁾

- ✓ "105 CMR 200.100: Physical Examinations Required by Primary Care Provider or School Physician. *The requirements for physical examination of students pursuant to 105 CMR 200.100 (B) should continue to be followed. An in-person physical exam is required for the following groups of students:*
 - *For students entering school for the first time (typically pre-kindergarten or kindergarten), an in-person physical exam should be conducted one year before or within 90 days of school start. Excluding students from school for lack of documentation of an in-person physical exam during the 90-day grace period is discouraged.*
 - *A student transferring from another school system shall be examined following the school entry recommendation for students entering school for the first time, listed above.*
 - *For students seeking to participate in athletics, an in-person physical exam should be conducted annually prior to a student's participation in competitive athletics. Students who have not had this in-person exam should not be excluded from school but may not participate in competitive athletics.*
- ✓ *The Department encourages in-person physical examination of all students, when possible, to help detect physical and developmental abnormalities. However, given that the current public health emergency has created delays at many medical offices and increased the use of telemedicine, the Department recommends the following flexibility in timing and modality of physical examinations for all other students during the public health emergency:*

- ✓ *A telemedicine well-child visit may be substituted for an in-person physical exam for the purposes of school attendance (with exceptions noted above). Video telemedicine visits are preferred over phone-only visits. However, a telemedicine well-child visit may not substitute for an in-person physical exam if the physical exam on file is older than four years.*
- ✓ *For students submitting documentation of a recent in-person physical exam:*
 - *For elementary and high school students (typically, 4th and 10th grade), the exam may be conducted up to two years before or within 120 days of school start.*
 - *For middle school students (typically, 7th grade), the exam should be conducted one year before or within 120 days of school start.*
- ✓ *For all students, exclusion from school for lack of documentation of a well-child visit during the 120-day grace period is discouraged.*

F. Mandated Screenings-

According to the Order of *The Commissioner of Public Health Exempting School Committees or Boards of Health from Conducting Health Screenings* issued on April 28, 2020, “In light of the Orders suspending in-person instruction and educational operations in schools in Massachusetts the Department of Public Health is suspending the requirement that school committees and/or Boards of Health conduct the health screenings for postural defects, defects in sight or hearing, and substance use disorder pursuant to M.G.L. c. 71, §§ 57 and 97 and waiving the health screening for vision and hearing and the measurement of height and weight pursuant to 105 CMR 200.400 and 200.500.”

(<https://www.mass.gov/doc/order-re-mandated-school-health-screenings/download>)

- ✓ This suspension will remain in effect until the State of Emergency is terminated by the Governor, or until rescinded by the commissioner of MA DPH, whichever shall happen first.
- ✓ Obtain screening information from physical exams.
- ✓ Document in SNAP under screenings tab conducted by an outside provider. (See documentation)

III. Medication Management/Administration

A. Parent notification:

Use the attached letter, Letter to Parent/Guardians regarding medication administration during COVID-19, for parents/guardians’ notification about administration practices and recommendations during pandemic spread.

B. Procedure for Medication Administration in school:

In some instances, students may need to take medication at school. To the degree possible, make every effort to identify ways that medications may be taken at home, instead of during school hours. There are sustained released (SR) medications that may be used instead of fast-acting medication. The following steps should be taken to ensure the safety of all students and minimize office clustering.

1. Follow district policy and regulations for student medication required during the school day.
2. Parent/Guardian and Authorized Health Care Provider will sign and complete the Request for Medicine order. Indicate if self-care is preferred.
3. Parent/Guardian to supply the prescribed medication in a pharmacy labeled bottle coupled with the above order to the school nurse. Medication must be delivered to the school by the parent/guardian or other responsible adult.
4. Bringing medications to school- Parent/Guardian will need to make an appointment with the school nurse so that delivery times may be staggered to accommodate for social distancing.
5. If student can self-administer and carry medications on person, student is to store medication in bookbag/personal belongings.
6. Stagger student times of coming into the health office area for medication.

C. Aerosol generating procedures:

Any nebulizer medication delivery order should be converted to an inhaler with a spacer order to avoid aerosolized transmissible diseases (ATD) during COVID-19. ⁽²¹⁾ The school nurse will need to work with the primary care physician and parents. ⁽⁹⁾ The use of nebulizer treatments in school at this time are strongly discouraged related to the ability to meet administration standards and the lack of data on the ability of COVID-19 being aerosolized.

- ✓ Administration of a nebulizer treatment requires a room with quality ventilation, use of a N95 respirator by the nurse, and strict disinfecting procedures before room re-use. ^(5,10)
- ✓ Nebulizer standing order discontinued during COVID.

D. Health Office Procedures for Specific Populations ⁽²¹⁾

Refer to Massachusetts Department of Public Health. [Additional Information for School Health Offices](#) September 3, 2020. P.8 for additional information on a variety of treatments including suctioning, chest PT, IV line access, G-tube and catheter care.

IV. Documentation

A. Standardize documentation.

- ✓ Use COVID-19 Documentation chart to see new library items to be able to record and track students with COVID-19 concerns.
- ✓ Use the “ABSENCES” tab in the student EHR to track COVID related information to be able to run reports for isolation & quarantine guidance. REQUIRED

B. COVID-19 Reports from SNAP

1. **Absences tab:** Used to run by date of COVID-19 positive, exposure, and symptomatic

- ✓ Reports | Tabular (or presentation) | Student Information | Absences (Provides a detailed absence summary)
 - 1. > N Times + Selected Reason
 - Enter desired date range
 - # > = 0
 - Day = Any (for ALL) or run by quarantine (last 14days) and isolation (last 10 days) to narrow
 - Reason = use one of the COVID distinctions you are following up on (*All will give you everything entered)-

2. Statistical summary (provides # of occurrences for each absence reason recorded- not student specific)

- Enter desired date range
- ✓ Conditions and Alerts
 - ✓ Who has the condition/alert?
 - Reports | Presentation or Tabular | Student Info | Conditions/Alerts
 - With Selected Condition / Alert –
 - Condition / Alert = Communicable Disease – COVID-19
 - “Students” with condition at any time)
 - Population Selection | Classification = All
 - All boxes should be checked except “Place in Group” unless you wish to do something with the records after
 - Students with condition between specified date range
 - Population Selection | Classification = All or run Students
 - Uncheck ignore date.

- Enter specified date range.
- ✓ How many have the condition/alert?
Statistical Summary–
 - Enter specified date range.

C. Screening documentation from PCP

- ✓ Review all information from the physical exam, follow up with physician office with questions.
- ✓ Enter PCP completed physical and screenings under the Screenings tab:
- ✓ Click the “New” button and find corresponding screening to input.

Health Status		Clinical Baselines		Labs	
Provider		Temp		Hct/Hgb	13.9 g/dl
Phone		Pulse		urine	
Acad progr		Resp Rate		Lead	
Actv restric	none	BP	120/70	TB	
Adaptation s		Peak Flow		scoliosis	pass
Chronic	none	Vision	pass	Blood Type	
Disability		Hearing	pass	Allergies	
Sig illness		Ht/Wt	62.5" / 151.5#	other	

Date: 03/18/2019 Grade: 9 ☒ Outside provider

Examined By: B. Reehsinghani, M Service Level: Returned: Student Info: Provider: private MD

ReCheck: Referred: Under Tx Now New Rx/Tx Monitored by Provider

Follow Up: Follow Up #: M: Select... Proof Defaults OK

- ✓ Input ALL the documented corresponding areas, date of PE (not today's date), & physician name
- ✓ MUST check off the box that states outside provider. (Outside provider screenings are NOT billable screenings)

The dropdown list next to Outside provider checkbox includes additional info to input. Selection of item places that item in the box. (This is a searchable report item)

A scanned copy of the physical can be uploaded through the “proof” box.

D. Visit log documentation-

1. Student encounters: (visits related to health concerns or scheduled check-in) With an “in person” interaction, document as usual with the Outcome <primary issue- Encounter> and a back to class status under the disposition plan. If it is a “visit” done via a remote interaction, document as usual but also include “remote encounter”. This was added to be able to decipher between remote visits/encounters from “in person” student visits.
2. Attending virtual classrooms: If you take part in virtual

Visit Log on 10/06/2020 for STAFF, STAFF -ID: (none) - DOB: 01/

Primary Concern

Injury
Illness
Non-Encounter Activities
Other Health

<Scheduled>
Assessment
Immunization administration
Injury follow-up
Health education/counseling
Virtual classroom meeting
Health screening
Medical appointment attend
Health check visit
Medication visit
Recheck: same day
Treatment

Primary Concern
Other Health

Assessments
Health Service
Outcomes
Disposition/Pl
<Primary Issi
-other service
Outcome Foll
Time spent

classrooms, document this interaction under a Staff record. Found under Primary Concern “other health”- Virtual classroom attended. Add in notes.

Outcome Disposition is <Primary issue -non-visit> and in <outcome follow up> add in “time spent”.

3. If you end up having a break- out room and speaking/assessing a student 1:1 during a “virtual class meeting” that would be documented as an student ENCOUNTER as above (1.).

Outcomes

Disposition/Plan
Contacts
Referrals
Outcome Follow-Up

Primary Conce
Assessments
Health Service
Outcomes

<Primary Issue-Encounter>
<Primary Issue-NoVisit/Sch>
<Secondary disposition(s)>
<DISPOSITION>
Back to class
< Dismissed:>
<Other school disposition:>
<DISPOSITION DETAILS>
Instruction
<Status>
MIAA Cleared
Recheck
Excused from
Med disposition
Remote encounter

SNAP Documentation Chart

Tracking – done under **ABSENCES** tab

1. Communicable Illness-COVID19- symptoms (use when dismissed r/t assessment or by parent communication) **Date symptom onset**
2. Communicable Illness- COVID19- positive test (use when receive physician/DPH communication or parent report of dx) **Date of test**
3. Health related- COVID19 exposure (use when exposure was communicated and quarantine is occurring) **Date of last exposure**

Student	Absence Reason	Date	Day	Comments
Home	Health related-COVID-19 exposure	07/15/2020	Wednesday	per parent b tested positiv
Contacts	Communicable illness-COVID-19 symptoms	07/21/2020	Tuesday	per mother s
Charts	Communicable illness-COVID-19 positive test	///		
Immunizations				
Absences				

Non-Encounter library edits: for Communication

Under Case Mgt: - communicable disease - <disease>- COVID-19
 -Positive communicable disease reported
 - Contact tracing

Info Mgt - communicable disease

- Reported contact exposure >COVID-19

-<1:1 exchange>- community agency- public health
 -communicable disease agency

Screenings: Use “DPH Screening waiver”

Diagnosis- provide under Conditions/Alerts tab when/if **receive physician/DPH Documentation of dx.(+PCR)** Is from the condition dropdown-
 COMMUNICABLE- COVID-19

*Alert dropdown-

- *Consent form received: COVID-19 Pooled testing
- *Consent form received: Abbott BinaxNow antigen testing

Opt- out -alcohol-based hand sanitizer (ABHS) use.

Documented under the History tab- Activities section. Add activity plus button.

* In conjunction could provide the *SPECIAL CONCERNS alert with a comment to not use ABHS so you can be alerted via student HR

Sick Visit/Encounter log- for students dismissed with COVID symptoms =Use new COVID ill discharge template. *Input the presenting complaint reported as the “Primary Concern” (This means the Primary Concern- “General sx” used in temple will need to be removed and replaced with the actual presenting concern (IE: cough, nausea)). Add comments for all the corresponding assessments that are reported and remove ALL not applicable. Under the “any other concerns? Write in comments all symptoms denied. Edit the Outcomes as appropriate. Correspond the time in & out with the paper “medical waiting room” log.

Additional Disposition edits:

<Dismissed> <reason:> illness- COVID-19- exposure reported

<DISPOSITION DETAILS> Instruction

– regarding: -home quarantine for x days: (type in comments)

Additional log Templates: *Always edit to what was done. Templates are just a universal guide of possibilities)

Covid ill discharge (above encounter of sick student)

Covid in school contact (contact tracing for identified student contacts in school)

Covid LBOH + report (non-visit- LBOH contacts you with +)

Covid parent report (parent reports + case- non-visit- Remove activities not reported)

Covid +case PCP report- (note or communication from PCP on +)

TRIAGE FLOWCHART DURING COVID-19

- Call nurse (DO NOT send student(s)) x _____
 - Nurse will triage concerns via phone.
- Nurse will don appropriate PPE* according to triage results and bring "assessment bag" – Ensure staff/student wearing masks.
 - Nurse to retrieve student/staff.
 - Take Infrared temperature scan.
 - Nurse to escort to appropriate location.
- Nurse to conduct COVID-19 evaluation in private area.

SIGNS/SYMPTOMS: Cough (*unrelated to other cause*); Shortness of breath; or difficulty breathing; Fever (100.0+); Chills; Headache (*when combined with other symptoms*); Body or Muscle Aches; Sore throat; New loss of taste or smell; Fatigue (*when combined with other symptoms*); Congestion or runny nose; Nausea, Vomiting or Diarrhea

Non-symptomatic

Care for in class:

Examples:

- Self-administered medication that may be self-carried by law.
- Minor Toothache / Primary Tooth comes out
- Small paper cuts, abrasions, picked scabs.
- Localized bug bites
- Anxiety/stress/-calming techniques and/or contact school counselor.

Bring to health office:

Examples:

- Wound care/ Ice pack for small bumps/bruises
- Scheduled medications
- Avulsed tooth
- Scheduled Nursing Procedures: Diabetic care; Catheterization; G-Tube Feedings
- Post seizure management as necessary
- Pink eye
- Earache
- Minor nosebleeds (student can deliver self-care- wash hands)

Symptomatic

Escort to MWR

Nurse to:

- COVID-19 PPE is in use during direct assessments.
- Call designated staff as needed for monitoring (Staff to don PPE)
- Call Parent/Guardian for student dismissal. Follow individual school exit protocol.
- Complete COVID-19 questionnaire and referral sheet and document in EHR visit assessments.

Monitoring

- Monitor using social distancing and COVID-19 PPE.

Discharge

- Student escorted to designated exit
- Verify identity of parent/guardian by completing dismissal form
- Provide COVID-19 evaluation with the follow up and return to school instructions.

Custodian

- Clean and sanitize medical waiting room as requested/ available.
- Notify nurse when room is ready for reuse.

Addressing Medication Administration in school during COVID-19 Pandemic

Review the following notice to ensure understanding.

Information from this letter is noted in the [Springfield Public Schools Plan for Returning to Schools for In-Person Learning](#) and available on the SPS district website under the Getting Back to School Safely page.

Additional ways the school nurse can communicate with Parents/guardians:

1. Can mail/provide a copy home of this letter to the Parent/guardians of students who have a history of nebulizer treatments in school or students with history of scheduled oral medications that may be converted to different formulation/time.
2. Students who are in person may be provided with a written copy. A call will be made home to Parents/guardians to inform about letter.
3. Post the letter on your schools' digital platform.
4. Place letter in newsletter.

Letter to Parent/Guardians regarding medication administration during COVID-19

Dear Parent/Guardian,

During the current COVID-19 pandemic, modifications to the process of medication administration in school were made to ensure the safety of all students and to minimize clustering or mixing of student cohorts. To the degree possible, make every effort to identify ways that medications can be taken at home, instead of during school hours. Please speak with the prescribing provider to discuss options.

Administration of the nebulizer treatment requires a room with quality ventilation, use of a N95 respirator by the nurse, and strict disinfecting procedures before room re-use. Related to these requirements and the possible high risk of infection spreading, during the COVID-19 pandemic please obtain an alternative delivery system to nebulizer treatments in the school setting from your child's physician.

It is understood that in some instances, students may need to receive their medication while at school. Students who require medication administration will remain in their classrooms until retrieved by the nurse. The nursing office will only be allowed to have one student at a time. The following steps will need be taken by you for medication administration at school during COVID-19:

1. Obtain the physician signed medication order form.
2. As the Parent/guardian, you **MUST** also sign the medication order form to allow administration in school.
 - Check off and/or note on the order if you would like the student to self-administer and carry prescribed medication.
 - Obtain the corresponding medication in a pharmacy labeled bottle (Ensure it matches the medication order in hand.)
 - Make an appointment with the school nurse to drop off order & medication.

For questions, or to make an appointment with the school nurse, call your child's school and select the option to be transferred to the nurse.

Thank you for your support.

Sincerely,

School Nurse

No-Touch Infrared Thermometer Qy-Ewq-01



Product Information:

Model No: QY-EWQ-01

Measured temperature

range:33~43.0°C(91.4~109.4°F)

Power supply: DC 3V(2 AAA batteries)

Proper measuring distance range:3~5cm

Response time:1S

Low battery alarm: Please replace the battery while alarm (batt volts <2.5V±0.2)

Memory data: 20 records

High fever warning: 5 beeps

Net weight:105g(excluding the batteries)

Dimension:155*87.7*44mm(L*W*H)

Storage temperature: -20°C~55°C (-4°F~

13.1°F) Operation ambient temperature:

16°C~35°C (60.8°F~95.0°F) The best

temperature is 25 °C

Refer to manual for additional information.

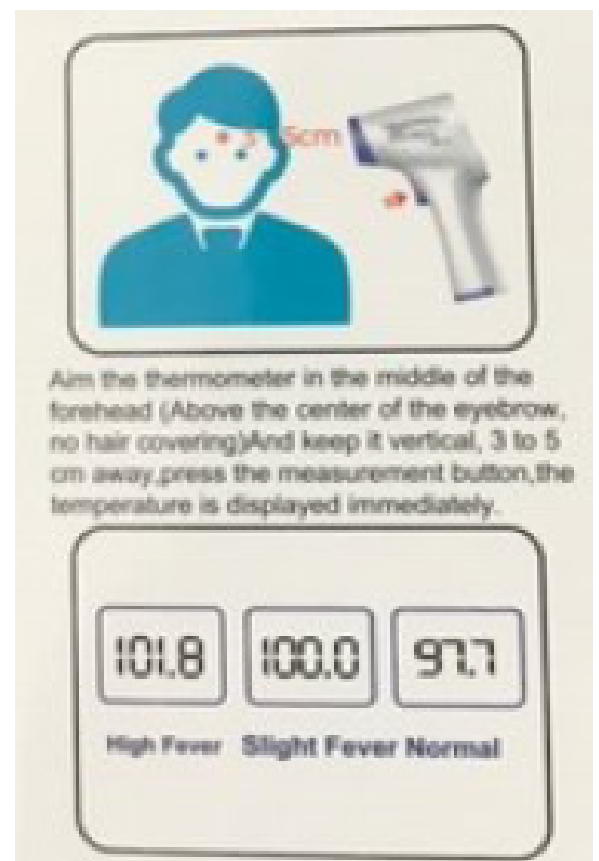
10.2 Temperature Measurement procedure:

1. Aim the thermometer in the middle of the forehead (above the center of the eyebrow, no hair covering). And keep it vertical, 3 to 5 cm away, press the measurement button, the temperature is displayed immediately (The beep can be fast hearing within one second, and the temperature value will display on the panel)

2. The measured temperature can be automatically stored when measurement. (see product structure 1) (Press the “+,-” key to check that the latest stored 20 measurement data) Note.

1. Before measuring, make sure there is no covering, like hair, sweat, cosmetics or hat and so on.
2. No temperature reflected when caused by the foreheads sweats or other reasons, please aim at the earlobe. Still no covering by hair, sweat, cosmetics or hats
3. The boot time is extended by 1 to 2 seconds if the thermometer has not been used for a long time that due to the thermometer will inspect the environments temp

4. A persons body temperature changes at different times of the day, and is also affected by other external conditions such as age, gender, and skin color
5. It is recommended to measure about three time at a time, whichever is the most displayed data



Home and Tele-visit Protocols for Nurses

ATTACHMENTS

- Home visit evaluation form

I. Tele-Visit Protocol

Connect with parents/guardians to discuss:

- current health issues relayed by parent/guardian to the school.
- schedule mandated screening
- follow-up on failed screenings/immunizations
- referred by a staff member concerned about a student with a diagnosed health condition.

Preparation

- ☐ Information gathering- presenting concern.
- ☐ Review records, family history, cultural background.
- ☐ Be prepared to have a translation service available if necessary.
- ☐ Gather resources/ informational materials (resources, district brochures, local contacts) to have/use as a reference for referral or guidance.
- ☐ Review tips section.

The call home...

- ☐ Clearly state the purpose of the phone call – welcome two-way communication.
- ☐ Spend 5-10 minutes establishing a rapport and developing a caring relationship. Listen to parent/child concerns.
- ☐ Review COVID-19 Questionnaire (if reason for call involves health concerns)
- ☐ Elicit feedback from family.
- ☐ Answer questions
- ☐ Provide referral and/or resource information according to questionnaire results and/or presenting concern.
- ☐ Establish goals.
- ☐ Set up a follow-up connection.
- ☐ Verify best contact info if there was difficulty reaching family.

After the call...

- ☐ Document meeting in SNAP
- ☐ Use calendar to set up follow-up appointment.
- ☐ Connect with appropriate staff follow-up plans.

II. Home Visit Protocol

Will be conducted as requested by the parent/guardian or in collaboration with administration, teacher, and counselors for a well-child check. Well child check would be for a student that has not been attending remote learning and outreach to the student / parent / guardian is unsuccessful.

Rationale: Why home/visit connections?

- Pro-active approach to parent involvement
- Convenient for families
- Address student concerns and develop family-centered action plan.

ATTACHMENTS:

- Home visit evaluation form

Preparation

- ☐ Choose accompanying staff member(s), preferred to include a staff member who has a relationship with the family – visits should be conducted in teams of two.
- ☐ Schedule the visit in advance, if possible. Suggest an environment conducive to the meeting if preferred not to be in the home– the visit can occur somewhere in the community if the family feels more comfortable.
- ☐ Be prepared to have a translation services available if necessary.
- ☐ Review records, family history, cultural background.
- ☐ Prepare/Bring copies COVID-19 questionnaire, Consent form and Release of Information forms (in case necessary), and any other forms deemed necessary.
- ☐ Prepare informational materials (resources, district brochures, business cards).
- ☐ Notify supervisor/principal of location and time of home visit.
- ☐ Gather PPE, hand sanitizer, and assessment equipment in a “to-go” bag.
 - ✓ Refer to PPE protocol for PPE Selection during COVID-19 precautions
 - ✓ Standard supplies should include: Stethoscope, BP cuffs, hand sanitizer, thermo scan thermometer.
- ☐ Review tips

Arrival

- ☐ Have on cloth/disposable mask and face shield as deemed necessary.
- ☐ Maintain social distance.
- ☐ Set the tone with a warm introduction.
- ☐ Clearly state the purpose of the visit – welcome two-way communication.
- ☐ Ask COVID-19 questionnaire.
 - ✓ With any red flags (yes answers) do not enter residence

- ✓ Refer to primary care if needed.
- ✓ Obtain working number for follow-up tele-visit or schedule a follow up home visit as appropriate
- ☐ Ask permission to enter residence.
- If yes,
 - ✓ have “to-go” bag with additional PPE, that will be donned as necessary toward questionnaire response or as needed by nurse for any direct care activity.
 - ✓ Provide family with disposable mask if they do not have face coverings.
 - ✓ Ask family to secure pets as needed prior to entry.
 - ✓ Hand sanitizes prior at entry.
- If no, ask if you can continue discussion at current location with social distancing/mask outside.

During the Visit...

- ☐ Ask permission to speak freely about student in front of others/visitors.
- ☐ Talk about the students’ and families’ strengths. Ask the parents what they would like to share about the student, helps develop a caring relationship.
- ☐ Give information about the students and his performance.
- ☐ Establish goals on how the student can improve.
- ☐ Share resources and ideas for helping the child learn at home.
- ☐ Get their feedback. Ask for the parent to give you suggestions about how you can help the child improve at school.
- ☐ Answer questions.
- ☐ If nursing assessments are being conducted that require direct close contact, don additional PPE for droplet/contact precautions as needed.

Concluding the Visit...

- ☐ Summarize the visit.
- ☐ Discuss next steps.
- ☐ Provide referrals and/or resources, as necessary.
- ☐ Provide your contact information.
- ☐ Say goodbye.

After the Visit....

- ☐ Hand-sanitize.
- ☐ Document visit/outcomes in SNAP
- ☐ Follow-through on referrals, action items, etc.

Tips for Making the Home Visit a Success

Remember to:

- Be a good listener.
- Have specific goals or objectives for each visit.
- Be flexible.
- Be prompt to your home visits.
- Realize the limitations of your role.
- Help parents become more independent.
- Keep language appropriate.
- Dress appropriately and comfortably.
- Be confident.
- Remember that small improvements lead to big ones.
- Be yourself.
- Respect cultural and ethnic values.
- Monitor your own behavior- the parent is observing you.

Avoid:

- Imposing values.
- Bringing visitors without the parent's permission.
- Socializing excessively at the beginning of the visit.
- Excluding other members of the family from the visit.
- Talking about families in public.
- Being the center of attention.
- Expecting perfection from the parent.

Safety Tips

- Try to complete home visits early in the day.
- Stay alert.
- Dress appropriately.
- Leave jewelry at home.
- Leave personal belongings at office or trunk.
- Carry only necessary cash, keys, and driver's license on person.
- Remove yourself from dangerous situations.
- Travel in pairs.
- Trust your instincts.
- Take universal precaution by washing hands before/after visit.
- Keep emergency supplies in car.

Home Visit Evaluation Form

Student Name: _____ DOB _____

Address: _____

Date of visit: _____ Start Time _____

Staff member(s) attending: _____

Concern/complaint (Include duration, precipitating factors): _____

Student Health Condition(s) (as noted in EHR) _____

Current Medication Orders (indicate school/ home): _____

1. Has the student or family members in the home have any close contact (within 6 feet of an infected person for at least 15 minutes) with a person confirmed with or suspected of COVID-19 within the past 14 days? YES / NO Explain: _____
2. Has the student or family members traveled within the past 14 days to countries or states with sustained community transmission of Covid-19? YES / NO If yes, where _____
3. Has the student taken any OTC medications in the past 24 hours? YES / NO Explain (type): _____

Question about the following symptoms? *(check all that apply)*

☐ Cough (How long? _____. Other possible cause? _____) ☐ Shortness of breath or difficulty breathing ☐ chills or shaking chills ☐ Headache (When in combination with other symptoms) ☐ Body or Muscle Aches ☐ Sore throat ☐ New loss of taste or smell ☐ Fatigue (When in combination with other symptoms) ☐ Nasal congestion or runny nose ☐ Nausea, vomiting or Diarrhea ☐ Fever (100. or >)

Above questions asked to (Parent/Guardian) Name: _____

Others in the home: _____

Additional concerns:

Outcomes/Goal:

Referral/resource provided:

Follow-up _____

End Time: _____

Contact Tracing in School Protocol

PURPOSE: Case investigation and contact tracing, a core disease control measure, is a key strategy for preventing further spread of COVID-19. School nurses will conduct these measures as it relates to their school population as a strategy to prevent the spread of COVID-19 in the building.

ATTACHMENTS:

- Letter to Staff and Parent/Guardian for Potential Exposure while District is in the RED ZONE
- Letter to Staff and Parent/Guardian for Potential Exposure while District is in the YELLOW ZONE
- Positive COVID-19 case: Notice to all Families/Staff (Robo call)
- Information and Guidance for Persons in Isolation due to COVID-19
- Calculating the infectious period
- Information and Guidance for Persons in Quarantine due to COVID-19

I. Definitions:

A. Close contact:

Is defined as being within 6 feet of a COVID-19 positive person for at least a total of 15 minutes or more over a 24-hour period. Massachusetts DPH clarifies close contact according to type of positive cases:

School nurses are to work in conjunction with the Springfield Local board of Health to aid in designations of “close contact” exposures in SPS buildings.

- ✓ Symptomatic cases- You are a close contact of a COVID-19 positive person if you were within 6 feet for at least a total of 15 minutes or more over a 24-hour period while they were symptomatic or within the 48 hours before symptom onset.
- ✓ Asymptomatic cases-You are also a close contact if you were within 6 feet for at least a total of 15 minutes or more over a 24-hour period of someone who tested positive for COVID-19 in the 48 hours before their test was taken or anytime in the 10 days after the test.

B. Quarantine:

Is a state or place of isolation for a person who may have come in contact with contagious diseases.

- ✓ For asymptomatic people who have had an exposure (i.e. travelers from high-risk areas, close contacts of confirmed cases, etc.)
- ✓ Prevents people from infecting others in the event they develop symptoms.
- ✓ SPS will follow the recommendation of the SHHS regarding the length of the quarantine (which is to quarantine for 14 days if the District is in the red or 10 days if the District is in the yellow)

C. Isolation:

The state of being in a place or situation that is separate from others.

- ✓ For symptomatic/Confirmed COVID-19 Cases.
- ✓ Prevents cases from infecting others.
- ✓ LASTS UNTIL THE PERSON IS NO LONGER CONTAGIOUS- Refer to Calculating Infectious period & Discontinuation of Isolation Guidance in attachments

II. Notification of COVID-19 positive student/staff

According to DESE protocol's ⁽⁷⁾ the parent/guardian of a student and staff are asked to notify the school with a positive case.


1. School staff made aware of positive case will notify school nurse.
2. School nurse will follow up with staff/families to make sure they have been informed and understand quarantine/isolation requirements.

- ✓ Springfield Health and Human Services will notify Nursing Administrator OR Nurse Manager (with in-person learning) if there is a student living in a household with a COVID positive person and requires quarantine.
 - School nurse will follow up with family to see if student becomes symptomatic.
- ✓ School nurse will work with City Connects and/or School Counselor to make sure home learning is in place for students requiring home quarantine or isolation.
 - Ensure student has access to breakfast and lunch. Resource contact: Abby Getman Skillicorn, Student Engagement Manager SPS Food Services Home Grown Springfield Office: 413-787-7111 Ext. 66172 getman-skillicorna@springfieldpublicschools.com
- 3. School nurse to notify the nursing supervisor of positive case for staff and the nurse manager for positive students for DESE reporting requirements.
 - ✓ The Department of Elementary and Secondary Education is requiring schools to inform DESE when they learn that a student or staff member has tested positive for COVID-19. The nursing administrators will call the DESE Rapid Response Help Center at 781-338-3500 to report a positive case.
 - While DESE will not play a formal role in tracking or monitoring cases at a local or statewide level, since this is done by the Department of Public Health, this information will allow DESE to provide support to school leaders in real time, in consultation with local public health authorities, and to monitor statewide trends in schools.
 - Information reported to DESE will not include personally identifiable information.
- 4. Document all contacts and confirmed testing results for students in EHR(SNAP) according to documentation guidelines. Staff positive reports are directed to HR and tracked on personal notes.
- 5. School nurse will follow contact tracing efforts, ensure notification of school administration of a confirmed positive case in building.

III. Contact Tracing

A. Role of school nurse for student/staff who test positive:

1. School nurse will determine the date of symptom onset, if asymptomatic date test was obtained, for the positive student/staff. (*See Calculating infectious period for case- tip sheet in Appendix)
2. School nurse will determine if the student/staff attended school/work two days before symptoms began, or if asymptomatic two days prior to positive test was obtained.
3. School nurse will determine who had close contact with the student/staff at school during those days.
 - For classrooms, review assigned seating charts/cohorts.
 - Check bathroom break schedules or sign in/out times.
 - Review transportation. (bus schedules)
 - Review with school staff for other potential exposure times
4. School nurses to notify the local board of health hotline at 750-3250 for guidance as needed for case determination or if a cluster of cases in the school are occurring.
 - ✓ *Nurses may also directly contact the LBOH nurses at 413-787-6741 to speak with one of the LBOH nurses with questions about validating unconfirmed reports.*
5. School nurse will notify appropriate staff and families about exposure but maintain confidentiality. Communicate with principal the proposed plans by the local board of health. Critical to maintain confidentiality during the notification process of student/staff.
 - Phone & Provide the letter to *Parent/Guardian for Potential Exposure* for close contacts (according to color zone).

- Communicate the *Positive COVID-19 Case: Notice to all Families* to the school community.
 - 6. School nurses may use the linked contact tracing tool created by LBOH to guide questions. This document is for personal nursing notes.
-  [COVID-19 Interviewing Tool ver6 December 8 2020](#)
- 7. Close contacts of a positive COVID-19 case should be tested. ⁽⁷⁾
 - 8. Document all contact tracing, absences, and any confirmed diagnosis for students in EHR(SNAP)

IV. Protocol for school/district to return to remote learning.

A. 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. Follow up with each individual case.
3. When there is suspected in-school transmission *beyond one cohort or a small number of cohorts*, school and district leaders will consult with the local board of health as to proposed next steps.
 - These steps should include a review of the specific COVID-19 public health metrics for the municipality and could lead to, *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. Circumstances where there are multiple cases in multiple schools, school and district leaders will consult with the local board of health as to proposed next steps.
 - These steps should include a review of the specific COVID-19 public health metrics for the municipality and could lead to, *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.
 - Contact the DESE Rapid Response Help Center at 781-338-3500
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:
 - Informing them that it is possible COVID-19 is being transmitted in the school and/or district.
 - Noting that there may be more potential cases that are not yet symptomatic.
 - Recommending students quarantine and not have contact with others.
 - Reminding families of the importance of not having contact with higher-risk individuals (e.g., grandparents)
 - Reminding families of the list of COVID-19 symptoms for which to monitor
 - Ensuring that remote learning is immediately provided to all students.

7. Before bringing students back to school:
 - Check inventory levels of needed supplies (e.g., disposable masks, soap, hand sanitizer, cleaning products); re-order replacement inventory.
 - Provide a school-wide refresher training on the importance of correct hygiene procedures (masks, physical distance, handwashing)
 - Reiterate the critical nature of masks, physical distancing, and hand hygiene when students return to school.

B. 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 will 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.
 - Contact the DESE Rapid Response Help Center at 781.338.3500

C. State-wide changes to reopening phases:

1. Early in August, Governor Baker has announced that the Commonwealth will remain in Phase 3 of Reopening Massachusetts in significant part to help support an overall environment for the safe return to our schools for as many students, staff and teachers as possible.
2. If Massachusetts moves back into a prior phase, or further changes are made in Phase 3, 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. As the transmission of the virus can vary due to local circumstances and actions, these potential recommendations may be by locality, region or statewide.

Letter to Staff and Parent/Guardian of Student for Potential Exposure while District is in the RED ZONE

Dear Staff/Parent/Guardian,

As the health and safety of our students, staff, and community members is of vital importance, I am reaching out to share with you that [you were] [your student was] identified as recently being in close contact with a student/staff member who has tested positive for COVID-19.

The Massachusetts Department of Public Health defines close contact as being less than six feet from a confirmed or clinically diagnosed COVID-19 case for at least 10-15 minutes, while the confirmed case was symptomatic or within the 48 hours before symptom onset. Springfield Public Schools identifies all students in close contact as any student that was within 6 feet 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.

Due to being in close contact with a student or staff that has tested positive for COVID-19, you need to contact [your] [your student’s] doctor to have [you get] your student tested for COVID-19 no sooner than on _____, which is 4-5 days after the last potential exposure. Prior to testing and waiting for the result, [you] [your student] should isolate at home. Please continue to exercise social distancing at home prior to [you] [your student] being tested and while waiting for the test results.

If test is positive: [You] [Your student] is to remain home (except to get medical care). You must monitor [your] [your student’s] 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. You must inform the schools’ COVID-19 school lead, which is **[insert name and contact information]** of the positive test result. [You] [The student] will need to stay in self-isolation for at least 10 days **and** 24 hours have passed with no fever and improvement in other symptoms.

If test is negative: Regardless of negative PCR test results, Springfield Public Schools will be following direction from the Springfield Health and Human Services department, and all close contacts will remain in quarantine for 14 days from the close contact. If during the **14-day period**, [you develop] [your student develops] COVID-19 symptoms, you should follow up with [your] [your student’s] health care provider for treatment.

If not tested: If you choose not to [get tested] [have your student tested], [you] [the student] must stay home in self-quarantine for 14 days. Please continue to monitor for COVID-19 symptoms for the next several days. If [you] [your student] develops COVID-19 symptoms during the 14 day quarantine period, you should seek medical care for [yourself] [your student]. COVID-19 symptoms include:

- Fever (100.4° Fahrenheit or higher), 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 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*

Just a reminder that [you] [your student] should avoid close contact with individuals who are at a higher-risk of serious illness if exposed to COVID-19, which can include grandparents and other family members with underlying medical conditions.

To be clear, this communication is to notify you of potential exposure to COVID-19, it is imperative that we all continue to work together to ensure our school community members remain safe and healthy. Please remember your actions can impact the health and safety of another person or loved one. If you have any questions you can call the school's COVID-19 school lead, **[insert name and contact information]**

Thank you for your time and support.

3331124.2

Letter to Staff and Parent/Guardian of Student for Potential Exposure while District is in the YELLOW ZONE

Dear Staff/Parent/Guardian,

As the health and safety of our students, staff, and community members is of vital importance, I am reaching out to share with you that [you were] [your student was] identified as recently being in close contact with a student/staff member who has tested positive for COVID-19.

The Massachusetts Department of Public Health defines close contact as being less than six feet from a confirmed or clinically diagnosed COVID-19 case for at least 10-15 minutes, while the confirmed case was symptomatic or within the 48 hours before symptom onset. Springfield Public Schools identifies all students in close contact as any student that was within 6 feet 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.

Due to being in close contact with a student or staff that has tested positive for COVID-19, you need to contact [your] [your student’s] doctor to have [you get] your student tested for COVID-19 no sooner than on _____, which is 4-5 days after the last potential exposure. Prior to testing and waiting for the result, [you] [your student] should isolate at home. Please continue to exercise social distancing at home prior to [you] [your student] being test and while waiting for the test results.

If test is positive: [You] [Your student] is to remain home (except to get medical care). You must monitor [your] [your student’s] 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. You must inform the schools’ COVID-19 school lead, which is **[insert name and contact information]** of the positive test result. [You] [The student] will need to stay in self-isolation for at least 10 days **and** until 24 hours have passed with no fever and improvement in other symptoms.

If test is negative: Regardless of negative PCR test results, Springfield Public Schools will be following direction from the Springfield Health and Human Services department, and all close contacts will remain in quarantine for **10 days of strict quarantine** from the close contact. If during the **10-day period**, [you develop] [your student develops] COVID-19 symptoms, you should follow up with [your] [your student’s] health care provider for treatment.

If not tested: If you choose not to [get tested] [have your student tested], [you] [the student] must stay home in self-quarantine for 14 days. Please continue to monitor for COVID-19 symptoms for the next several days. If [you] [your student] develops COVID-19 symptoms during the 14-day quarantine period, you should seek medical care for [yourself] [your student]. COVID-19 symptoms include:

- Fever (100.4° Fahrenheit or higher), 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 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*

Just a reminder that [you] [your student] should avoid close contact with individuals who are at a higher-risk of serious illness if exposed to COVID-19, which can include grandparents and other family members with underlying medical conditions.

To be clear, this communication is to notify you of potential exposure to COVID-19, it is imperative that we all continue to work together to ensure our school community members remain safe and healthy. Please remember your actions can impact the health and safety of another person or loved one. If you have any questions you can call the school's COVID-19 school lead, **[insert name and contact information]**

Thank you for your time and support.

Positive COVID-19 Case: Notice to All Families/Staff

Robo call template:

COVID Positive Notification:

Today, we learned that a member our School community tested positive for COVID-19. I have been in communication with the school district's nursing department, and the City's Public Health Department. I want to assure everyone that all health and safety requirements are being followed. The building is being cleaned and disinfected prior to our return to school as part of our COVID 19 response protocol. Any staff or student deemed a close contact or directly impacted by this situation would have been contacted by health officials directly. If you have any questions, please contact your school at_____.

Information and Guidance for Persons in Isolation due to COVID-19

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
305 South Street, Jamaica Plain, MA 02130
CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor
MARYLOU SUDDERS
Secretary
MONICA BHAREL, MD, MPH
Commissioner
Tel: 617-624-6000
www.mass.gov/dph

8/09/20

You are required to isolate (separate yourself) from other people because you have been diagnosed as a confirmed case of infection with 2019 Novel (new) Coronavirus (COVID-19) or because you had a high-risk exposure to COVID-19 and now have symptoms. COVID-19 is caused by a virus. It is spread through respiratory secretions (mucous and droplets from coughs and sneezes) from an infected person and can cause serious illness such as pneumonia (lung infection), and in some rare cases, death.

You must remain in isolation until a public health authority (the Massachusetts Department of Public Health or your local Board of Health) tells you can leave your home. A public health authority will confirm that you may leave your home once the risk of infecting others is determined to be low. For most patients, this period of required isolation will last approximately 10 days, but may be longer if your symptoms persist.

During the isolation period, you may not have visitors in the location where you are isolating. If you must share living quarters with another person, then that person will be subject to quarantine. If someone in your home is a young child, pregnant, immunocompromised, or has a chronic heart, liver, lung, or kidney condition, or is over 65 years of age, that person is at particular risk if they have contact with you during isolation. If anyone you have contact with fits this description, please discuss this with your local board of health or the Massachusetts Department of public health so that steps may be taken to protect these individuals. Your local Board of Health and the Massachusetts Department of Public Health will work with you to identify anybody, including household members, who are considered to have been exposed and will make required quarantine recommendations. This information sheet provides you with information about what *to do* and *not to do* while you are in isolation. If you have questions after reading this, you can call your local Board of Health, or the Massachusetts Department of Public Health which is available 24/7 at 617-983-6800.

While you are in isolation you should follow these instructions:

1. Do not leave your home except for urgent medical care. If you must leave your home for urgent medical care, wear a mask, such as a cloth or surgical mask. If not available try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less. Call the healthcare provider before you go and tell them that you have COVID-19 infection. For the protection of others, you should use a personal car or call an ambulance to travel to your healthcare provider. **Do not take public transportation, ride shares (e.g. Uber or Lyft), or taxis under any circumstance.**

2. Wear a mask, such as a cloth or surgical mask, if you must be in contact with another person. If not available try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.
3. Do not have visitors in your home.
4. If possible, other people should not be living in your home while you are in isolation there.
5. Do not share a bedroom or bathroom with anyone else.
6. Do not share towels or bed sheets/blankets with other people.
7. Wash your laundry separately from the laundry of other people.
8. Do not share eating or drinking utensils with other people. Wash utensils normally in a dishwasher or by hand with warm water and soap.
9. Cover your mouth and nose when coughing or sneezing and throw tissues away in a lined waste container. Then wash your hands.
10. Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Anyone you have to come in contact with in your household should:

1. Remain aware of their health and watch themselves for:
 - a. A fever (temperature over 100.0 degrees). They should take their temperature in the morning and at night.
 - b. Other symptoms such as a cough, difficulty breathing, shortness of breath, chills, stiff or sore muscles, headache, or diarrhea.
2. Wash hands often with soap and water for at least 20 seconds. If soap and water are not available they should use an alcohol-based hand sanitizer that contains at least 60% alcohol.
3. Wear a mask, such as a cloth or surgical mask, when they are in close contact with you. If not available try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less. They should be careful to only touch the parts of the mask that go around the ears or behind the head. Do not touch the front of the mask. They should wash their hands immediately with soap and water after taking the mask off.
4. Wear disposable gloves if they need to have direct contact with your body fluids (saliva/spit, mucous, urine, feces, vomit) or handle your dirty laundry. Remove the gloves carefully without touching the outside of the gloves, throw the gloves away, and wash their hands with soap and water or an alcohol-based hand rub.

If anyone in your household develops any of these symptoms, contact the local health department or the Massachusetts Department of Public Health at the phone numbers below.

If they need to seek medical care, they should call their healthcare provider before they go and tell them they may have been exposed to COVID-19.

Other advice to keep your germs from spreading:

1. Your gloves, tissues, masks, and other trash should be put in a bag, tied closed, and put with other household trash.
2. Your laundry may be done in a standard washing machine using warm water and detergent. Bleach may be used but is not needed. Do not shake out the dirty laundry and avoid having the dirty laundry touch anyone's skin or clothing.
3. Surfaces in the home that you touch or that become dirty with your body fluids (saliva/spit, mucous, urine, feces, vomit) should be cleaned and disinfected with a household disinfectant according to the directions on the label. Wear gloves when cleaning.

4. Your bathroom should be cleaned every day using a household disinfectant according to the directions on the label. Wear gloves when cleaning.

How long should you follow these instructions?

You will need to remain isolated for as long as it is possible for you to spread the infection to others. A public health authority (MDPH or your local board of health) will be in contact with you and will tell you when you can stop isolating yourself. For most patients, the required isolation period is 10 days, but may be longer if your symptoms persist, if you develop severe illness requiring hospitalization or are immune compromised.

Questions?

Please call your healthcare provider, your local board of health or the Massachusetts Department of Public Health with any questions.

1. Your Healthcare Provider Name: _____
Phone Number: _____

2. Your local board of health (Town/City): _____
Contact Person & Phone Number: _____

3. Massachusetts Department of Public Health: On Call Epidemiologist

Phone: (617) 983-6800 (7 days per week/24 hours per day)

Thank you for your active cooperation in keeping yourself, your family, and your community healthy and safe.

Date provided to patient: _____

Provided by (name): _____

Additional instructions or fact sheets may be attached as applicable.

Calculating the Infectious Period for a Case – Tip Sheet

(Ver 1.0 January 11, 2021)

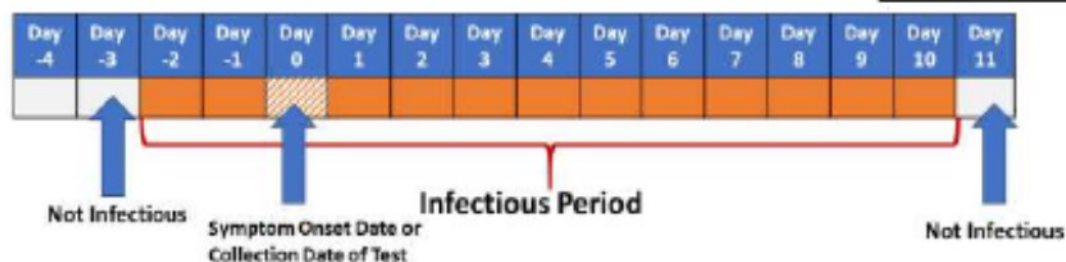
- ✓ **Symptomatic Cases:** The infectious period begins two days before symptom onset through 10 days after, with the day of symptom onset as Day 0. The following criteria must be met prior to exiting isolation:
 - At least 24 hours have passed since recovery (defined as resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms – e.g., cough, shortness of breath) AND
 - At least TEN days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered “day zero.”
- ✓ **Asymptomatic Cases:** The infectious period begins two days before positive test collection date through 10 days after, with the day of specimen collection as Day 0.

Determining Infectious Period – for Case



- Obtain exact symptom onset date to determine Infectious Period.
 - Symptom onset date should be day of first noticed symptom
 - Often sore throat, cough, aches/myalgias or fevers.
 - Consider from two calendar days prior to onset through 10 days after.
 - Use a Calendar and ask what the case did each day to determine exposures
 - Remember – if symptoms persist at Day 10, isolation should continue.

Symptom Onset = Day 0
Infectious Period Start Date = 2
 days prior to onset (or test collection)
Infectious Period END date =
 when patient is released from isolation
 • May only need to inquire up to the date they entered isolation (last contact with others) for contact tracing



Infectious Period Estimation Tool: Use this table to estimate a case's infectious period and when they can likely exit isolation (Day 11).

Example:

Infectious Period Start		Onset or Test Date										Last Day	Exit
Day -2	Day -1	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21	10/22	10/23	10/24	10/25	10/26

Key Dates for Current Case:

Infectious Period Start		Onset or Test Date										Last Day	Return to Activities
Day -2	Day -1	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11

(enter dates in the row above)

Infectious Period Began (Day -2) = __/__/__ to Last Day Infectious Period (Day 10) = __/__/__

Information and Guidance for Persons in Quarantine due to COVID-19

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
305 South Street, Jamaica Plain, MA 02130

12/7/2020

CHARLES D. BAKER
Governor
KARYN E. POLITO
Lieutenant Governor
MARYLOU SUDDERS
Secretary
MONICA BHAREL, MD, MPH
Commissioner
Tel: 617-624-6000
www.mass.gov/dph

You are required to quarantine (separate yourself) from other people because you have been exposed to the 2019 Novel (New) Coronavirus (SARS-CoV2) the virus that causes COVID-19. If you have COVID-19, you could spread it to people around you and make them sick.

The virus is spread through respiratory secretions (mucous and droplets from coughing, sneezing and breathing) from an infected person. Many people can have the virus without ever showing any symptoms, however, it can cause serious illness such as pneumonia (lung infection), and in some rare cases, death. If you are infected, it is possible to spread the virus to others even if you don't have any symptoms.

This information sheet provides you with information about what *to do* and *not to do* while you are in quarantine. If you have questions after reading this, you can call your local Board of Health, or the Massachusetts Department of Public Health which is available 24/7 at 617-983-6800.

During your quarantine period, you must not have visitors in your home. The other people who live in your home can continue to do their normal activities as long as they are not in contact with you, as described further below, and have not been identified as a close contact and put into quarantine. If you test positive for COVID-19 and someone has come into contact with you, that person will likely need to be quarantined.

How long must you Quarantine?

The possible incubation period for COVID-19 is still 14 days although the majority of cases have incubation periods of fewer than 10 days¹. You will need to remain quarantined consistent with one of the quarantine options below:

¹ Based on observational and published data, and recent modeling work conducted by the Centers for Disease Control and Prevention, if shortened quarantine periods result in increased compliance with contact tracing and adherence to quarantine recommendations, the small risk that someone may develop COVID-19 after a shortened strict quarantine period is outweighed by the expected benefit of reduced transmission from the increased cooperation.

OPTIONS	CRITERIA	ACTIVE MONITORING	RESIDUAL RISK
7 days of strict quarantine	Release on Day 8 IF: <input type="checkbox"/> A test (either PCR or antigen) taken on Day 5 or later is negative; AND <input type="checkbox"/> The individual has not experienced any symptoms up to that point; AND The individual conducts active monitoring through Day 14	Individual must actively monitor symptoms and take temperature once daily. IF even mild symptoms develop or the individual has a temperature of 100.0 F, they must immediately self-isolate, contact the public health authority overseeing their quarantine and get tested.	Approximately 5% residual risk of disease development
10 days of strict quarantine	Release on Day 11 IF: <input type="checkbox"/> The individual has not experienced any symptoms up to that point; AND <input type="checkbox"/> The individual conducts active monitoring through Day 14. No test is necessary under this option.	Individual must actively monitor symptoms and take temperature once daily. IF even mild symptoms develop or the individual has a temperature of 100.0 F, they must immediately self-isolate, contact the public health authority overseeing their quarantine and get tested.	Approximately 1% residual risk of disease development
14 days of strict quarantine	Release on Day 15 IF: <input type="checkbox"/> The individual has experienced ANY symptoms during the quarantine period EVEN if they have a negative COVID-19 test; OR <input type="checkbox"/> The individual indicates they are unwilling or unable to conduct active monitoring.	No additional active monitoring required	Maximal risk reduction

While you are in quarantine you should follow these instructions:

1. Do not leave your home except for urgent medical care. If you must leave your home for urgent medical care, wear a mask, such as a cloth mask, or a surgical mask if one is available. Call the healthcare provider before you go and tell them that you are quarantined due to COVID-19 exposure. For the protection of others, you should **not take public transportation, ride shares (e.g. Uber or Lyft), or taxis to get to your healthcare provider.**
2. Wear a mask, such as a cloth mask, or a surgical mask if one is available, if you must be in contact with other people. Maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.
3. Do not have any visitors in your home.
4. Maintain six feet of distance from other people in your home. If absolutely necessary, have one person help you and do not have contact with other people in your home. Wear a mask, such as a cloth mask, or a surgical mask if one is available, when in the same room as that person. In addition, try to maintain a distance of six feet from others; when this is not possible, limit your time being closer to people to five minutes or less.
5. If at all possible, use a separate bedroom and bathroom. Do not share towels or bed sheets/blankets with other people in your home. If you have to use a bathroom that other people use, make sure to wipe down all touched surfaces with a disinfectant after every use.
6. Do not share eating or drinking utensils. Wash utensils normally in a dishwasher or by hand with warm water and soap.
7. Cover your mouth and nose with a tissue when coughing or sneezing and throw tissues away in a lined waste container. Then wash your hands.

8. Wash your hands frequently using soap and water for at least 20 seconds each time you wash. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Anyone you have to come in contact with (including anyone in your home) should:

1. Wash their hands with soap and water for at least 20 seconds often. If soap and water are not available, they should use an alcohol-based hand sanitizer that contains at least 60% alcohol.
9. Wear a mask, such as a cloth mask, or a surgical mask if one is available. They should be careful to only touch the parts of the mask that go around the ears or behind the head. Do not touch the front of the mask. They should wash their hands immediately after taking the mask off. In addition, they should try to maintain a distance of six feet from you; when this is not possible, limit their time being closer to you to five minutes or less.
2. Wear disposable gloves if they have to have direct contact with your body fluids (saliva/spit, mucous, urine, feces, vomit) or handle your dirty laundry. Remove the gloves carefully without touching the outside of the gloves, throw the gloves away, and wash their hands with soap and water or an alcohol-based hand rub.

Anyone you have to come in contact with (including anyone in your home) should remain aware of their health and watch themselves for:

- ☐ a fever (temperature over 100.0 degrees). They should take their temperature in the morning and at night.
- ☐ other symptoms such as a cough, difficulty breathing, shortness of breath, chills, muscle or body aches, fatigue, sore throat, headache, congestion or runny nose, new onset loss of taste or smell, nausea or vomiting, or diarrhea.

If anyone you came into contact with has any of these symptoms, they should go get tested and then stay home while they wait for results. If they need to seek medical care, they should call their healthcare provider before they go and tell them that they may have been exposed to COVID-19.

Other advice to keep your germs from spreading:

1. Your disposable gloves, tissues, masks and other trash should be put in a bag, tied closed, and put with other household trash.
2. Your laundry may be done in a standard washing machine using warm water and detergent. Bleach may be used but is not needed. Do not shake out the dirty laundry.
3. Surfaces in the home that you touch or that become dirty with your body fluids (saliva/spit, mucous, urine, feces, vomit) should be cleaned and disinfected with a household disinfectant according to the label directions. Wear gloves while cleaning.
4. Your bathroom should be cleaned every day using a household disinfectant according to the directions on the label. Wear gloves while cleaning.

Questions?

Please call your healthcare provider, your local board of health or the Massachusetts Department of Public Health with any questions.

1. Your healthcare provider

Name: _____
Phone number: _____ OR _____

2. Your local board of health (Town/City)

Town or City: _____
Contact Person: _____
Phone number: _____ OR _____

3. The Massachusetts Department of Public Health

On-call Epidemiologist

Phone: (617) 983-6800 (7 days per week/24 hours per day)

Thank you for your active cooperation in keeping yourself, your family, and your community healthy and safe.

Date provided to quarantined individual: _____

Provided by (name): _____

Any other specific instructions may be written in here or attached with additional sheets (the attachment of additional sheets should be noted here):

Medical Waiting Room and Discharge Protocols

PURPOSE: To minimize transmission of COVID-19, schools will secure an isolated space available for students displaying COVID-19 symptoms and nurses will triage students based on symptomology and presenting health concerns. Students that are COVID-19 positive or are displaying symptoms will be escorted to a medical waiting room until dismissed.

ATTACHMENTS:

- COVID-19 Evaluation & Referral form
- COVID-19 testing sites
- Health center dismissal form
- Medical waiting room log
- Medical waiting room sign

I. Medical waiting room for sick visits

A. Definition and requirements:

The Medical waiting room is a separate room(s) for students exhibiting COVID-19 symptoms or who may have learned about a positive test result while at school, while waiting to be picked up by a family member. ^(6,9,11) This space is a separate space from the nurse's office or the regular space for providing medical care. ^(6,9)

1. Locate at minimum at least one "medical waiting room" within school building to be maintained and utilized for COVID-19 suspected or positive students. Positive cases require isolation.
 - From a facilities perspective, every effort should be made to find a self-contained space(s), ideally near an exit/entrance and with a dedicated bathroom.
 - According to DESE and DPH joint statement, "if feasible given space and staffing constraints, schools are encouraged to provide individual students with their own waiting room. If more than one student is in the same waiting room at a time, each student must be at least 6 feet apart (and should be spaced as far apart as possible) and wearing a surgical mask (non-N95 and non-cloth) while in the medical waiting room. ⁽¹¹⁾
 - There is no specific size or capacity for this space but it needs to be large enough to accommodate one to several individuals at least 6 feet apart from a staff monitor.
2. Staffing: When occupied, the medical waiting room should always be monitored by appropriate staff. (Appropriate staff are staff members assigned to cover the medical waiting room by the principal and delegated by the school nurse to monitor the waiting room(s) who have been trained in donning/doffing PPE and are CPR certified and/or the school nurse)
3. Occupants: Masks are strictly required in this space, even for students in kindergarten and grade 1 unless medically contradicted. The nurse will place a surgical mask and face shield over students existing face covering while in room. Face shields may be used by symptomatic students as an additional barrier for respiratory symptoms. If a student is unable to wear a mask, there should be no other students in this room.
4. PPE for supervising staff: Personal protective equipment guidance recommends that nurses or other staff in this area be equipped with KN-95 masks, gown, face shield and gloves. See PPE training protocol*
5. Hand hygiene: Hand washing facilities or hand sanitizer needs to be used when entering and leaving the space, as well as before and after eating.

6. Social Distancing: Six feet of physical distance must be maintained between all persons in this space. All people in the COVID-19 waiting room must be as far apart as possible and no less than 6 feet apart, even when masked.
7. Food/drink: only one student can consume food or drink at a time in the medical waiting room, but, again, only if all others remain at least 6 feet away. ⁽¹⁴⁾
8. COVID-19 positive case in building: in the rare occasion that the school finds out a student/staff is in the building and COVID-19 positive, staff will be immediately discharged home and students will be placed in the medical waiting room, which now becomes an isolation room with no other students until pick up, or an another area/space that can be used to isolate the individual.
9. Cleaning- Custodial staff will be called to clean and sanitize medical waiting room prior to room re-use.
 - With suspected COVID illness: Shut down medical waiting room when empty. Open windows if possible. Custodian to clean and disinfect per facilities protocol. Area remains closed until disinfecting period is complete. If room is not able to be fully sanitized related to multiple students in room at one time, MWR staff to disinfect with QT3 any desk/chair of student(s) once dismissed immediately.
 - With COVID-19 positive case. Shut down medical waiting room/isolation space immediately after dismissal. Custodian to clean and disinfect per facilities protocol. Area remains closed until disinfecting period is complete.
10. Post signage: the Medical waiting room sign attached to this protocol on outside of door. In the PPE protocol, post the “Donning/doffing PPE procedure” from CDC in and/or outside of room as reminder of technique.

II. COVID-19 symptoms

- A. COVID-19 symptoms are continually being updated on CDC site as more is learned about the disease. Utilize this link to refer to the most up to date information: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> . According to DESE guidance ⁽⁷⁾, the following symptoms are to be monitored for:
 - ✓ Fever (100.0° Fahrenheit or higher), chills, or shaking chills (CDC has lowered the temperature from 100.4 to 100.0)
 - ✓ 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*
- B. Multisystem Inflammatory Syndrome (MIS-C) is a new rare condition similar to Kawasaki disease and toxic shock syndrome may affect children who had COVID-19 but later recovered. Children who are suspected of having signs and symptoms of MIS-C should be seen by a healthcare provider. Children who exhibit any serious signs and symptoms of illness need to be taken to an emergency room. <https://emergency.cdc.gov/han/2020/han00432.asp>; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html> Common signs of Multisystem Inflammatory Syndrome (MIS-C) include

- ✓ High fever, 100.4F or greater lasting several days. Combined with:
 1. Abdominal pain
 2. Pink or red eyes
 3. Enlarged lymph nodes on one side of neck
 4. Cracked lips
 5. Red tongue
 6. Blotchy rash
 7. Swollen hands and feet
 8. Blood pressure/heart rate out of range
 9. Cardiac inflammation

C. If student gets sick at school with COVID-19 symptoms (Refer to Triage flow chart)

- ✓ Notify nurse.
- ✓ Nurse to obtain information from teacher/staff on students reported complaint.
- ✓ Go to classroom with appropriate PPE and mobile bag/laptop.
- ✓ Utilize *COVID-19 Evaluation & Referral sheet*
- ✓ Place a medical grade (surgical mask) and a face shield on any symptomatic student.
 - May place over existing face covering.
- ✓ Student is to be discharged immediately (MGL 71 Section 55A)

III. Abbott BinaxNOW testing in school

A. Refer to **COVID testing protocol** for symptomatic consenting individuals for additional information. Some important points related to the medical waiting room (MWR)

- ✓ The FDA approved the test for detection of SARS-CoV-2 in symptomatic individuals within 7 days of onset of illness. Abbott BinaxNOW test can be used in the following situations:
 - Students with symptoms consistent with COVID-19.
 - Students and staff with minimal symptoms (e.g., isolated runny nose, sore throat, abdominal pain without fever, not meeting symptoms consistent with COVID-19).
- ✓ Testing to be completed as indicated/consented prior to MWR placement in a designated private location.
- ✓ Testing completed by a nurse, healthcare professional, with appropriate PPE.

IV. Discharge plan from medical waiting room:

A. Parent pick-up

- ✓ Nurse to contact parent/guardian for student immediate pick up.
 - Nurse to verbally relay screening results, referral need, care at home instructions, and return to school requirements.
 - Obtain name of parent/guardian or emergency contact that will be picking up student.
 - Refer parent/guardian to call PCP to discuss symptoms and set up COVID-19 testing evaluation. Provide COVID-19 Evaluation & Referral form as written guidance.
 - Student waits to be picked up in the medical waiting room.
- ✓ Nurse/Staff member will monitor student in medical waiting room until family arrives to pick up student.
 - Caregivers must wear a mask/face covering when picking up their student. Caregivers and students should wash their hands upon arriving at home and change their clothes as a precaution.
- ✓ Refer to the following DESE Protocol for student sick at school under the COVID-19 scenarios for additional information.

- ✓ Exit plan:
 1. Nurse/Staff member will escort student out the designated exit.
 2. Nurse/Staff member will verify parent/guardian via valid ID and complete the discharge form (attached).
 3. Nurse/staff to provide the COVID-19 Evaluation form with the instructions on returning to school to parent/guardian.
 4. Custodian to be called to disinfect room as applicable (once empty after use)
 5. Save all discharge forms in a dedicated folder in health office.
 6. Nurse to follow up and track dismissed students' status.

B. Unable to be picked up until end of day:

- ✓ The student should wait in the medical waiting room until discharge plans are made. The student should not go home on a school bus with other students.
- ✓ Nurse to see if student is a walker and can be escorted home.
- ✓ Nurse to contact Nursing Supervisor for additional transportation support.

C. Return to school after MWR discharge:

- ✓ Symptomatic students may return to school when:
 - *If COVID-19 tested negative: Return to school once asymptomatic for 24 hours without the use of fever reducing medications. Provide a copy of a negative test.*
 - *If COVID-19 tested positive: Remain home and keep in self-isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms.*
 - *If not tested: Remain home in self-isolation for 10 days from symptom onset, then return once 24 hours have passed with no fever and improvement in symptoms, without the use of fever reducing medications.*
- ✓ Parent/Guardian to supply copy of COVID testing results to the school nurse as indicated.
 - *MGL Chapter 71 Section 55. A child infected, or in a household where a person is infected, with a disease dangerous to the public health as defined in accordance with section six of chapter one hundred and eleven, or in a household exposed to contagion from any such disease in another household, shall not attend any public school while he is so infected or remains in a household where such infection or exposure exists if the regulations of the board of health require such exclusion. A child returning to school after having been absent on account of such infection or exposure shall present a certificate from the board of health or its duly appointed agent that the danger of conveying such disease by such child has passed; ..*
- ✓ PCP may fax the results to nursing with appropriate release in place.

COVID-19: Evaluation & Referral Form

DATE: _____ Student Name: _____ Rm# _____

Abbott BinaxNow Consent ☐ Yes ☐ No

Temperature results via infrared scan: _____ (A fever is a temperature above **100.0** degrees or greater)

Presenting complaint (Include duration, precipitating factors): _____

Student Health Problem(s) (as noted in EHR): _____

Have you taking any OTC medications in the past 24hours? _____

Has the student been around someone confirmed with COVID-19 or “sick” with COVID-19 symptoms in the past 14 days? YES / NO Explain: _____

Has the student or family members traveled within the past 14 days? YES /NO If yes, where? _____

Maintain privacy: Evaluate for presence of following symptoms? (*check all that apply*)

☐ Cough (How long? _____. Other possible cause? _____) ☐ Shortness of breath or difficulty

breathing ☐ chills or shaking chills ☐ Headache (When in combination with other symptoms) ☐ Body or

Muscle Aches ☐ Sore throat ☐ New loss of taste or smell ☐ Fatigue (When in combination with other

symptoms) ☐ Nasal congestion or runny nose ☐ Nausea, vomiting or Diarrhea

• With any of these possible COVID-19 symptoms, students will be brought to the medical waiting room adhering to 6 feet social distancing and discharged accordingly. With a positive antigen test, students will be isolated until discharged.

Dear Parent/Guardian,

Your child was found to have the above signs/symptoms which could be indicative of a COVID-19 infection therefore was discharged home. Please follow the steps below for the health and safety of your child along with the return to school requirements:

1. BinaxNow Antigen result: ☐ Positive ☐ Negative (presumptive positive) ☐ Not tested
 - If tested, follow attached *Letter to Parents: Results of In-School COVID-19 Rapid Test* to return to school.
2. Immediately call your child’s Primary Care Physician (PCP) for a virtual visit to report symptoms and consider PCR testing. (PCP may authorize testing at designated locations)
3. Follow all PCP prescribed recommendations
4. Complete a COVID-19 test for active infection as recommended or indicated.
5. Symptomatic students may return to school when:
 - If negative test obtained: Must have an improvement in symptoms and have been without fever for at least 24 hours without the use of fever reducing medications. Provide copy of test results to the school nurse.
 - If positive test obtained: Remain home and keep in self-isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms.
 - If not tested: Remain home in self-isolation for 10 days from symptom onset, then return once 24 hours have passed with no fever and improvement in symptoms, without the use of fever reducing medications. Consider PCR testing to find out status and follow return to school options above.

The School nurse will follow up with this dismissal in 24-48 hours. Please call all the nurse at _____ with any questions or concerns.

COVID-19 Testing Sites in Springfield, Massachusetts – July 22

Taken from : [MA COVID-19 Testing Sites PDF](#)

Please contact the facility directly with any questions or to make an appointment, if needed.

Site Name	Address	City	Phone Number	Drive Through	Accepts MassHealth	Tests Children
Baystate Medical Center	759 Chestnut St, MA 01199	Springfield	413-795-8378	No	Yes	Yes
Baystate Brightwood Health Center	380 Plainfield St, MA 01107	Springfield	413-795-8378	Yes	Yes	Yes
Baystate Springfield Carew St. Testing Center	298 Carew St, MA 01104	Springfield	413-795-8378	Yes	Yes	Yes
Baystate Springfield High St. Testing Center	140 High St, MA 01105	Springfield	413-795-8378	Yes	Yes	Yes
Family Care Medical Center	1515 Allen St, MA 01118	Springfield	413-783-9114	Yes	Yes	No
MedExpress Urgent Care Springfield Boston Rd	1312 Boston Rd, MA 01119	Springfield	413-782-0784	No	Yes	Yes
MedExpress Urgent Care Springfield Cooley St	430 Cooley St, MA 01128	Springfield	413-782-0320	No	Yes	Yes
CVS Springfield - Minute Clinic	770 Boston Road, MA 01119	Springfield		Yes	Yes	No

HEALTH CENTER DISMISSAL FORM

Student Name _____
Released to _____
ID Verification _____
Date _____ Time _____
Staff Signature _____

HEALTH CENTER DISMISSAL FORM

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Medical Waiting Room Log

[illegible]

Store completed forms in a designated personal notes folder within health office to reference as needed for contact tracing efforts

Medical Waiting Room

STOP!



STOP!

DO NOT enter room without proper Personal Protective Equipment (PPE).

*Follow posted CDC sign on donning/doffing PPE for suspected COVID

PPE and Cleaning Education & Training Protocol

PURPOSE: Personal protective equipment (PPE) refers to protective clothing, helmets, gloves, face shields, goggles, facemasks, respirators, and other equipment designed to protect the wearer from injury or the spread of infection or illness.⁽¹⁾ When used properly and with other infection control practices such as handwashing, using alcohol-based hand sanitizers, and covering coughs and sneezes, it minimizes the spread of infection from one person to another. This protocol serves to provide guidance on PPE usage during the COVID-19 pandemic for school nurses including refresher and training materials to address how to properly put on/remove and dispose of contaminated PPE to prevent possible exposure.

ATTACHMENTS:

- COVID-19 MWR Personal Protective Equipment Validation Checklist
- COVID-19 MWR Personal Protective Equipment Validation Checklist
- Cleaning and Disinfecting checklist
- Enhanced Changing/toileting protocol (changing/toileting area)
- CDC donning/doffing PPE poster

I. PPE Supplies & Definitions

- A. Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators in the US are certified by CDC/NIOSH, including those intended for use in healthcare.⁽²⁾
1. Filtering Facepiece Respirators (FFR) including N95 Respirators- A commonly used respirator in the US healthcare settings is a filtering facepiece respirator (commonly referred to as an N95). FFRs are disposable half facepiece respirators that filter out particles. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called "fit testing".⁽²⁾ (See Respiratory Protection protocol)
 - Use an N95 respirator (or equivalent) or facemask (if a respirator is not available) before entry into the patient room or care area.
 - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure.⁽²⁾
 - Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask.⁽²⁾
 2. KN95 masks are the Chinese standard and therefore are treated differently than respirators in the U.S. since filtration performance testing has not been conducted by the National Institute for Occupational Safety and Health (NIOSH). The Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) have determined that respirators that meet the regulatory requirements of the countries listed in the FDA's [Emergency Use Authorization](#)(EUA) may be appropriate to protect workers during the pandemic. KN95 have been certified by DPH for

use by individuals who do not work directly in aerosol generating environments. The masks are considered to be “equivalent” based on the performance requirements stated in the [KN95 Respirator Test Results](#) ⁽⁵⁾

- The KN95 must form a seal with the wearer’s face, so that air passes through the filter (instead of around the edges) before it is inhaled. To ensure a proper seal, the wearer should ensure the mask edges do not touch any facial hair. Clean-shaven is ideal for a good seal.
- Perform a user seal check with each time mask is donned: [Click here](#)

B. Face masks: (Cloth face coverings are NOT PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended.) See following cloth face covering protocol for general staff use

1. Surgical/Procedure masks. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays. ⁽²⁾

- Use facemasks according to product labeling and local, state, and federal requirements.
- Surgical facemask video don/doff <https://www.youtube.com/watch?v=z-5RYKLYvaw>

2. Non-medical disposable mask is a loose-fitting disposable commercial mask that covers the wearer's nose and mouth. These unstandardized masks are comparable to cloth masks and are not regulated by FDA. Not intended for use in healthcare settings but for the community. May protect others by reducing exposure to the saliva and respiratory secretions of the mask wearer. ⁽¹¹⁾

C. Face shield: for protection of the facial area and associated mucous membranes (eyes, nose, mouth) from splashes, sprays, and spatter of body fluids. Face shields are generally not used alone, but in conjunction with other protective equipment and are therefore classified as adjunctive personal protective equipment. ⁽³⁾

- Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Reusable face shield/ eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.

D. Gowns: Nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by HCP when caring for patients with suspected or confirmed COVID-19. Current U.S. guidelines do not require use of gowns that [conform to any standards](#). ⁽⁴⁾

1. [Put on a clean isolation gown upon entry into the patient room or area](#). Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
2. If there are shortages of gowns, they should be prioritized for:
 - Aerosol generating procedures.

- Recommended cloth coverings for care activities where splashes and sprays are highly anticipated with high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 - bathing/showering
 - transferring a fully dependent individual
 - providing hygiene
 - changing soiled linens
 - changing briefs or assisting with toileting
 - wound care

E. Gloves: Disposable Gloves are to be worn when there is a potential of exposure to body fluid and when cleaning potentially contaminated surfaces.

1. How to put on/take off gloves video <https://youtu.be/xy9xxpscSQw>
2. Put on clean, non-sterile gloves upon entry into the patient room or care area.
3. Change gloves if they become torn or heavily contaminated. (Gloves only help if used properly)
4. Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene.

II. Cloth face coverings guidance

- ✓ Anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering
- ✓ Cloth face coverings should be washed after each use. It is important to always [remove face coverings correctly](#) and [wash your hands](#) after handling or touching a used face covering.

A. How to wear your Face Covering Correctly

1. Wash your hands before putting on your face covering.
2. Put it over your nose and mouth and secure it under your chin.
3. Try to fit it snugly against the sides of your face.
4. Make sure you can breathe easily.

B. How to take off your cloth face covering

1. Untie the strings behind your head or stretch the ear loops over your ears.
2. Handle only by the ear loops or ties.
3. Fold outside corners together.
4. Be careful not to touch your eyes, nose, and mouth when removing.
5. Wash hands immediately after removing using soap and water or hand sanitizer.

C. How to clean cloth face coverings

1. Washing machine
 - You can include your face covering with your regular laundry.
 - Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering.
2. Washing by hand

- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) household bleach per gallon of room temperature water or
 - 4 teaspoons household bleach per quart of room temperature water
- Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- Soak the face covering in the bleach solution for 5 minutes.
- Rinse thoroughly with cool or room temperature water.

D. How to dry cloth face coverings.

1. Dryer- Use the highest heat setting and leave in the dryer until completely dry.
2. Air dry- Lay flat and allow to completely dry. If possible, place the cloth face covering in direct sunlight.

III. PPE Selection during COVID-19 precautions

A. Selection according to DESE for Direct Service Providers (DSPs)

per DESE *Guidance on Summer 2020 Special Education Services June 8, 2020*

<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 providing personal care to students without suspected COVID-19 but who may potentially be exposed to bodily fluids		X (preferred)		X	*	*(w/ shield)	X
DSPs performing or present during aerosol generating procedures such as nebulizer treatments, chest PT, suctioning, trach care	X (N95)	X		X	X		

*Special note- Per toileting protocol outer layer recommended, cloth face covering and shield.

B. Selection according to risk categories for staff

1. **Low risk of transmission of COVID-19:** staff in area with students and staff without suspected COVID-19. Face coverings are required, social distancing is maintained, and everyone has access to handwashing/hand sanitizer.
 - PPE being assigned:
 - Cloth Face Coverings: used as a mitigation measure to decrease the spread of COVID-19 in the workplace. Cloth face coverings work as a barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks or raises their voice.
 - Disposable mask: Used only when personal cloth face covering is unavailable. A disposable non-medical mask is a loose-fitting disposable commercial mask that covers the wearer's nose and mouth. These unstandardized masks are comparable to cloth masks and are not regulated by

FDA. May protect others by reducing exposure to the saliva and respiratory secretions of the mask wearer.

2. Low risk of transmission of COVID-19, increased risk of potential exposure to body

fluids Direct service providers in care area with students without suspected COVID-19: direct support professionals, paraprofessionals, therapists, related services personnel, school nurses, health office staff, and any other staff who must come into close contact with students with disabilities.

- PPE being assigned:
 - Clothes mask: to be worn at all times per SPS policy.
 - Face shields: to be worn when staff are at increased risk of splash or spray of body fluids due to contact with students when six feet of social distancing cannot be maintained.
 - Gloves: to be worn anytime you are in contact with body fluids. This includes when cleaning contaminated items/surfaces. May also be used as specified per safety recommendations for disinfectant and chemical solutions.
 - Body coverings (recommended): wear washable outer layer of clothing.

3. Moderate Risk of COVID-19 Transmission: Nurse, Custodians, and school staff assigned to the medical waiting room supervising care areas of students with suspected COVID-19.

- All staff must be trained in use of PPE Donning and Doffing procedures.
- PPE being assigned:
 - KN95 mask: filtrate better than a surgical, Level 3 mask. KN95 have been certified by DPH for use by individuals who do not work directly in aerosol generating environments.
 - Face Shield
 - Gown (disposable)
 - Gloves
 - Surgical or Procedural Mask: Only used with face shield if KN95 not available. Also used as a higher quality filtering face covering for symptomatic students/staff. FDA-cleared level 3 mask.
- ✓ Transparent face mask: to be worn by staff that are working with students in pre-K, K, 1st grade, ELL and students that are hearing impaired. The transparent mask allows hearing impaired to lip read and children learning to read to see the mouth forming of vowels and words.
- ✓ Disposable mask: only issued to staff or students that arrives without a cloth mask.

C. Additional asymptomatic general interactions to note:

The use of additional PPE may be required depending on activity specified below:

1. Vaccine administration: Follow [Standard Precautions](#), which includes guidance for hand hygiene and cleaning the environment between patients. See full PACE Vaccine administration protocol for specifics.
 - Wear a surgical/procedural facemask at all times.
 - Use [eye protection](#) based on [level of community transmission](#): Moderate to substantial: Healthcare providers should wear eye protection given the increased likelihood of encountering asymptomatic COVID-19 patients. Minimal to none: Universal eye protection is considered optional, unless otherwise indicated as a part of [Standard Precautions](#).

- Intranasal or oral vaccines: Healthcare providers should wear gloves when administering intranasal or oral vaccines because of the increased likelihood of coming into contact with a patient's mucous membranes and body fluids. Gloves should be changed between patients in addition to performing hand hygiene. (Administration of these vaccines is not considered an [aerosol-generating procedure](#) and thus, the use of an N95 or higher-level respirator is not recommended.)
 - Intramuscular or subcutaneous vaccines: [If gloves are worn during vaccine administration](#), they should be changed between patients in addition to performing hand hygiene.
2. Respiratory treatments: (Nebulizer usage chest PT, Open suctioning & trach care) Must be completed by the nurse using a N95.

IV. Storage

A. Lock all district supplied PPE in the nurses' office.

- Nurse to distribute to staff appropriately according to direct service provided.

B. Track all used PPE

- Nurse to record usage of PPE in dedicated tab within the monthly nursing report.
- Notify principal once 50% of items have been used for re-ordering.

V. Cleaning & Disinfecting:

A. Definitions:

Retrieved at <https://www.cdc.gov/flu/school/cleaning.htm>

- **Cleaning** removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
 - **Disinfecting** kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.
 - **Sanitizing** lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.
1. Maintenance of PPE includes cleaning & disinfecting reusable items following care instructions and trainings.
 2. Building and rooms to be sanitized according to facilities protocols.
 3. Health office, MWR, and frequently touched items to be cleaned and disinfected according to designated nursing protocols and trainings.

B. Disinfecting solution

1. QT3: SDS found at: <https://www.hillyard.com/RTUSDS/MSDSHIL00843RTU.pdf>
 - Product effective two years in an unopened container and 60 days once diluted in a spray bottle
 - Label spray bottle once diluted with date prepared and name of solution.

- Store disinfectant spray in a location away from the reach of children. Keep disinfectant away from heat, hot surfaces, sparks, open flames and other ignition sources.
2. Alcohol-based wipes containing at least 70% alcohol may be used as an alternative disinfectant or as allowed for electronic devices (Follow manufacturer's instruction) for cleaning and disinfecting.

C. Special considerations:

- ✓ Always read and follow the directions on the label to ensure safe and effective use.
- ✓ Cleaning staff should thoroughly wash hands with soap and water for at least 20 seconds after gloves are removed.
- ✓ Avoid mixing chemical products.
- ✓ Label diluted cleaning solutions with date and solution name. Check to ensure the product is not past its expiration date.
- ✓ Gloves to be worn when there is a potential of exposure to body fluid and cleaning potentially contaminated surfaces with disinfectants.
- ✓ Ensure adequate ventilation when chemicals in use.

VI. Training

- ✓ Nursing requirements:
 1. Nurses to refresh PPE skills and knowledge:
 - A "[PPE Training Video](#)" (18.57 minutes) gives a brief overview on transmission of COVID-19 and the proper use of PPE for COVID-19 by Massachusetts DPH
 - Review CDC demonstrations and the procedures of donning/doffing PEE appropriately <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
 - Review all training considerations.
 2. Provide training to staff members providing direct services that require PPE.
 - Staff required to use PPE must be trained. This training includes when to use PPE; what PPE is necessary; how to properly don (put on), use, and doff (take off) PPE; how to properly dispose of or disinfect, inspect for damage, and maintain PPE; and the limitations of PPE.
 - Use *PPE training for MWR staff & Training of DSP at risk for contact with bodily fluids* Power Point presentation
 - Complete the PPE skills checklist and cleaning/disinfecting review. (attached)
 3. Post the following signage at PPE donning location:
 - [How to Put On and Take Off PPE – Poster 11×17 pdf icon \[linked PDF – 1 page\]](#)
 - May additionally post the following additional guidance materials for reminders of techniques:
 - [Facemask Do's and Don'ts pdf icon\[PDF – 1 page\]](#)
 - [How to remove gloves \[PDF 1 page\]](#)
- ✓ Personal Protective Equipment staff training considerations:
 - PPE should be selected based on the results of the risk assessment and/or staff specific job.

- When disposable gloves are used, staff should change gloves if they become torn or visibly contaminated with blood or body fluids.
- When eye protection is needed, use goggles or face shields. Personal eyeglasses are *not* considered adequate eye protection.
- If there are shortages of PPE items, such as respirators or gowns, they should be prioritized for high-hazard activities.
- Mask/cloth face coverings to be worn at all times (exceptions: eating, breaks)
- Gloves to be worn when there is a potential of exposure to body fluid and cleaning potentially contaminated surfaces with disinfectants.
- Face shield- Provides protection of the facial area and associated mucous membranes (eyes, nose, mouth) from splashes, sprays, and spatter of body fluids/chemicals. Face shields are generally not used alone, but in conjunction with other protective equipment.
- After removing PPE, always wash hands with soap and water for at least 20 seconds, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE removal area)

A. PPE training

- ✓ Training materials available in PowerPoint and PDF in SNAP health portal
1. Training for Medical Waiting Room (MWR) staff at higher risk level:
 - Review the “PPE & Direct care training” PowerPoint at: [PPE.pptx](#) This PowerPoint presentation contains the above staff considerations, definitions of PPE, use and limitations of PPE, and the required educational components as noted in this protocol according to Moderate Risk of COVID-19 Transmission level.
 - Nurse to complete, with designated staff, the PPE validation checklist for all trained staff.
 - Nurse to complete, with designated staff, the Cleaning/Disinfecting checklist for all trained staff.
 - Complete CPR training per AHA standards
 2. Training for Direct service provider (DSP) staff at lower risk levels:
 - Review the “Training of DSP at risk for contact with bodily fluids” PowerPoint at [Training of DSP](#) This PowerPoint presentation contains the above staff considerations, definitions of PPE, use of assigned PPE, and the required educational components as noted in this protocol according to low risk of transmission of transmission of COVID-19, increased risk of potential exposure to body fluids.
 - Nurse to complete, with designated staff, the PPE validation checklist for all trained staff.
 - Nurse to complete, with designated staff, the Cleaning/Disinfecting checklist for all trained staff.

B. Toileting / Brief Changing Protocol:

Additional safety precautions are required for any staff supporting students with disabilities who require assistance with personal care when physical distancing is not possible. PPE requirements:

1. Eye protection (face shield preferred)
2. Mask/face covering. (Daily use of a facemask/cloth face covering (or face shield if unable to use mask) is required during day)

3. Gloves
 4. Washable outer layer of clothing (recommended when may come in close contact with bodily fluids). Staff should have extra set of outer clothing at school.
 - Staff must change students' clothing and their own clothing when soiled with secretions or body fluids.
 - Caregivers to provide extra set of clothing for students to school.
 - Students' soiled clothing must be bagged and sent home sealed in a plastic container or bag.
 5. Toileting and diapering areas
 - Disinfect when students are not in the area. Surfaces must be allowed to dry according to manufactures label and prior to re-use.
 - Changing tables/cot & toileting chairs disinfected after each use.
 - To ensure the student's safety, making the process more efficient, and reduce opportunities for contamination, assemble all necessary supplies before bringing the student to the changing area.
 - Wash the student's hands after the toileting/diaper change.
 - If area (countertops, sinks/faucets, toilets, floors) becomes contaminated with bodily fluids call custodial staff.
- ✓ Toileting/diaper procedures (including extra COVID-19 PPE steps) must be posted in the bathroom changing area. Nurse to post "Enhanced changing/toileting procedure" in Changing Rooms (attached)

C. Putting on (Donning) Standard PPE

1. Identify and gather the proper PPE to don.
2. Perform hand hygiene (washing or using hand sanitizer).
3. Don Facemask:
 - Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie).
 - If face mask has loops, hook them appropriately around your ears.
4. Don Face Shield:
 - Place elastic over head
 - Make sure foam is resting on forehead.
 - Once situated make sure it covers front and side of your face.
5. Don Gloves:
 - Thoroughly wash hands.
 - Select the appropriately sized gloves.
 - Hold cuff with one hand and insert the other. When the base of your thumb reaches the cuff of the glove begin to spread fingers.
 - Pull glove cuff towards wrist to cover as much skin as possible and secure glove.
 - Check to make sure there are no holes or tears.
 - Repeat for other hand.

D. Take Off (Doffing) Standard PPE

- Doffing gloves: Ensure glove removal does not cause additional contamination of hands.

- Pinch the outside of the glove about an inch or two down from the top edge inside the wrist.
- Peel downwards, away from the wrist, turning the glove inside out pulling the glove away until it is removed from the hand. Hold the inside-out glove with the gloved hand.
- With your gloveless hand, slide your fingers under the wrist of the glove, do not touch the outside surface of the glove peeling downwards, away from the wrist, turning the glove inside out.
- Continue pulling the glove down and over the first glove. This ensures that both gloves are inside out, one glove enveloped inside the other, with no contaminants on the bare hands.
- Dispose of the gloves in a proper waste container.
- Perform hand hygiene.
- Doff face shield:
 - Carefully remove face shield by grabbing the strap and pulling upwards and away from head.
 - Do not touch the front of face shield.
 - Follow protocol for cleaning and storage of face shields.
- Doff facemask:
 - Do not touch the front of a face mask.
 - Carefully untie (or unhook from the ears) and pull away from face without touching the front.
 - Discard in a waste container. (If a reusable mask store for cleaning/re use)
 - Perform hand hygiene.

E. Extended use of facemasks:

Is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters. Due to the need to conserve facemasks, DPH supports the extended use of facemasks for no more than one shift or one day under the following conditions: ⁽⁵⁾

- The facemask should be removed and discarded if soiled or damaged.
- HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
- HCP should leave the clinical care area if they need to remove the facemask.
- Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded facemask can be stored between uses in a clean sealable paper bag or breathable container.
- Limited re-use of a N95 respirator when caring for patients with COVID-19 may be necessary but should be limited to one shift or one day. Respirators grossly contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients must be discarded. Respirators that have been reprocessed and decontaminated (e.g., using the Battelle facility) may be reused as long as their structural integrity is maintained.

F. Care of personal clothing/scrubs

- ✓ Have extra set of clothing at work in case of accidentally spills or contact with body fluid.
- ✓ Store clothing in individually labeled plastic bags.
- ✓ If clothing becomes soiled place worn garments in a bag to bring home
- ✓ Do not shake these garments during handling.
- ✓ Wash the clothing/scrub apparel separately from any family textile products.

- ✓ Use appropriate detergents and bleach based on the apparel manufacturer's label instructions. Both chlorine-based bleach and oxygen-based bleach products can be effective in the wash process for inactivating viruses.
- ✓ Wash on the hottest water temperature setting recommended by the garment manufacturer and avoid short/rapid cycles.
- ✓ After closing the washer, clean and disinfect according to directions of your chosen EPA-certified disinfectant product. Wipe down the machine door, handles, and buttons, as well as doorknobs and other surface areas you may have touched in the laundry room during the process.
- ✓ If the bag used to bring the apparel items home is disposable, discard the bag. If the bag is not disposable, wipe the bag handle/straps and interior with an appropriate detergent-disinfectant.
- ✓ Immediately wash your hands or use an alcohol-based hand sanitizer.
- ✓ After the wash cycle is completed, remove the garments from the washer and place immediately into the dryer. Dry the load completely on the warmest cycle recommended by the garment manufacturer.

G. Care of Face Shields

Face shields are worn for protection of the facial area and associated mucous membranes (eyes, nose, mouth) from splashes, sprays, and spatter of body fluids. Face shields are generally not used alone, but in conjunction with other protective equipment and are therefore classified as adjunctive personal protective equipment.

- Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Reusable face shield must be cleaned and disinfected prior to re-use.
- If the shield is no longer clear or there is damage to the shield, discard and obtain new one.
- Take care not to touch your face shield. If a soiled/contaminated face shield is touched or adjusted during use immediately perform hand hygiene.
- Prioritize face shields for selected activities such as: During care activities where splashes and sprays are anticipated; During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable.
- ✓ Cleaning:
 - With soap and running water
 - Preliminary cleaning is required for visibly soiled objects.
 - If shield becomes streaked or has a cloudy film, clean mask with soft, damp (with water) cloth or use a 70% alcohol wipe.
- ✓ Disinfecting:

QT3 SDS found at: <https://www.hillyard.com/RTUSDS/MSDSHIL00843RTU.pdf> . Product effective two years in an unopened container and 60 days once diluted in a spray bottle (Date the label on spray bottle once diluted)

- Obtain QT3 disinfectant spray solution provided in spray bottle from the custodian.
- Put on clean gloves.
- Spray item: (Avoid contact with eyes) Spray the inside of the clear shield, including the inside rim and fasteners. with disinfecting solution.
- Turn the face shield over, spray front of shield, outside top strap and fastener with disinfectant.

- Allow to air dry for appropriate dwell time of **3-minute** contact time in selected storage area.
- Remove gloves and dispose.
- Wash hands for 20 seconds with soap and running water if hands became contaminated with disinfectant after handling.
- ✓ **Storage:**
 - Place or hang (if possible) the face shield in an area where there is low incidence of being touched and protected from droplet spray. The location selected should be dry and temperate (cool, dry and clean place out of direct sunlight.)
 - Keep disinfectant away from heat, hot surfaces, sparks, open flames and other ignition sources.

H. Care of frequently touched surfaces:

- ✓ Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on clean surfaces. Surfaces are cleaned prior to disinfection. If shared objects are used, students should wash hands or use hand sanitizer before and after use.
- 1. Clean hard surfaces/objects according to the following:
 - [Clean visibly dirty surfaces with soap and water](#)
 - Disposable cloths/paper towels are preferred to be used with soap and water when removing allergens from surfaces.
 - Surfaces used for food consumption that have been disinfected require cleaning before being used for food consumption. Cleansing towelettes, provided by custodial staff or food service provider may be used in lieu of soap and water when not readily available.
 - Soap and water are not to be used on electronics. Follow manufacturer recommendations.
 - Gloves to be worn when there is a potential of exposure to body fluid. If surface is soiled with bodily fluids call custodial staff for proper cleaning and removal.
- 2. Disinfect with:
 - **QT3** (SDS found at: <https://www.hillyard.com/RTUSDS/MSDSHIL00843RTU.pdf> . Product effective two years in an unopened container and 60 days once diluted in a spray bottle)
 - Obtain QT3 disinfectant spray solution provided in spray bottle from the custodian.
 - i. Put on clean gloves.
 - ii. Spray item (Avoid contact with eyes)
 - iii. Allow to air dry for appropriate dwell time of **3-minutes**.
 - iv. Remove gloves (throw disposable gloves in waste container)
 - v. Wash hands for 20 seconds with soap and running water if hands became contaminated with disinfectant after handling.
 - May use a 70% alcohol wipe if disinfectant spray not available.
- 3. Store disinfectant spray in a location away from the reach of children. Keep disinfectant away from heat, hot surfaces, sparks, open flames and other ignition sources.

COVID-19 MWR PPE Validation Checklist

Name: _____ **Date:** _____ **Position:** _____

Competency Statement: The staff member will demonstrate the ability to don and doff PPE according to CDC guidelines.

Viewed the "PPE & Direct care training" PowerPoint at: [PPE.pptx](#) Date: _____ Initial _____

Performance Criteria	Met	Unmet	Comments
1. Identifies the proper PPE to gather and verbalize that all appropriate PPE is available at point of use			
2. Verbalizes proper steps in examining PPE for defects			
3. Demonstrates the ability to follow the proper sequence for donning: For MWR staff: <ul style="list-style-type: none"> ✓ Hand hygiene using hand sanitizer for 20 seconds cleansing all parts of hands, fingers and nail beds ✓ Dons isolation gown ✓ Dons mask ✓ Performs seal check with respirator/KN95 ✓ Dons Face shield ✓ Dons gloves covering wrist of gown 			
3. Demonstrates the ability to follow the proper sequence for doffing: For MWR staff: <ul style="list-style-type: none"> ✓ Doffs gloves using glove in glove technique -trash ✓ Performs hand hygiene using hand sanitizer ✓ Doffs gown without contamination using arm cross method- place in receptacle/trash ✓ Exits patient room ✓ Performs hand hygiene ✓ Doffs face shield ✓ Performs Hand Hygiene ✓ Doffs N95 respirator ✓ Performs Hand hygiene 			

Nurse Signature _____ Print _____ Date _____

Staff signature _____ Date _____

Adapted from the National Emerging Special Pathogen Training and Education Center (NETEC)

COVID-19 Direct Service Providers PPE Validation Checklist

Name: _____ **Date:** _____ **Position:** _____

Competency Statement: The staff member will demonstrate the ability to don and doff PPE according to CDC guidelines.

Viewed the “Training of DSP at risk for contact with bodily fluids” PowerPoint at [Training of DSP](#)

Date: _____ **Initial** _____

Performance Criteria	Met	Unmet	Comments
2. Identifies the proper PPE to gather and verbalize that all appropriate PPE is available at point of use			
2. Verbalizes proper steps in examining PPE for defects			
3. Demonstrates the ability to follow the proper sequence for donning: For staff providing Direct services: <ul style="list-style-type: none"> ✓ Facemasks are already in place. ✓ Hand hygiene using hand sanitizer for 20 seconds cleansing all parts of hands, fingers and nail beds ✓ Dons outer layer of clothing (as needed) ✓ Dons Face shield ✓ Dons gloves covering wrist. 			
4. Demonstrates the ability to follow the proper sequence for doffing: For staff providing Direct services: <ul style="list-style-type: none"> ✓ Doffs gloves using glove in glove technique- trash ✓ Doffs outer layer of clothing (as needed) ✓ Performs hand hygiene using hand sanitizer ✓ Doffs Face shield ✓ Performs hand hygiene 			

Nurse Signature _____ Print _____ Date _____

Staff signature _____ Date _____

Adapted from the National Emerging Special Pathogen Training and Education Center (NETEC)

Cleaning/Disinfecting Checklist

Name: _____ **Date:** _____
Position: _____

Topic: Proper cleaning & disinfecting techniques during COVID19 precautions. Staff who are responsible for cleaning and disinfecting should be trained to use disinfectants safely and effectively and to safely clean up potentially infectious materials and body fluids.

Topic	Verbalized understanding /technique	Reviewed technique
Handwashing technique: 1. Place hands under running water 2. Apply soap. 3. Rub all surfaces of hands for 20 seconds. 4. Rinse thoroughly with running water 5. Dry hands with paper towel (may use paper towel to turn off facet)		
Hand sanitation technique: 1. Use when hands are not visible soiled and if running water unavailable. 2. Apply sanitizer to palm of hand. 3. Rub all surfaces of hands for 20 seconds.		
States difference between cleaning and disinfecting.		
Cleaning process: 1. Don gloves (As appropriate) 2. Wash surface/ object with soap and water		
Disinfecting process: 1. Obtain disinfectant spray solution (from storage- check date/from the custodian) 2. Put on clean gloves. 3. Spray item (Avoid contact with eyes) 4. Allow to air dry for appropriate dwell time of 3-minute contact time. 5. Remove gloves (throw disposable gloves in waste container) 6. Wash hands		
Which process (cleaning or disinfecting) should be completed first?		
High touch surfaces that would require routine cleaning/disinfecting may include:		
State at least 3 special considerations when dealing with disinfecting surfaces:		

Nurse Signature _____ Print _____ Date _____

Staff signature _____ Date _____

Enhanced COVID-19 Changing/Toileting Area Procedure

PPE Supplies:

- eye protection (face shield preferred)
- mask/face covering
- gloves
- washable outer layer of clothing *(recommended for use with possible contact with bodily fluids)*

DONING PPE	DOFFING PPE
<ol style="list-style-type: none"> 1. Face mask is already on <i>(wash hands and replace if soiled)</i> 2. Apply outer layer of clothing if deemed necessary (fluid contact) 3. Apply face shield 4. Don gloves 	<ol style="list-style-type: none"> 1. Remove gloves. 2. Remove outer layer of clothing (If soiled, roll from top down, into a ball- place in bag to be washed) 3. Remove face shield from the back by lifting headband without touching front. 4. Wash hands

Prepare

1. Inspect the designated changing area and make sure it is clean and that all of the necessary equipment and supplies are available in the area (i.e. gloves, wipes, water, soap, etc.)
2. Bring student to changing area
3. Wash hands
4. Don PPE
5. Transfer student to changing table /toilet

Change/Toilet

1. Remove soiled diaper place in a covered waste receptacle OR remove soiled clothing, place in a bag and send home sealed in a plastic container or bag.
2. Clean student using wipes/soap and water
3. Dispose of soiled gloves and put on clean pair of gloves
4. Place clean diaper/clothes on student
5. Transfer student from changing area
6. To reduce contamination, wash the student's hands after the toileting/diaper change.
7. Doff PPE (except required face covering)
8. Return student to class

Clean & Disinfect

- Use approved disinfect when students are NOT in the area.
1. Don gloves
 2. Wash any soiled area with soap & water to clean as needed prior to disinfecting
 3. Disinfect contact areas with approved spray/wipes per manufacture directions
 4. Surfaces must be allowed to dry according to manufactures label and prior to re-use.

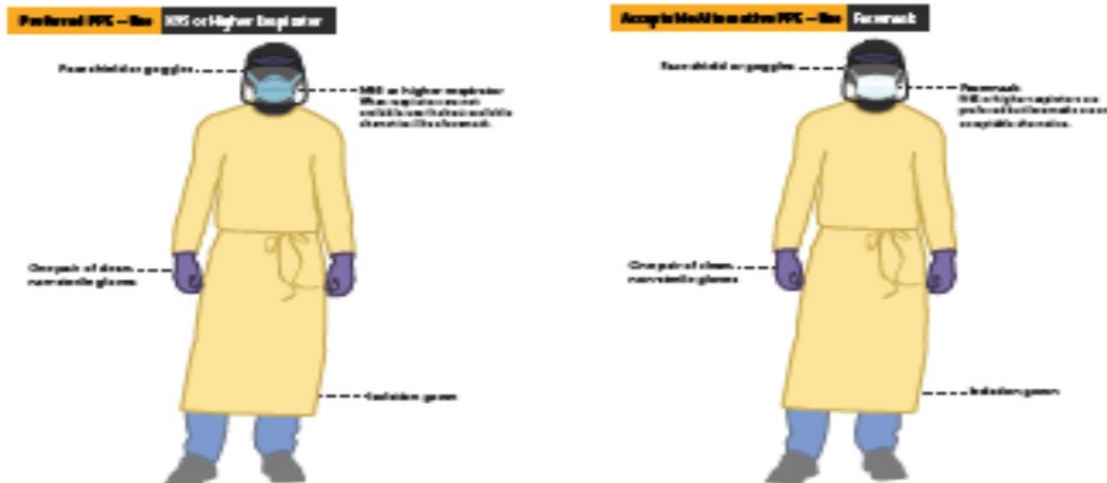
Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- Demonstrate competency in performing appropriate infection control practices and procedures.

Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.



Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. Put on NIOSH-approved N95 filtering facemask or respirator or higher (use a facemask if a respirator is not available).
If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or twisted. Do not pinch the nosepiece with one hand. Respirator/facemask should be secured under chin. Both front and back should be secured. Do not wear respirator/facemask under your chin or store in armpit pocket between patients.*
 - Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. When wearing an N95 respirator or half-facepiece automatic respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but goggles cover ears.
6. Put on gloves. Gloves should cover the cuff (wrists) of gown.
7. HCP may now enter patient room.

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or hand back).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gowns can be broken rather than untied. Do so judiciously, avoiding a forceful movement. Break up in the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. HCP may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grasping the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator).
Do not touch the front of the respirator or facemask.
 - Respirator: Remove the bottom strap by reaching only the strap and bringing it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator/facemask and before placing it on again if your workplace is practicing reuse.



*Facility implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures as appropriate based on practice.

www.cdc.gov/coronavirus

Protocol for the Use of Hand Sanitizer in the Springfield Public Schools

PURPOSE: To provide hand washing and sanitizer implementation practices for preventative measures during periods of illness outbreaks. Handwashing with soap and water is the preferred method of hand hygiene. Where circumstances arise and handwashing is not feasible, supervised use of alcohol-based hand sanitizers with a parent notification is recommended.

In accordance to the declared state of emergency related to COVID-19 outbreak on March 10, 2020, DPH and CDC issued guidance to maintain a safe environment in schools which recommends frequent handwashing or use of Alcohol based hand sanitizers (ABHS) when handwashing is not readily available. ABHS are considered an over the counter drug that are regulated by the FDA and therefore fall under 105CMR 210.00 THE ADMINISTRATION OF PRESCRIPTION MEDICATIONS IN PUBLIC AND PRIVATE SCHOOLS. On June 30, 2020, the Massachusetts Department of Public Health (DPH issued a limited waiver in response waiving 105 CMR 210.005(D)(2)(b) only as it pertains to use of alcohol-based hand sanitizers .This waiver is in effect until rescinded by DPH. While the Waiver is in effect, school departments must follow DPH's guidance entitled "Handwashing Recommendations and Alcohol-based Hand Sanitizer Use in Schools."

ATTACHMENTS

- Opt-Out Provisions for Hand Sanitizer
- Standing order for Hand Sanitizer

I. Hand Washing:

Staff and students are encouraged to [wash their hands](#) with soap and water when hands are soiled by dirt or bodily fluids, after using the restroom, upon arrival to school, before/after eating, before putting on or off mask, after recess or physical education, before dismissal and when hands have abrasions/open wounds or become physically soiled by dirt or bodily fluids (.e.g. after blowing the nose, sneezing, or coughing into hands).

1. **Proper handwashing technique:** Run hands under clean, running water, lather with soap, scrub hands (front and back) for at least 20 seconds, rinse hands under clean, running water and dry hands using a clean towel or letting them air dry.
 - Educational video for Staff: What you need to know about Handwashing:
<https://youtu.be/d914EnpU4Fo>
2. **Promote hand hygiene:** to decrease the spread of disease in the school community.
 - Wash Your Hands So You Can Stop Germs Poster
 - Did you Wash your Hands?
 - Your Health is in Your Clean Hands Poster
 - Handwashing: Keeping your family healthy (Handout for Parent/guardians, PDF, CDC)
 - [English pdf icon\[1MB\]](#)
 - [Español pdf icon\[1MB\]](#)
 - [Haitian Creole pdf icon\[1MB\]](#)

II. Alcohol-based hand sanitizers:

If soap and water are not readily available, alcohol-based sanitizers (containing at least 60% alcohol) can be used if hands are not visibly dirty. Hand sanitizers should be stored out of the reach of young children and should be used with adult supervision.

1. **Product Selection & Handling:** The Head of Facilities is responsible for product selection and safety guidance. For wall-mounted dispensers, the Head of Facilities will advise as to placement following the manufacturer's directions and building fire codes. Any overage supply should be stored in the custodial area. Custodial staff will refill classroom units as needed. The classroom teacher will keep any bottles of hand sanitizer in their possession under adult supervision. Bottles will not be kept on children's desks or away from the teacher's view. Sanitizer may not be stored near sources of heat (i.e., heater vents) or ignition sources (e.g., stoves or science lab Bunsen Burners). Recommendations for spillage and disposal will be available to staff. Custodial staff will be involved in any large spill clean-ups.
 - Material Data Sheet (MDS) for Product: The Head of Facilities will maintain a copy of the "Material Data Sheet" and provide a copy to the Nursing Administrator who shall distribute the MDS to Health Offices.
2. **Procedure for Use:** Students will be instructed as follows:
 - 1) The teacher/staff or student will pump a "dime" sized amount into the palm (one pump).
 - 2) The student will rub hands together in a normal washing motion, covering all surfaces of the hands, especially the fingertips/nails, until they are completely dry.
 - 3) The teacher will remind students to keep their hands away from the face (eyes, nose, and mouth)
3. **Parent Notification:**
 - Parents/guardians will be informed of the use of hand sanitizers in the school. If a parent does not want a child to use hand sanitizer products and to only use soap and water, the parent will educate their child and notify the school nurse in writing by completing the hand sanitizer opt-out notice.
 - The school nurse will maintain a list of students opting out of hand sanitizer use and distribute the names of those students to appropriate classroom teachers for notification. Student's not using hand sanitizer will wash hands with soap and water, if available and feasible, when other students are using hand sanitizer.
4. **Product Distribution and Use:**
 - 1.) Student may directly dispense sanitizer products onto hands.
 - 2.) Automated hand sanitizer units will be mounted walls in the classrooms, front office and nursing office.
 - 3.) Hand sanitizer dispensers will be located at all school entrances.
 - 4.) If hands are visibly soiled, the student should wash with soap and water, if available, rather than a hand sanitizer. Students with open cuts on the hands may wash with soap and water instead of using the hand sanitizer, which may cause stinging/discomfort.
 - 5.) The school nurse will monitor students for adverse reactions (swelling, redness, or rash). The school nurse will provide instructions to the student, parent, and teacher to discontinue product use on any indication of adverse reaction.
5. **Appropriate Times for Use** The following is a partial list of appropriate times to use hand sanitizer:

Immediately after entering the building	Prior to leaving school at the end of the day
---	---

After sneezing/coughing into hands	After blowing the nose/touching inside the nostrils or mouth
Before and after eating	After touching frequently touch surfaces

***NOTE: Alcohol-based hand sanitizer is not effective for eliminating food allergen residue. Handwashing with soap and warm water is required for the removal of food allergens.**

6. **First Aid Recommendations** The school nurse will post emergency and first aid procedures in the school Health office and provide a copy to the staff upon request. The teacher will contact the school nurse for first aid emergencies, including:

Eye Contact:	Do not rub eyes. Flush eyes thoroughly with water for 15 minutes. Contact parent/guardian. If condition worsens or irritation persists contact physician.
Skin Contact:	Not applicable. If skin rash/irritation occurs as part of an adverse reaction stop use. Contact parent/guardian and refer to physician
Inhalation:	Not applicable.
Ingestion:	Do not induce vomiting. Poison Control Center at (800) 222-1222 Contact parent/guardian

Physician signature _____ Date_____

Opt out available at:

<https://www.springfieldpublicschools.com/common/pages/DisplayFile.aspx?itemId=30971119>



Parents Right-To-Know Opt-Out Provisions for Hand Sanitizer

Dear Parents or Guardians,

Springfield Public Schools will be following CDC and Massachusetts Department of Public Health (DPH) hand hygiene guidance and will be providing alcohol-based hand sanitizer for use in our schools. In response to the outbreak of COVID-19, on March 10, 2020, DPH and CDC issued guidance to maintain a safe environment in schools which recommends frequent handwashing or use of alcohol-based hand sanitizers (ABHS) when handwashing is not readily available. ABHS are considered an over the counter drug and are regulated by the FDA. The administration by a school to its students of over the counter medications is subject to state regulations and district policies. On June 30, 2020, the Massachusetts Department of Public Health (DPH) issued a limited waiver of its regulations as it pertains to use of alcohol-based hand sanitizers. This waiver, which is in effect until rescinded by DPH, allows for students' use of ABHS in schools without the need to obtain parental consent for each use of ABHS.

If you do not want your child to use alcohol-based hand sanitizers (ABHS) in school and request only to have the named student below use soap and water when available, please complete this form and submit it to the school nurse for appropriate documentation and subsequent notification of school staff. If you have no objection to your child using ABHS in school, you do not need to sign and return the form.

Please print:

Student's Full Name: _____

School: _____ Current Grade: _____

Student's Signature (if age 18 or older): _____ Date: _____

Please print:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Derecho de los Padres a Saber Provisiones de Exclusión Voluntaria del Desinfectante de Manos

Estimados Padres, Tutores

Las Escuelas Públicas de Springfield seguirán las pautas de higiene de manos establecidas por el CDC y del Departamento de Salud Pública de Massachusetts (DPH por sus siglas en inglés), y proveerán desinfectante de manos a base de alcohol para usar en nuestras escuelas. En respuesta al brote de COVID-19, el 10 de marzo de 2020, el DPH y la CDC emitieron una guía para mantener un ambiente seguro en las escuelas que recomienda el lavado de manos frecuente o el uso de desinfectantes de manos a base de alcohol (ABHS, por sus siglas en inglés) cuando el lavado de manos no está disponible. ABHS se considera un medicamento sin receta y está regulado por la FDA. La administración por parte de una escuela a sus estudiantes de medicamentos sin receta está sujeta a las regulaciones estatales y las políticas del distrito. El 30 de junio de 2020, el Departamento de Salud Pública de Massachusetts (DPH) emitió una exención limitada a sus regulaciones en cuanto se refiere al uso de desinfectantes para manos a base de alcohol. Esta exención, que está en efecto hasta que el DPH la anule, permite el uso de ABHS por parte de los estudiantes en las escuelas sin la necesidad de obtener el consentimiento de los padres para cada uso de ABHS.

Si usted no desea que su hijo/a use desinfectante para manos a base de alcohol (ABHS) en la escuela y usted solicita que el estudiante nombrado a continuación solo use agua y jabón cuando esté disponible, entonces complete este formulario y envíelo a la enfermera de la escuela para obtener la documentación correspondiente y notificar posteriormente al personal de la escuela. Si no tiene ninguna objeción a que su hijo/a use ABHS en la escuela, no es necesario que firme y devuelva el formulario.

Por favor, escriba en letra molde:

Nombre completo del estudiante: _____

Escuela: _____ Grado actual: _____

Firma del estudiante (si tiene 18 años o más) _____ Fecha: _____

Por favor, escriba en letra molde:

Nombre del Padre/Tutor: _____

Firma del Padre/Tutor: _____ Fecha: _____

Standing Order for Use of Hand Sanitizer in Schools

Alcohol-based hand sanitizer:

Alcohol-based hand sanitizers with at least 60% ethanol (also referred to as ethanol or ethyl alcohol) or at least 70% isopropanol are an effective alternative for cleaning hands and are recommended as an alternative to soap and water by CDC and the Massachusetts Department of Public Health.

INDICATIONS:

Alcohol-based hand sanitizer will be made available under the following conditions:

- If soap and water are not readily available and hands are not visibly soiled
- Parent/guardian has not provided written notification to opt their child out of hand sanitizer use at school.

CONTRAINDICATIONS:

Previous reactions to alcohol-based hand sanitizers.

Hand sanitizers that are not alcohol based are not recommended. (Please refer to the “FDA updates on hand sanitizers consumers should not use,” at <https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-consumers-should-not-use>)

DOSAGE:

Per label instructions.

APPLICATION:

- Apply the gel, liquid, or foam product to the palm of one hand.
- Rub hands together
- Rub the gel, liquid, or foam over all the surfaces of hands and fingers in a normal washing motion, covering all surfaces of the hands, especially the fingertips/nails, until they are completely dry. This should take around 20 seconds.

POSSIBLE SIDE EFFECTS:

- If skin irritation develops, discontinue use, and wash hands with soap and water immediately.
- Eye pain can result if hand sanitizer is rubbed or squirted in the eye. Most eye exposures can be managed by copious flushing of the eye with water and will not require the child to be sent home or to a physician.
- For any concerns regarding ingestion of hand sanitizer, immediately call Poison Control at 1-800-222-1222.

Physician's Signature

Date

Respiratory Protection Protocol (RPP)

PURPOSE

This protocol defines the procedures for the Springfield Public Schools nursing personnel performing operations suspected of being health hazardous during pandemic respiratory precautions. Nursing staff may unknowingly care for students with possible aerosol transmissible diseases (ATDs), which are diseases or pathogens requiring airborne or droplet precautions, while conducting nebulizer treatments which aerosolize secretions, so they are likely to have a higher risk of inhaling infectious particles. To protect the nurses from ATDs, the nursing department will implement a combination of work practice controls, as well as providing for vaccinations, if applicable, and the use of personal protective equipment, including respirators. The purpose of a respirator is to protect the wearer by reducing the concentration of inhaled contaminants. The fundamental goal of any respiratory protection protocol is to protect workers against any adverse health effect caused by inhalation of contaminants in the work environment.

SCOPE

The Respiratory Protection Protocol provides an outline for complying with regulatory standards set forth by OSHA. A respirator is considered required if a health hazard assessment indicates that there exists an inhalation hazard that requires respiratory protection. This program will be initiated during pandemic management for nursing staff during respiratory airborne precautions.

ATTACHMENTS:

- Appendix D 29CFR 1910.134 -
- Appendix B-1 to § 1910.134: User Seal Check Procedures (Mandatory)
- RPP training checklist
- User Directions for Fluidshield3 N95
- Proper Don/Doff Procedures N95

DUTIES:

A. Nursing Program Administrator

- Ensure that any personnel, who are required to wear a respirator are enrolled in the RPP.
- Voluntary use of a filtering facepiece respirator does not require a medical evaluation.
 - Provide voluntary respirator users with the "Information for Employees Using Respirators When Not Required Under the Standard" ([29CFR 1910.134 - Appendix D](#)); (attached)
- Provide access for appropriate respirators and medical evaluations to personnel required to wear a respirator at no cost the user.
- Request assistance from Safety & Security in evaluating any new operations that may present health and safety hazards. Eliminate hazardous materials or use engineering controls when feasible.
- “Just in time” fit testing of large groups of respirator users, may be conducted by the Springfield Fire Department Emergency Operations Division Administrator, or designee, at least 2 months in advance to arrange (*Office of Emergency Preparedness Public Safety Complex 1212 Carew Street Springfield, MA 01104; Phone: 413.787.6720*).
- Connect with SPS Human Resources to organize medical clearance through Concentra for enrolled RPP nursing staff.
 - Staff will require an appointment.

- Concentra follows the OSHA guidelines 1910. Requires the Concentra OSHA Questionnaire to be completed. The general process includes the OSHA Questionnaire is completed and reviewed by a clinician. Depending on the responses the patient may move directly to the mask fit test, or may need a respiratory exam (if medically indicated a pulmonary function test) before fitted to wear a mask. Upon completion of the questionnaire, review, and other services a Written Medical Option Letter (WMO) will be provided.
 - Written Medical Opinion Letter
 - OSHA Questionnaire Review
 - Respiratory Exam (if medically indicated)
 - Pulmonary Function Test (if medically indicated)
 - Mask Fit Test Qualitative
- The Program Administrator will provide Concentra with a copy of this Respiratory Protection protocol that includes the list of hazardous substances by work area and for each employee requiring evaluation: 1.) his or her work area or job title, 2.) proposed respirator type and weight (if necessary), 3.) length of time required to wear respirator, 4.) expected physical work-load (light, moderate, or heavy), 5.) and any additional protective clothing required.
- Provide education and training for nursing staff regarding this RPP and ensure CPR certification.

B. Respirator User

- Meet all the applicable requirements of RPP.
- Personnel required to wear a respirator must accurately complete the Medical Evaluation forms in conjunction with the designated provider.
- Inform your supervisor of any change in materials, processes, or work environment that might affect the type or seriousness of potential inhalation hazards or any other aspect of respirator use.
- Inform your supervisor of any symptoms or other indications that exposure to an inhalation hazard may be occurring e.g. odors, tastes, irritation etc.
- Inform your supervisor, licensed physician or health care practitioner, or both of any personal health problems that could be aggravated by the use of respiratory equipment.
- Inform your supervisor of conditions such as sudden weight-loss or gain, extensive dental work etc. that may affect respirator fit.
- Use personal protective equipment (PPE) according to standards and the precautionary level of exposure.
- All nursing personnel shall also be trained in first aid and cardiopulmonary resuscitation (CPR).

I. Respirator Use:

A. Respirator selections:

- Fluid shield 3 N95 (ref#46727)

B. General Use Procedures:

- Employees will use their N95 respirators while: conducting aerosolized generating procedures in a specified room in the school conducive all respiratory precautions during active pandemic disease spread; directly providing COVID19 testing; and while with a positive case.
- Respirator selection, personnel training, medical evaluations and fit-testing are prerequisites and must be successfully completed before any required respirator can be used.
- All employees shall conduct user seal checks each time that they wear their respirator.
 - Employees shall use either the positive or negative pressure check (depending on which test works best for them) specified in Appendix B-1 of the Respiratory Protection Standard.

- Employees will refer to section V Training on user seal check training prior to respirator use by when respiratory precautions are in place.
- Work conditions:

Hazard	Expected physical workload	Proposed respirator type	Length of time required to wear	Additional protective clothing required
Conducting Aerosolized generating events during Covid-19; direct COVID-19 testing; direct contact with positive case	Light to Moderate	Disposable filter-mask, non-cartridge type only.	15-30 minutes	Shield; disposable gown; gloves

II. Medical Clearance

A. Medical evaluations:

Federal regulations require that all potential users be required to have a medical evaluation to determine the employee's ability to use a respirator before use the respirator in the workplace. Any nursing employee required to wear a respirator as part of their work must complete the medical evaluation and fit testing.

- Employees are not permitted to use respirators until a physician or other licensed healthcare profession (PLHCP) has determined that they are medically able to do so.
- Employees will have appointments made, and sent to the city's designated licensed healthcare professional at:
Concentra 140 Carando Drive Springfield, MA 01104 413.746.4006
 - This PLHCP will provide the medical evaluations.
 - The medical evaluation will be conducted using their questionnaire taken from Appendix C of the respiratory protection standard. [1910.134 - Appendix C](#).
 - This questionnaire to establish the employee's baseline health status and to determine whether the employee is capable of wearing a respirator. Only those individuals who are medically able to wear respiratory protective equipment will be issued a respirator. An employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of 1910.134 - Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination could require medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.
 - Follow-up medical exams will be granted to employees as required by the standard, and/or as deemed necessary by the physician/PLHCP.
 - Medical tests to be considered by a physician or other licensed health care professional (PLHCP) may include pulmonary function tests, chest x-rays, or other tests deemed appropriate by the PLHCP.
 - Medical factors to be considered by the PLHCP may include emphysema, asthma, chronic bronchitis, heart disease, anemia, hemophilia, poor eyesight, poor hearing, hernia, lack of use

of fingers or hands, epileptic seizures, and other factors that might inhibit the ability of an employee to wear respiratory equipment.

- Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator.
- After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations, or a re-evaluation, will be provided under the following circumstances:
 - Employee reports physical symptoms that are related to the ability to use a respirator. (wheezing, shortness of breath, chest pain, etc.)
 - It is identified that an employee is having a medical problem during respirator use.
 - The health care professional performing the evaluation determines an employee needs to be re-evaluated and the frequency of the evaluation.
 - A change occurs in the workplace conditions that may result in an increased physiological burden on the employee.
 - Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.
 - Employee facial size/shape/structure has changed significantly.
- All examinations are to remain confidential between the employee and Concentra, the occupational health physician or personal physician conducting medical clearance.
- All employees will be granted the opportunity to speak with the physician/PLHCP about their medical evaluation, if they so request.
- Any employee who is unable to pass fit testing with designated N95 respirators selected will be provided with a full hood for use during hazardous tasks.

B. Medical Determination- Needed to determine the employee's ability to use a respirator, a written recommendation shall be obtained from the HCP/PLHCP. This recommendation shall provide:

- Any limitations on respirator use related to the medical condition of the employee,
- Any need for follow-up medical evaluations; and
- A qualified occupational health professional must initially and at least annually thereafter evaluate employees who wear respirators to determine if the employee is medically capable to use a respirator.

C. Fit testing: Fit testing will be administered by Concentra utilizing their testing procedure. The employee must be tested with the same make, model, style, and size of respirator that will be used.

1. Employees who are required to wear respirators will be fit-tested.
 - Annually when respiratory protection is required for pandemic response.
 - Prior to being allowed to wear any respirator with a tight fitting facepiece.
 - When there are changes in the employees' physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).

III. Program Evaluation:

The respiratory protection program shall be reviewed annually. Corrections, additions, or deletions which will improve the program shall be made. If changes are realized or needed at any other time, they can be adopted then as well as during the review. Respirator fit, appropriate respirator selection, proper respirator use, and maintenance are some of the factors that shall be assessed during the evaluation.

IV. Recordkeeping

1. A written copy of this program can be found [REDACTED]
2. Human Resource Department will maintain any medical information for all employees covered under the respiratory program.
3. Completed medical evaluation forms are confidential and will remain with Concentra.
4. Fit testing results or documented medical recommendations will be stored in Nursing Supervisors office in personnel folders and kept confidential.
5. All relevant medical information must be maintained for the duration of the employment of the individual plus thirty years.

V. TRAINING

All workers using respiratory equipment shall successfully complete the training identified in this section prior to use a respirator. Lack of the employee's knowledge or use of the respirator indicate that the employee has not retained the required understanding or skill.

A. The Fit Testing procedure-

Respirator fit testing is performed to determine if an employee can maintain an acceptable respiratory fit and seal. Fit testing must be done prior to use, whenever a different respirator is worn, and at least annually thereafter during a pandemic response.

1. When to fit test:
 - Before the subject wears the respirator in the workplace
 - Facial changes
 - Significant weight change
 - Change of respirator size, make, model.
 - Whenever employee reports a problem with fit
2. Factors affecting respirator seal:
 - Facial hair
 - Facial bone structure
 - Dentures
 - Facial scars
 - Eyeglasses
 - Excessive makeup
3. No eating, drinking (water is allowed), gum or smoking for 15 minutes prior to test.

B. Donning/Doffing procedures

1. View Respirator Safety. Donning (Putting on) and Doffing (Taking off) and User Seal Checks video by the US department of labor <https://www.youtube.com/watch?v=Tzpz5fko-fg>
2. Utilize the attached written instructions for the donning/doffing procedures of your selected N95. The respirator may feel a little awkward at first, but it will become easier with repeated applications. Please use the instructions when applying this respirator.
3. Demonstrate proper use of respirators during fit testing procedure.
4. Tips for Achieving a Good Fit: If you have a problem successfully user seal checking your respirator, try the following tips:
 1. Use a mirror while adjusting the respirator.

2. Ask someone to look for hair or earrings that might be caught in the seal.
 3. Make sure the headbands are positioned properly. It is especially important that the top headband is on the crown of your head, as it is designed to hold the bottom of the respirator snug against your chin.
- NOTE: If after trying these tips you are still unable to successfully user seal, check your respirator and inform your supervisor or respiratory protection coordinator.

C. Conduct a user seal check:

DO NOT PROCEED WITH YOUR ACTIVITIES UNTIL YOU HAVE SUCCESSFULLY USER SEAL CHECKED YOUR RESPIRATOR!! It is important to conduct a user seal check every time you don a respirator.

1. Refer to Appendix B-1 of the Respiratory Protection Standard.
2. To conduct the user seal check, refer to the respirator manufacturer's recommended method, in general a seal check consists of:
 - **Forcefully inhale and exhale several times. The respirator should slightly collapse on inhale and expand when you exhale. You should not feel any air leaking between your face in the respirator.**

D. Procedures for storing, inspecting, and discarding and respirators.

1. Storage: When not in use, respiratory equipment shall be sealed and stored per manufacturer's instructions. The respirator should be stored with nothing lying on top of it to prevent deformation of the facepiece or exhalation valve. Each employee is responsible for their respirator. Respirators shall be stored in a location protected against dust, sunlight, extreme heat and cold, excessive moisture, or damaging chemicals, fumes, or vapors.
2. Inspect: Users shall inspect their respirators for defects and elasticity before and after each use.
3. Reusing respirator: Disposable respirators may be used for extended use under Emergency orders and can only be reused if are stored properly. Respirators that fail an inspection, or are otherwise found to be defective, must be removed from service and disposed of.
4. Dispose in trash receptacle.
5. Maintenance: Cleaning and Disinfecting: Respirators provided are clean, sanitary and in good working order. Respirators are cleaned and disinfected using the procedures specified in user manual.
 - If a respirator cannot be cleaned and disinfected, it may not be used by more than one user, and, once soiled or contaminated, it can no longer be maintained in a sanitary condition and must be discarded.

E. Demonstrate knowledge.

The employee will complete the RPP training checklist demonstrating knowledge of at least the following:

1. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
2. What the limitations and capabilities of the respirator are.
3. How to use the respirator effectively in pandemic situations.
4. How to inspect, put on and remove, use, and check the seals of the respirator
5. What the procedures are for maintenance and storage of the respirator
6. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirator

Appendix D to Sec. 1910.134 (Mandatory)

Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Appendix B-1 of the Respiratory Protection

Appendix B-1 to § 1910.134: User Seal Check Procedures (Mandatory)

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Checks

A. Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

II. Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

[63 FR 1152, Jan. 8, 1998]

RPP Training Checklist

Employee Name: _____

Date: _____

Objective:	Responses:	Met	Remediation
Why the N95 respirator is necessary?			
What situations require N95 respirator be used effectively during this pandemic response?			
How can improper fit, usage, or maintenance compromise the protective effect of the respirator.			
I certify I have a copy and reviewed the N95 manufactures user manual. (attachment in protocol)____ What are some limitations and capabilities of the respirator?			
I certify that I have viewed the Donning (Putting on) and Doffing (Taking off) and User Seal Checks video _____			
I have knowledge of how to:: a. Inspect b. Properly use I can/have demonstrated how to a. Put on and remove mask b. Perform a user seal check of the respirator			
What are procedures for maintenance and storage of the respirator?			
I understand I need to know my personal limitations to be able to recognize medical signs and symptoms that may limit or prevent the effective use my designated respirator. What are some medical signs and symptoms that may limit or prevent the effective use of respirator?			

I certify that I have reviewed, obtained a copy, and understand the contents of the Respiratory Protection protocol _____

Designated N95 mask _____

Staff Signature: _____ Date: _____

Program Administrator _____ Date: _____

Comments:

HALYARD* FLUIDSHIELD* 3
N95 Particulate Filter Respirator and Surgical Mask
with SO SOFT* Lining

Directions for Application

1. Separate the edges of the respirator to fully open it.
2. Slightly bend the nose wire to form a gentle curve.
3. Hold the respirator upside down to expose the two headbands.
4. Using your index fingers and thumbs, separate the two headbands.
5. While holding the headbands with your index fingers and thumbs, cup the respirator under your chin.
6. Pull the headbands up and over your head.
7. Release the lower headband from your thumbs and position it at the base of your neck.
8. Position the remaining headband on the crown of your head.
9. Conform the nose piece across the bridge of your nose by firmly pressing down with your fingers.
10. Continue to adjust the respirator and secure the edges until you feel you have achieved a good facial fit. Now, perform a Fit Check.

Fitting Instructions:

- Wear Orange side out.
- Follow Directions for Application each time respirator is worn.
- Check facial seal to assure proper fit before entering any contaminated area.
- Adjust nosepiece if there is air leakage around the nose.
- Reposition headbands to secure facial seal around edges of respirator.
- Do not enter a contaminated area if a proper fit cannot be obtained. Follow all instructions and warnings on the use of this respirator, obtain a proper fit, and wear during all times of exposure. Failure to do so will reduce respirator effectiveness and user protection, and may result in sickness or death.

The HALYARD* FLUIDSHIELD* 3 N95 Particulate Filter Respirator and Surgical Masks (84A-7521, 84A-7523, 84A-7518, 84A-7520) are NIOSH approved as N95 particulate filter respirators. They provide 95% filtration efficiency of 0.3 micron particles. They meet the CDC Guidelines for TB exposure control.

Intended Use:

The FLUIDSHIELD* 3 N95 Particulate Filter Respirator and Surgical Mask is intended for use by operating room personnel and other health care workers to protect both patients and health care workers from transfer of microorganisms, blood and body fluids and airborne particulate materials.

Use Instructions:

1. Before use, the wearer must be trained by the employer in proper respirator use in accordance with applicable safety and health standards.
2. If the respirator becomes damaged or breathing becomes difficult, leave the area. Discard and replace the respirator.

WARNING: When properly worn, FLUIDSHIELD* 3 N95 Particulate Filter Respirator and Surgical Mask reduces potential exposure to blood and body fluids as well as airborne microorganisms. This product does not completely eliminate the risk of contracting disease or infection.

REMINDER: Before occupational use of this respirator, a written respiratory protection program must be implemented meeting all the local government requirements. In the United States, employers must comply with OSHA 29 CFR 1910.134 which includes medical evaluation, training, and fit testing. Consult the facility's Respiratory Protection Program for further instruction.

These respirators are only approved in the following configurations:

TC	Protection ¹	Respirator	Cautions and Limitations ²
84A-7521	N95	46727	ABCJMNO
84A-7523	N95	46767	
84A-7518	N95	46827	ABCJMNO
84A-7520	N95	46867	

1. PROTECTION:

N95-Particulate Filter (95% filter efficiency level) effective against particulate aerosols free of oil; time use restrictions may apply.

2. CAUTIONS AND LIMITATIONS:

- A. Not for use in atmospheres containing less than 19.5% oxygen.
- B. Not for use in atmospheres immediately dangerous to life or health.
- C. Do Not exceed maximum use concentrations established by regulatory standards.
- J. Failure to properly use and maintain this product could result in injury or death.
- M. All approved respirators shall be selected, fitted, used, and maintained in accordance with MSHA, OSHA, and other applicable regulations.
- N. Never substitute, modify, add, or omit parts. Use only exact replacement parts in the configuration as specified by the manufacturer.
- O. Refer to user's instructions, and/or maintenance manuals for information on use and maintenance of these respirators.
- P. NIOSH does not evaluate respirators for use as surgical masks of oil; time use restrictions may apply.

To ensure your PFR95* N95 Particulate Filter Respirator provides the intended level of protection, it is important that the respirator is applied properly, and that a user seal check is performed **EACH AND EVERY TIME** you wear it.

NOTE: When using a FLUIDSHIELD* PFR95* N95 Particulate Filter Respirator, the orange side **MUST** be worn facing outward and upward in order to provide fluid-resistant protection.

Directions for Proper Donning

Properly donning your PFR95* N95 Particulate Filter Respirator may feel a little awkward at first, but it will become easier with repeated applications. Please use the instructions to the left when applying this respirator.

Tips for Achieving a Good Fit

If you have a problem successfully user seal checking your respirator, try the following tips:

1. Use a mirror while adjusting the respirator.
2. Ask someone to look for hair or earrings that might be caught in the seal.
3. Make sure the headbands are positioned properly. It is especially important that the top headband is on the crown of your head, as it is designed to hold the bottom of the respirator snug against your chin.

NOTE: If after trying these tips you are still unable to successfully user seal check your respirator, see your supervisor or respiratory protection coordinator.

DO NOT PROCEED WITH YOUR ACTIVITIES UNTIL YOU HAVE SUCCESSFULLY USER SEAL CHECKED YOUR RESPIRATOR!!



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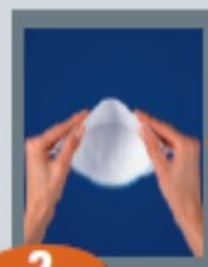


Trusted Clinical Solutions*



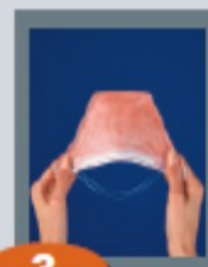
1

Separate the edges of the respirator to fully open it.



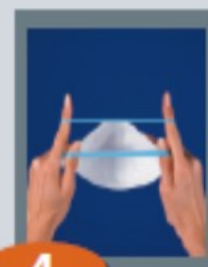
2

Slightly bend the nose wire to form a gentle curve.



3

Hold the respirator upside down to expose the two headbands.



4

Using your index fingers and thumbs, separate the two headbands.



5

While holding the headbands with your index fingers and thumbs, cup the respirator under your chin.



6

Pull the headbands up over your head.



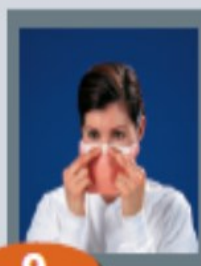
7

Release the lower headband from your thumbs and position it at the base of your neck.



8

Position the remaining headband on the crown of your head.



9

Conform the nosepiece across the bridge of your nose by firmly pressing down with your fingers.



10

Continue to adjust the respirator and secure the edges until you feel you have achieved a good facial fit. Now, perform a user seal check.

DIRECTIONS FOR USER SEAL CHECKING

IT IS IMPORTANT TO USER SEAL CHECK THE RESPIRATOR EVERY TIME YOU WEAR IT.

Forcefully inhale and exhale several times. The respirator should collapse slightly when you inhale and expand when you exhale. You should not feel any air leaking between your face and the respirator.

If the respirator does not collapse and expand OR if air is leaking out between your face and the respirator, then you have **NOT** achieved a good facial fit. Adjust the respirator until the leakage is corrected and you are able to successfully user seal check your respirator.

H8506 KLD-1406

COVID 19 Testing Protocol

PURPOSE: Department of Elementary and Secondary Education (DESE) released a series of guidance documents outlining the key health and safety requirements for in-person learning. These mitigation requirements include rigorous hygiene and handwashing, use of masks/face coverings, physical distancing, reducing interaction between groups, and staying home when sick. In addition, DESE, in collaboration with the Department of Public Health (DPH), introduced COVID-19 screening testing using a pooled strategy in K-12 and Abbott BinaxNOW COVID-19 Ag Card Point of Care (POC) SARS-CoV-2 rapid diagnostic tests for public schools and approved special education schools as an additional mitigation strategy.

ATTACHMENTS:

- Pooled Binax PCR Standing Order February 10, 2021 (Ginkgo)
- [Reporting notice from DESE](#)
- Abbott BinaxNOW Competency checklist
- [Abbott BinaxNOW Antigen Test Consent form \(Minor & Adult\)](#)
- Rapid Results letter to Parent/Guardian
- [Pooled Testing Letter for Parents](#) ([Spanish letter](#))
- [Student Consent form — Ginkgo](#)
- [Staff Consent form — Ginkgo](#)
- FedEx dropbox locations
- Case findings with Antigen Testing During in Person Instruction Algorithm

I. Pooled Testing

Springfield Public Schools has been approved by the Department of Public Health to participate in a pooled testing program, being matched with Concentric by Ginkgo as our service provider. Pool testing can identify and isolate asymptomatic carriers of the COVID-19 virus, thus enhancing the health and safety of those in the SPS buildings. This protocol will allow us to minimize the presence of the COVID-19 virus in our schools and maximize our ability to remain open for onsite learning and engagement. This is another layer of response and mitigation for our community.

A. Preconditions of Pooled testing ⁽²⁰⁾

In addition to the Statement of Assurances and Application of an Authorized School, districts and schools participating in pooled testing the following three preconditions must be met before testing begins.

1. **Obtain Consent from Individuals to be Tested and to Report Follow-Up Test Results to the Department of Public Health (DPH):** Consent is required for an individual to participate in pooled testing and follow-up testing and to report follow-up test results to DPH via software platform provided by the Pooled Testing Services Provider. Individuals must agree to all terms to be tested. Obtain consent from individuals to: (a) administer pooled testing; (b) administer follow-up testing, and (c) share individual test results with DPH via the software platform provided by the Pooled Testing Services Provider. All three components of consent must be provided before individuals can participate in the pooled testing program. Individuals who do not provide all three components of consent cannot participate in the pooled testing program. Districts and schools may share students' personally identifiable information with Pooled

Testing Services Providers only after receipt of consent from parents/guardians or individuals who can consent for themselves.

- Signed consents for students to be uploaded into SNAP EHR under Alerts *Consent form received: COVID-19 Pooled testing, and the paper copy placed in paper record.

2. **Follow-Up Testing:** The Abbott BinaxNOW rapid point-of-care antigen test will be the primary source of this individual follow-up testing.

✓ Reporting Follow-Up Test Results The nurse will:

- Enter all follow-up test results **into a software system** offered by the Pooled Testing Services Provider (Concentric by Ginkgo) as tests are performed, and by no later than the end of the day the test was performed. The software systems will report the results of all individual follow-up tests to DPH.
- **Must report follow-up test results to the individual who was tested** or, if the individual is a student, to the person who consented to the testing (i.e., the student's parent/guardian).
- **Must notify DESE's Rapid Response Help Center at 781-338-3500 of positive follow-up test results.**

3. **Maintain an Adequate Supply of Personal Protective Equipment:**

- ✓ All staff administering pooled testing must wear appropriate personal protective equipment (PPE) when conducting tests and handling patient specimens. For personnel collecting specimens, the following PPE is required:
 - N95 mask or higher-level respirator (a surgical mask can be used only if an N95 is not available)
 - Eye protection
 - Gloves
 - Gown, when collecting specimens
- ✓ For personnel observing the self-administration of specimen collection, the following PPE is required:
 - Surgical mask
- ✓ Refer to DPH Comprehensive PPE Guidance or contact your local board of health for further information regarding the proper use of PPE.

B. Role of Test Supervisor & Champion

1. Test Champions: Serve as on-site internal coordinators, ensure the needed infrastructure, communications and logistics are set up.
 - Receive access to test results
2. Test Supervisor - According to Concentric by Ginkgo this role assumes the responsibility of
 - Reviewing the Onboarding materials (sent via email from service provider)
 - Review training links under section E
 - Register test kits on Concentric website
 - Verify barcode scanners.
 - Distribute, collect, and track consents.
 - Signed consents for students to be uploaded into SNAP EHR under Alerts *Consent form received: COVID 19 Pooled testing and the paper copy placed in paper record.

- Signed consents forms for staff to be stored

- Set up pooling groups of which students will be tested together.
- Coordinate required supplies provided by the school.
- Manage stock room where test supplies will be stored until distributed on testing day.

C. Pooled Testing Administration

1. Testing for all consenting students and staff members **must take place once per week** with an anterior nasal swab.
2. Participants will be clustered by grade, cohort and proximity into groups of 5-10 when community transition is high and groups of 10-25 when community transmission is low. (25 is max). **Grade levels Pre-K- 12 are included** in this pooled testing program since these grade levels will cohort and remain in a self-contained classroom.
3. Additional staff not included in classroom cohorts may be grouped together according to proximity.
4. For staff and for students in grades 2 and up, the test will be conducted by self-administration. Grade one students and younger will be swabbed by a nurse.
5. Create rosters/lists of all cohorts.
6. **Collection Inside a Classroom** (Information Provided by Concentric by Ginkgo). Classroom collection is a method that combines test samples from all individuals in one group/cohort(s) into one tube that is then tested. Ginkgo Bioworks provides an anterior-nasal swab test (a short swab no longer than a typical Q-tip). Students will conduct swab sampling in smaller groups of 3-5 people at a time while observed by the test observer.
 - Please take some time to view [sample testing instructions](#).
 - Unlicensed staff may collect specimens of self-swabbed samples of students grade 2 and higher- The Department of Public Health guidance requires all personnel performing specimen collection, including anterior nares (AN) specimen collection, to be trained and demonstrate competency to be able to safely collect specimens. While specific licensure is not required, all unlicensed personnel should be appropriately supervised.
 - The Pooled Testing Services Providers will provide the training for staff administering or observing specimen collection to review and the nurse will observe for competency.
 - Tests must be administered with individuals at least 6 feet apart, as masks will briefly be partially lowered during administration.
7. **Timeline, testing procedure, and results:**
 - ✓ Weekly samples gathered upon first period class.
 - Organize per schools in-person instruction plan.
 - An example of a hybrid model testing schedule can be:
 - Monday reserved for students in Cohort A and C.
 - Friday reserved for students in Cohorts B.
 - ✓ Nurse (test supervisor) to retrieve test kits and go through the procedure to register the kit at www.concentricbyginkgo.com
 - ✓ Distribute collection kits and swabs to classrooms.

- ✓ Collect/retrieve completed samples by 13:00 pm. Ensure samples are labeled clearly according to the rosters.
- ✓ Register sample collection tubes into the Concentric website and note number of swabs per tube. Record tracking information on roster.
- ✓ The bar codes will be scanned to ensure that the bar code is matched with the proper name. Samples will be grouped together in bags of 24 sample tubes and the bags will be collected and shipped.
- ✓ At the end of the testing day, please ensure that each testing location in your organization completes the End of Test Day Form ([link](#)) to note tracking information for your packages. **Failure to do so may result in a delay in your results, as we will not be able to track your item(s).** This information is valuable for us to coordinate with the lab on samples they will be receiving.
- ✓ Samples are sent via FedEx. Samples will be sent out the day that they are taken to approved laboratories via same-day delivery. If scheduling pickup, call by 11:00.
 - In addition to the Fedex dropbox locations, Fedex pickup from your locations can be arranged by calling 1-800-463-3339 and saying, “schedule a pickup.” You will be prompted to enter in the tracking number from the return label provided. You will then be asked for your pickup address and the times the shipment will be available.
- ✓ Results should be returned within 24-48 hours after receiving the priority package. Results will be delivered electronically through a confidential database to the designated administrator.
 - Please note, results may be returned by the Pooled Testing Services Providers’ software platform during non-school hours. It is the expectation that testing coordinator will review results and implement protocols during operating hours.
- ✓ If a pooled test result is negative, then all individuals within that pool are presumed negative and may remain in school.
- ✓ If a pooled test result is positive, then all individuals in the pool must be retested individually with the Abbott BinaxNOW rapid point-of-care antigen test.
 - If a pool tests positive, families and staff within that pool will be notified. Organize and schedule the Abbott BinaxNOW rapid antigen follow up (reflex) test.

C. Considerations for Pooled Testing:

- ✓ All district and school staff and students who submit consent forms are strongly encouraged to participate in weekly pooled testing.
 - The only exception is that any individual who has tested positive for COVID-19 in the past 90 days should be excluded from pooled testing. Please note that at this time, out of school time partners are not eligible to participate.
 - Vaccination is not an exception and vaccinated staff may still participate in pooled testing. CDC has [indicated](#) that vaccines would not cause one to test positive on viral tests, which are used to see if you have a current infection.
- ✓ “Membership” within a given pool should remain as constant as possible. Teachers, should be pooled with their students, because a positive result on a pool full of teachers may cause staffing issues while each teacher gets individually re-tested.

- ✓ If districts or schools strongly **prefer to create pools comprised exclusively of staff, they are limited to a maximum of 5 swabs per staff-only pool** and must have Abbott BinaxNOW tests available for immediate follow-up testing.

D. Positive Pools

1. Positive pool members will be given the rapid antigen test to determine the positive student.
 - See Abbott BinaxNOW testing procedure for positive pools.
2. If your child was in close contact with the positive student, you will be notified and required to follow the quarantine guidance.

E. Training

1. The following is education material by Concentric by Ginkgo is to be reviewed for initiating pool testing in your school. (look for email sent with materials provided by the vendor)
 - ✓ Classroom pooling overview <https://youtu.be/VkDZY0USjsE>
 - ✓ Introduction to essential roles https://youtu.be/A9ElZoqy_SY
 - ✓ Classroom pooling play book <https://youtu.be/0pMbbu3PCso>
 - ✓ Following are instructional handouts are also provided by Concentric by Ginkgo:
 - Instructions for test observers
 - Web portal user guide
 - Shipping instructions for test supervisor
 - Pooling floor plan
3. Provide to test observers:
 - ✓ How to do a nasal swab - by a 2nd grader <https://www.youtube.com/watch?v=fJML8xBEKGk>
 - ✓ Classroom pooling overview <https://youtu.be/VkDZY0USjsE>
 - ✓ Instructions for test observers

[Instructions for Swabbing Your Nose.png](#)

[Instructions for Supervising Pooled Testing \(1\).png](#)

[Pooling Test Observer User Guide.pdf](#)

II. Abbott BinaxNOW COVID-19 Ag Card Point of Care (POC) SARS-CoV-2 rapid diagnostic tests

A. Use of Abbott BinaxNOW test in Massachusetts schools: ⁽¹⁸⁾

The Abbott BinaxNOW test is a rapid antigen test. Rapid antigen tests perform best when the person is tested in the early stages of infection with SARS-CoV-2, which is when the viral load is generally highest. Abbott BinaxNOW tests are approved to be used in two scenarios:

- ✓ for symptomatic individuals who present symptoms during school or,
- ✓ in the Pooled Testing Program, for individual follow-up testing of positive pools.

1. The Abbott BinaxNOW test will be:

- Conducted by a trained nurse/health care provider
- In a space affording for privacy (not in an occupied classroom)
- Appropriate PPE will be worn to obtain sample.
- Testing of symptomatic students/staff will be completed on consenting individuals prior to being placed in medical waiting or isolation space/room.

2. The Abbott BinaxNOW test must be ordered by a physician. *Refer to the attached Standing order for order specifications.
3. Must obtain consent for administration.
 - Signed consents for students to be uploaded into SNAP EHR under Alerts *Consent form received: Abbott BinaxNOW antigen testing, and the paper copy placed in paper record.
 - Signed **consents forms for staff to be stored**
4. Complete the registration for your schools account with Project Beacon from an email to be sent by support@beacontesting.com.
5. Storage of Abbott kits: Store kit at 2-30°C (35.6°F- 86°F)

B. Testing and Results

1. Students and staff with **symptoms consistent with above COVID-19 illness:**
 - ✓ Test positive:
 - Treated as a positive COVID-19 case and managed accordingly (see [DESE protocol for responding to COVID-19 scenarios](#) here).
 - Will need to stay in self-isolation for at least 10 days. People who test positive can resume public activities and return to school after 10 days and once they have:
 - gone for 24 hours without a fever (and without taking fever-reducing medications like Tylenol); and
 - experienced improvement in other symptoms (for example, their cough has gotten much better); and
 - 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.
 - ✓ Test negative:
 - Sent home. The student's parent/guardian, or the staff member, should be informed that the negative test is presumptive, and they should follow up with their healthcare provider for PCR testing for COVID-19.
 - The individual may return to school after they: 1) have obtained a subsequent negative PCR test for COVID-19, have an improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications; or 2) have been removed from school for 10 days from the start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medication.
 - ✓ Provide the Letter to Parents: Results in school COVID19 testing to inform parents/guardians when a student has received an individual test while at school. This notification form also serves to inform parents/guardians on what next steps they should take depending on the child's test results.
3. **Follow-up tests for positive pools process:**
 - ✓ Organize follow up (Reflex) testing: Create a "Drive-through" process:
 - Individual schools are to set up time/schedule that accommodates their learning environment.
 - In inclement weather utilize an area that has an overhang present for protection.

- Gather all testing supplies and laptop. Set up a location with a table/flat surface and sanitizer that falls in the temperature perimeters. Have “Isolation guidance” printouts, letter to PG on results of rapid test & “close contact letters” printed for distribution to members of the pool being tested.
- Stability of Abbott kits: Ensure all test components are at room temperature before use and during use. **Conduct at 56-86°F.**
- Don PPE and perform antigen tests.
- Provide results and coinciding materials.
- Positive student and the close contacts (pool/cohort) will be discharged home.
- ✓ Considerations:
 - In the case where positive pool results are returned when students are out of school (i.e., weekend or remote days in the hybrid model), asymptomatic pool members may return to the school for the sole purpose of follow-up testing conducted outside of school building.
 - Symptomatic individuals should not return to school for any reason, including follow-up testing.
 - All members a part of a positive pool will take part in remote learning. Individuals in a positive pool must quarantine until able to be retested individually.
 - In the case where a positive pool returns no Abbott BinaxNOW positives upon follow-up testing, all members of the pool should receive individual PCR tests.
 - Follow up PCR testing will be conducted by student’s physician or state approved testing location.
 - If an individual from a positive pool is not retested, they will be required to remain home in self-quarantine for 14 days and should contact their physician, before returning to in person learning.

C. Management of rapid antigen testing

1. **Maintain an adequate supply of PPE:** All staff administering Abbott BinaxNOW test kits must wear appropriate personal protective equipment (PPE) when running each test and handling patient specimens. For healthcare personnel collecting specimens or within 6 feet of individuals suspected to have COVID-19, the following PPE is required:
 - N95 mask or higher-level respirator (a surgical mask can be used only if an N95 is not available)
 - Eye protection
 - Gloves
 - Gown, when collecting specimens
- ✓ Staff administering tests must change gloves between handling of specimens suspected of COVID-19. Refer to [DPH Comprehensive PPE Guidance](#) or contact your local board of health for further information regarding the proper use of PPE.
- ✓ Schools and districts must be able to maintain an adequate supply of PPE as is required to administer tests as needed.
2. **Disposal:** PPE and nasal swabs from a test kit used to determine whether a person has an infection and that are disposed of at a school are not considered medical or biological waste as they are exempt from the definition of pathological waste as defined in 105 CMR 480.010. Such waste may

be included in regular solid waste trash provided it is not packaged or labeled as biohazard waste. As a reasonable precaution, used swabs should be sealed in zip lock bags/sealed bag. This reflects a change in the EUA for the Abbott BinaxNOW tests as well as existing regulations(02/10/21).

3. **PCR test confirmation:** Given the superior accuracy of PCR testing versus antigen testing, the result of a PCR test taken within 2 days of an antigen test will “override” the result of the antigen test. Consequently, a PCR test result (rather than an antigen test result) should be used to determine the proper protocol for the student or staff member when taken within 2 days of an antigen test result.
4. **Reporting:** Your school/district is required to use the Project Beacon system to collect consent for the administration of the Abbott BinaxNOW COVID-19 test and authorization to report the results to the Massachusetts Department of Public Health (DPH) and others. To accomplish this, Project Beacon has created an online platform and mobile app to compile authorized consent and to automatically communicate results to DPH. Reporting information in Project Beacon must take place in addition to sharing information with parents/guardians and reporting positive test results to DESE’s Rapid Response Help Center at 781-338-3500. *See attached reporting notice from DESE.
 - ✓ Every effort should be made to inform the individual’s primary care provider of the result of the test.
5. FDA expiration date extensions: <https://www.doe.mass.edu/covid19/BinaxNOW/product-expiry-extension.pdf>

D. Training on the Abbott BinaxNOW™ rapid test is required.

1. Complete the following FOUR aspects of BINAXNOW training:
 - ❑ Review the [Abbott BinaxNOW™ COVID-19 Ag Card & NAVICA™ App User training presentation](#), the BinaxNOW™ COVID-19 Ag card [product insert](#), and BinaxNOW™ COVID-19 Ag Card Procedure Card [Ag procedure card](#). (linked and available on the Abbott website)
 - ❑ Then View BinaxNOW™ COVID-19 Ag Card training videos Modules 1 through 4 linked below. (Module 5 and 6 are pertaining to a Navica app. MA is not using this so disregard Navica app information). This training provides a detailed step-by-step guide to the test process and the modules are designed to be completed in the order shown. [BinaxNOW COVID-19 Ag Card and NAVICA App Set-Up and Training | Abbott Point of Care Testing](#)
 - ❑ View the COVID 19 PPE donning and doffing training video from BU Shield linked at: [PPE Training Video](#)
 - ❑ Lastly complete the BinaxNow skills checklist with a BinaxNOW trainer to complete the hands-on skills portion of the training. (attached)
2. Prepare specimen and administer test if necessary.
 - A. NASAL SWAB

Only the swab provided in the Abbott BinaxNOW kit is to be used for nasal swab collection for that test. Only swabs provided by the Pooled Testing Services Provider are to be used for pooled tests and/or the swabs specified for the specific individual PCR test to be used for individual PCR tests.

To collect a nasal swab sample, carefully insert the swab into the nostril. For persons exhibiting symptoms start with the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible. Using gentle rotation, push the swab until resistance is met

at the level of the turbinates' (less than one inch into the nostril). Rotate the swab 5 times or more against the nasal wall then slowly remove from the nostril. Using the same swab, repeat sample collection in the other nostril.

B. SPECIMEN TRANSPORT and STORAGE

Abbott BinaxNOW: Do not return the nasal swab to the original paper packaging. For best performance, direct nasal swabs should be tested as soon as possible after collection.

If immediate testing is not possible, and to maintain best performance and avoid possible contamination, it is highly recommended the nasal swab is placed in a clean, unused plastic tube labeled with patient information, preserving sample integrity, and capped tightly at room temperature (15-30°C) for up to (1) hour prior to testing. Ensure the swab fits securely within the tube and the cap is tightly closed.

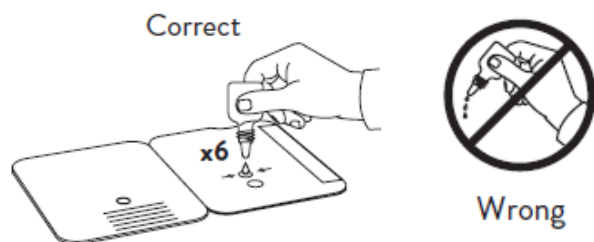
If greater than 1 hour delay occurs, dispose of sample. A new sample must be collected for testing.

Pooled testing and Individual molecular testing: Specimen should be placed directly into container as specified by the Pooled Testing Provider.

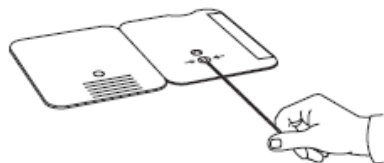
C. Abbott BinaxNOW TEST PROCEDURE: Procedure for Patient Specimens

Open the test card just prior to use, lay it flat, and perform assay as follows. The test card must be flat when performing testing, do not perform testing with the test card in any other position.

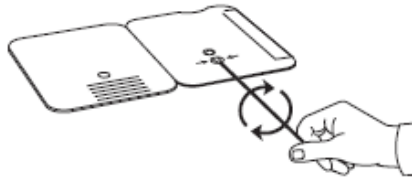
1. Hold Extraction Reagent bottle vertically. Hovering 1/2 inch above the TOP HOLE, slowly add 6 DROPS to the TOP HOLE of the swab well. DO NOT touch the card with the dropper tip while dispensing.



2. Insert sample into BOTTOM HOLE and firmly push upwards so that the swab tip is visible in the TOP HOLE.

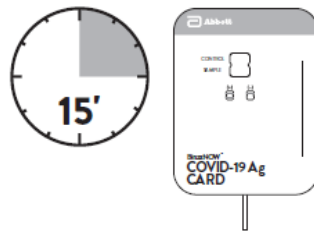


3. Rotate (twirl) swab shaft 3 times CLOCKWISE (to the right). Do not remove swab.



Note: False negative results can occur if the sample swab is not rotated (twirled) prior to closing the card.

4. Peel off adhesive liner from the right edge of the test card. Close and securely seal the card. Read result in the window 15 minutes after closing the card. In order to ensure proper test performance, it is important to read the result promptly at 15 minutes, and not before. Results should not be read after 30 minutes.



Note: When reading test results, tilt the card to reduce glare on the result window if necessary. Individuals with color-impaired vision may not be able to adequately interpret test results.

3. Document test administration and provide appropriate notice

Massachusetts districts and schools participating in this initiative must report individual test results to the Department of Public Health's Bureau of Infectious Diseases and Laboratory Sciences (BIDLS) through the Project Beacon system and report positive test results to DESE's Rapid Response Help Unit at 781-338-3500.

STANDING ORDER

COVID-19 Testing

These sample standing orders are current as of January 2021. They should be reviewed carefully against the most current recommendations from the Department of Elementary and Secondary Education (DESE) and the Department of Public Health (DPH).

Purpose: To facilitate the identification of SARS-CoV-2, this standing order is issued pursuant to my authority as a licensed physician in Massachusetts to order the examination of any specimen derived from the human body, pursuant to G.L. c. 112D, section 8(7). This standing order allows individuals to undergo testing for SARS-CoV-2, the virus that causes COVID-19, subject to the terms and requirements outlined below:

- 1. Properly administer or oversee specimen collection for SARS-CoV-2 molecular (PCR) tests**
Ensure correct testing materials and procedure for specimen collection for pooled and individual tests, according to Pooled Testing Provider, DESE, and DPH. Specimens may be collected by a licensed health care provider, other trained personnel, or supervised self-collection in compliance with guidance issued by DESE and DPH.
- 2. Ensure the Abbot BinaxNOW test is administered in qualified point-of-care setting by trained personnel**
The EUA for the Abbott BinaxNOW COVID-19 Ag card test allows for use in point-of-care settings that are qualified to have the test performed and are operating under a CLIA (Clinical Laboratory Improvement Amendments) Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation. Personnel must have completed training to perform the sample collection and testing.
- 3. Temperature requirements for BinaxNOW COVID-19 Ag Card tests**
In accordance with the BinaxNOW COVID-19 Ag Card test's instructions for use (IFU), test kits must be stored at temperatures between 2 and 30°C (35.6 - 86°F). The IFU states to ensure that the test components (Antigen card and buffer) are at room temperature (59 and 86°F) during performance of the test. DPH requires the room temperature to be recorded upon test administration. Data obtained by DPH indicates that the test's accuracy is significantly reduced when used outside of this temperature range.
- 4. Instruct staff collecting the test to follow infection control precautions when handling clinical specimens.**
Precautions when caring for or obtaining samples from an individual suspected to be COVID-19 positive include contact and droplet precautions with hand hygiene and the use of PPE that includes gown, gloves, N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available), and eye protection such as goggles or faceshield. Guidance for prioritizing and optimizing use of Personal Protective Equipment can be found [here](#). Symptomatic students should be placed in an isolation space as described in DESE protocols which can be found [here](#).
- 5. Assess children and adults presenting to school staff for their eligibility to be tested with Abbott BinaxNOW, and the protocol to be followed upon completion of the test.**
Rapid antigen tests perform best when the person is tested in the early stages of infection with SARS-CoV-2 when viral load is generally highest.

The Abbott BinaxNOW test may also be used to follow up on the individuals of a pooled test that has returned a positive result. More guidance about pooled testing can be found [here](#). If a follow up test returns a negative result, the individual is cleared to return to school. If a follow up test returns a positive result, the individual should be treated as a COVID-19 case and managed accordingly (see DESE protocol for responding to COVID-19 scenarios [here](#)).

The Abbott BinaxNOW test should **not** be used for broad scale asymptomatic testing in the school.

In situations in which a student or staff member presents to school health for any reason other than a clearly identifiable physical injury (e.g., broken finger), the following protocol should be followed if the school is participating in the symptomatic testing program:

- A. Students and staff with severe or life-threatening symptoms: activate EMS.
- B. Students and staff with symptoms consistent with COVID-19: individuals who have symptoms of an illness consistent with COVID-19 according to the following guidelines (previously published by DESE) should be tested using the BinaxNOW test:

Symptoms consistent with COVID-19
<ul style="list-style-type: none">• Fever (100.0° 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

Those who test positive should be treated as a COVID-19 case and managed accordingly (see DESE protocol for responding to COVID-19 scenarios [here](#)).

Those who test negative should be sent home. The student's parent/guardian, or the staff member, should be informed that the negative test is presumptive and they should follow up with their healthcare provider and consider PCR testing for COVID-19. The student or staff member may return to school after they 1) have obtained a subsequent negative PCR test for COVID-19, have an improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications; or 2) have been removed from school for 10 days from the start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medication.

- C. Students and staff with minimal symptoms (e.g., isolated runny nose, isolated headache, isolated fatigue, not meeting COVID-19 criteria listed above) may be considered for testing with the BinaxNOW test.
 - Those who test positive should be treated as a COVID-19 case and managed accordingly (see DESE protocol for responding to COVID-19 scenarios [here](#)).
 - Those who test negative may return to school. A communication should be sent to the student's parent/guardian informing them of the result and that antigen test results are presumptive (not diagnostic) and that a PCR test would be required to definitively confirm that the child does not have COVID-19. The parent/guardian should be instructed to monitor the child carefully for fever and other symptoms and if these develop, to contact the child's healthcare provider. If the minimal symptom(s) persist, the individual may be re-tested by BinaxNOW the following or subsequent days.

6. **Assess children and adults presenting to school staff for their eligibility to be tested with a pooled molecular COVID-19 test, and the protocol to be followed upon completion of the test.**

The purpose of pooled testing is surveillance testing for as much of the school population as possible. All individuals who have appropriately consented should have specimens collected weekly for the purpose of pooled testing. A negative pooled result indicates that all individuals in the pool may return to the classroom. A positive result indicates that one or more individuals in the pool may be positive for COVID-19, and each individual should receive a follow up individual test using the Abbott BinaxNOW.

7. Assess children and adults presenting to school staff for their eligibility to be tested with an individual molecular COVID-19 test, and the protocol to be followed upon completion of the test.

Individuals who have received a positive pooled test result where the positive individual(s) have not been identified using Abbott BinaxNOW tests are eligible to receive individual PCR tests. Those receiving negative results may return to the classroom; those receiving positive results should be treated as a COVID-19 case and managed accordingly (see DESE protocol for responding to COVID-19 scenarios here).

8. Check for appropriate authorizations to perform testing.

Ensure consent, has been granted prior to administering a test. Consent must be given by a parent/guardian if appropriate. DESE and DPH have drafted consent and reporting guidance that must be utilized by schools and districts administering COVID-19 testing and specimen collection, available [here](#) and [here](#).

9. Perform positive and negative control tests for each new Abbott BinaxNOW box opened

Good laboratory practice requires the use of positive and negative controls to ensure that test reagents are working and that the test is correctly performed. BinaxNOW COVID-19 Ag Card kits contain a Positive Control Swab (i.e., a swab which will trigger a positive result, but does not contain any infectious virus) and Sterile Swabs that can be used as a Negative Control Swab. These swabs will monitor the entire assay. Test these swabs once with each new box received, and once for each untrained operator.

If the correct control results are not obtained, do not perform patient tests or report patient results. Contact Technical Support (1-800-257-9525 or ts.scr@abbott.com) during normal business hours before testing patient specimens. Additional positive controls are available from the state stockpile.

10. Prepare and administer anterior nasal swab.

A. NASAL SWAB

Only the swab provided in the Abbott BinaxNOW kit is to be used for nasal swab collection for that test. Only swabs provided by the Pooled Testing Services Provider are to be used for pooled tests and/or the swabs specified for the specific individual PCR test to be used for individual PCR tests.

To collect a nasal swab sample, carefully insert the swab into the nostril. For persons exhibiting symptoms start with the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril). Rotate the swab 5 times or more against the nasal wall then slowly remove from the nostril. Using the same swab, repeat sample collection in the other nostril.

B. SPECIMEN TRANSPORT and STORAGE

Abbott BinaxNOW: Do not return the nasal swab to the original paper packaging. For best performance, direct nasal swabs should be tested as soon as possible after collection.

If immediate testing is not possible, and to maintain best performance and avoid possible contamination, it is highly recommended the nasal swab is placed in a clean, unused plastic tube labeled with patient information, preserving sample integrity, and capped tightly at room temperature (15-30°C) for up to (1) hour prior to testing. Ensure the swab fits securely within the tube and the cap is tightly closed.

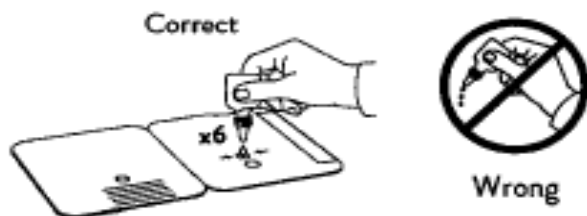
If greater than 1 hour delay occurs, dispose of sample. A new sample must be collected for testing.

Pooled testing and Individual molecular testing: Specimen should be placed directly into container as specified by the Pooled Testing Provider.

C. Abbott BinaxNOW TEST PROCEDURE: Procedure for Patient Specimens

Open the test card just prior to use, lay it flat, and perform assay as follows. The test card must be flat when performing testing, do not perform testing with the test card in any other position.

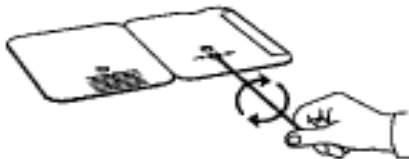
1. Hold Extraction Reagent bottle vertically. Hovering 1/2 inch above the TOP HOLE, slowly add 6 DROPS to the TOP HOLE of the swab well. DO NOT touch the card with the dropper tip while dispensing.



2. Insert sample into BOTTOM HOLE and firmly push upwards so that the swab tip is visible in the TOP HOLE.

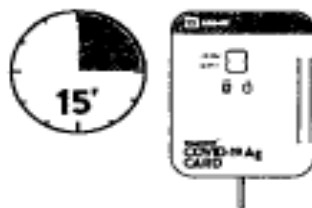


3. Rotate (twirl) swab shaft 3 times CLOCKWISE (to the right). Do not remove swab.



Note: False negative results can occur if the sample swab is not rotated (twirled) prior to closing the card.

4. Peel off adhesive liner from the right edge of the test card. Close and securely seal the card. Read result in the window 15 minutes after closing the card. In order to ensure proper test performance, it is important to read the result promptly at 15 minutes, and not before. Results should not be read after 30 minutes.



Note: When reading test results, tilt the card to reduce glare on the result window if necessary. Individuals with color-impaired vision may not be able to adequately interpret test results.

11. Document test administration and provide appropriate notice

DESE is providing sample notification forms that may be used to inform parents/guardians when a student has received an individual test while at school. The notification form also serves to inform parents/guardians on what next steps they should take depending on the child's test results. Every effort should be made to inform the individual's primary care provider of the result of the test.

Massachusetts districts and schools participating in this initiative must report individual test results to the Department of Public Health's Bureau of Infectious Diseases and Laboratory Sciences (BIDLS) through the Project Beacon system and report positive test results to DESE's Rapid Response Help Unit at 781-338-3500.

Standing Orders Authorization

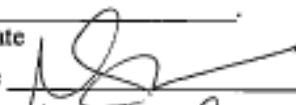
This policy and procedure shall remain in effect for all students and staff of the

Springfield Public Schools
name of school / school district

until rescinded or until

date

Healthcare Provider's signature



Signature date

2/1/21

Effective date

2/1/21

Print Healthcare Provider's Name:

Molly Senn-McNally MD



Jeffrey C. Riley
Commissioner

Massachusetts Department of Elementary and Secondary Education

Abbott BinaxNOW Antigen Testing - Registering Users and Reporting Results December 4, 2020, updated January 4, 2021, updated January 22, 2021

Your school/district is required to use the Project Beacon system to collect consent for the administration of the Abbott BinaxNOW COVID-19 test and authorization to report the results to the Massachusetts Department of Public Health (DPH) and others. To accomplish this, Project Beacon has created an online platform and mobile app to compile authorized consent and to automatically communicate results to DPH. Reporting information in Project Beacon must take place in addition to sharing information with parents/guardians and reporting positive test results to DESE's Rapid Response Help Center at 781-338-3500.

Please Note: The following guidance applies only to districts using Abbott BinaxNOW tests on symptomatic individuals, for diagnostic purposes. This guidance does NOT apply to districts and schools using Abbott BinaxNOW tests to "follow-up" on the results of pooled testing. Districts and schools using Abbott BinaxNOW tests to follow-up on pooled test results can find detailed information on the processes for obtaining consent and reporting results in the [Pooled Testing Memo released on January 22, 2021](#).

The NAVICA App

Schools/districts must ensure that test results are reported to Massachusetts DPH by entering all test results into the Project Beacon system described below. Schools/districts do not need to use the NAVICA app that is referenced in the Abbott BinaxNOW materials. Currently the NAVICA app does not report results to Massachusetts DPH. Schools/districts must ensure that test results are reported to Massachusetts DPH by entering all test results into the Project Beacon system described below.

Creating a Project Beacon School Account

School/district staff register for administrator accounts in Project Beacon by completing an Account Registration Form. Staff will receive a message from Project Beacon when their account has been created.

Schools/districts shall use the Project Beacon account only for the purposes and in accordance with the contract between DPH and Project Beacon. The instructions in this document are consistent with that contract.

Districts/schools can register for accounts here:

<https://docs.google.com/forms/d/e/1FAIpQLScW79RyEUpJVyF4UfOXL1hlsB7m7Xp7IxfXGrnZ-v7KCYPWWQ/viewform>

Pre-Registration and Consent in Project Beacon

For districts and schools that plan to administer Abbott BinaxNOW COVID-19 tests on individuals, exclusively for diagnostic purposes and not in conjunction with pooled testing, consent to both test and to share results must be acquired before tests are administered.

To make this as easy possible, districts and schools should encourage everyone who may require an Abbott BinaxNOW test to pre-register in Project Beacon their consent for test administration and authorization to share the contact information of test subjects and those who consent to testing, via Project Beacon, to DPH.

There are three ways to obtain consent to test and report results:

- **Web-based Self-registration:** Schools can use the Project Beacon system to generate a weblink that can be sent to parent/guardians, staff, and students with who can self-authorize. This weblink will contain a unique code that will invite the user to register for a Project Beacon account by inputting demographic information, consent to testing, and authorization to have results shared with DPH automatically. Once registered, Project Beacon will provide notice to the user when a test has begun and when results are available.

Districts and schools may also facilitate pre-registration for those who may need an Abbott BinaxNOW test by uploading in advance relevant “directory information”¹ about users that the school already possesses into Project Beacon. Before uploading information into Project Beacon on behalf of users, Districts should carefully consult the policies in their student handbook’s for disclosing “directory information.”

- **Paper-based consent:** For individuals who lack internet access or who cannot interface with Project Beacon, schools can obtain consent to testing and sharing results via a paper-based consent form. Once this form is returned to the school/district, the administering professional can manually import information about the test recipient and the test results into Project Beacon. Project Beacon will report to DPH the results of testing for individuals who provide paper-based consent, but if users do not create a profile in Project Beacon they will not receive notifications or test results from it.
 - Districts and schools using Abbott BinaxNOW for symptomatic individuals only should use the sample consent forms found on the [Abbott BinaxNOW section of the DESE website](#).

¹ The term “directory information” is used in this guidance according to the definition from the federal Family Educational Rights Privacy Act. For more information, see 34 C.F.R. §99.3.

- Districts and schools participating in the Pooled Testing Initiative and who are using Abbott BinaxNOW for follow-up tests, should use the sample pooled testing consent forms found on the [Pooled Testing section of the DESE website](#).
- **Emergency “Day-of” verbal consent:** In cases where the student’s parent/guardian has not already given consent to administer the test and report results to DPH via Project Beacon, the administering professional may administer a test based upon verbal consent (i.e., over the phone) from the parent/guardian immediately prior to test administration.

Because Project Beacon requires the submission of contact information along with test results, schools/districts are strongly advised to also obtain written consent from the parent/guardian. Without written consent, the school/district can share the contact information and test results with Project Beacon only under the health and safety emergency exemption to FERPA. See 34 CFR §§ 99.31(a)(10) and 99.36. For guidance on this exemption, click here: <https://www2.ed.gov/policy/gen/guid/fpco/pdf/ferpa-disaster-guidance.pdf> The parent/guardian can provide written consent by email or in person if they are on-site to pick up the student. See appendices for sample consent forms.

Recording Test Results in Project Beacon

For each test, the administering professional (nurse or other medical professional) must update Project Beacon with the test lot number (located on the test card) and the test result. Those with user profiles will receive notification, through Project Beacon, when the test has begun and when results are ready.

In addition to automated notifications from Project Beacon, school staff should personally report test results to the person authorized to consent to testing and sharing results. A sample test reporting letter can be found in the Family Communications Toolkit for schools/districts. School staff must also notify DESE’s Rapid Response Help Center at 781-338-3500 of positive test results.

All test results should be input into Project Beacon as they are performed, and by no later than the end of the day the test was performed.² Project Beacon will report the results of all tests to DPH, but such notice does not relieve school staff from their responsibilities to share results with the individual who was tested, or if the individual is a student, to the person who consented to the testing. Positive test results must also be reported to DESE.

² End-of-day reporting may be required when tests are administered pursuant to verbal consent, followed later by written consent.

Abbott BinaxNOW™ COVID-19 Ag Card - Training Checklist

FACILITY and Staff Name: _____

ITEM DETAILS		
BinaxNOW™ COVID-19 Ag CARD - KIT OVERVIEW	USER'S INITIALS	DATE
I attest to reviewing the the Abbott BinaxNOW™ COVID-19 Ag Card & NAVICA™ App US training presentation, the BinaxNow training videos, and the BUshield PPE training video prior to this skills check.		
<p>User acknowledges understanding of the following kit components and precautions in the package insert:</p> <ul style="list-style-type: none"> • Kit Storage temperature • Lot number and expiration date • Package Insert including Precautions and Limitations • BinaxNOW™ COVID-19 Ag Card Procedure Card • Extraction Reagent • Swabs provided in the BinaxNOW™ COVID-19 kit • Patient samples, controls, and test cards should be handled as though they could transmit disease. Observe established precautions against microbial hazards during use and disposal. • Wear appropriate personal protection equipment and gloves when running each test and handling patient specimens. Change gloves between handling of specimens suspected of COVID-19. 		
SPECIMEN COLLECTION, STORAGE AND HANDLING	USER'S INITIALS	DATE
<p>The user acknowledges being shown; sample collection and storage conditions in the package insert:</p> <ul style="list-style-type: none"> • Perform Hand Hygiene and don gloves, N-95/KN-95, gown, and Face Shield. • For use with direct nasal swab specimens with swabs provided in the kit ONLY • To collect a nasal swab sample, carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible. Using gentle rotation, push the swab until resistance is met at the level of the turbinate (less than one inch into the nostril). Rotate the swab 5 times or more against the nasal wall then slowly remove from the nostril. Using the same swab, repeat sample collection in the other nostril. • Direct nasal swabs should be tested as soon as possible after collection. If immediate testing is not possible, and to maintain best performance and avoid possible contamination, it is highly recommended the nasal swab is placed in a clean, unused plastic tube labeled with patient information and time collected, preserving sample integrity, and capped tightly at room temperature (15-30°C) for up to (1) hour prior to testing. Ensure the swab fits securely within the tube and the cap is tightly closed. If greater than 1-hour delay occurs, dispose of sample. A new sample must be collected for testing. DO NOT RETURN THE SWAB TO ITS ORIGINAL PACKAGING 		
SAMPLE PREPARATION TEST PROCEDURE FOR QUALITY CONTROL & PATIENT TESTING	USER'S INITIALS	DATE

ITEM DETAILS		
<p>The User follows instructions Patient Testing of BinaxNOW™ COVID-19 Ag Card.</p> <p>Bring all materials and patient sample to room temperature</p> <ul style="list-style-type: none"> Immediately prior test testing open pouch and remove test card and place on a flat surface Label test card with appropriate Patient Identification information <p style="text-align: center;">For Patient Testing</p> <ol style="list-style-type: none"> In an untested BinaxNOW™ COVID-19 Ag Card there will be a blue line present at the Control Line position. In a valid, tested device, the blue line washes away and a pink/purple line appears, confirming that the sample has flowed through the test strip and the reagents are working. If the blue line is not present at the Control Line position prior to running the test, do not use and discard the test card. Hold Extraction Reagent bottle vertically. Hovering 1/2 inch above the TOP HOLE, slowly add 6 DROPS to the TOP HOLE of the swab well. DO NOT touch the card with the dropper tip while dispensing. Insert sample swab into BOTTOM HOLE and firmly push upwards so that the swab tip is visible in the TOP HOLE. Rotate (twirl) swab shaft 3 times CLOCKWISE (to the right). Do not remove swab. Peel off adhesive liner from the right edge of the test card. Close and securely seal the card. Read result in the window 15 minutes after closing the card. It is important to read the result promptly at 15 minutes, and not before. Results should not be read after 30 minutes. Record all results on the Abbott Internal Controls and Testing Log, including the Blue Control Line Present Before Testing, the Resident Test Results, and the Positive and Negative Internal Control results on the test log. Positive Internal Control = The pink-to-purple line at the "Control" position is considered an internal positive procedural control. Negative Internal Control = The background color in the window should be light pink to white within 15 minutes to be considered a negative internal procedural control. 		
<p>The User follows instructions for Quality Control of BinaxNOW™ COVID-19 Ag Card.</p> <p>Verbally states when QC is required and also the process described below:</p> <ul style="list-style-type: none"> New shipments received. Untrained operators <p style="text-align: center;">For External QC process</p> <ol style="list-style-type: none"> Label test card with appropriate QC test Follow instructions for external controls. Hold Extraction Reagent bottle vertically. Hovering 1/2 inch above the TOP HOLE, slowly adds 8 DROPS to the TOP HOLE of the swab well. DO NOT touch the card with the dropper tip while dispensing. Insert the (+) or (-) control swab into BOTTOM HOLE and firmly push upwards so that the swab tip is visible in the TOP HOLE. Rotate (twirl) swab shaft 3 times CLOCKWISE (to the right). Do not remove swab. Peel off adhesive liner from the right edge of the test card. Close and securely seal the card. Read result in the window 15 minutes after closing the card. It is important to read the result promptly at 15 minutes, and not before. Results should not be read after 30 minutes. 		

USER SIGNATURE _____ DATE _____

TRAINER SIGNATURE _____ DATE _____

Abbott BinaxNOW Antigen Test for Symptomatic Individuals

By completing and submitting this form, I confirm that I am the appropriate parent / guardian to provide consent, and that I authorize the administration of a COVID-19 antigen test on my student during school hours, should school staff observe symptoms consistent with COVID-19 or isolated symptoms (e.g., isolated runny nose, isolated headache, or isolated abdominal pain without fever). I understand that authorizing a COVID-19 test for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested. I further understand that my student **must** stay home if feeling unwell.

Student Demographic Information:

Student's First Name: _____

Student's Last Name: _____

Student's Middle Name: _____

Student's address (street, city, zip code): _____

What is the student's date of birth? _____

What is the student's race? (Select all that apply):

_____ American Indian/Alaskan Native

_____ Asian

_____ Black/African American

_____ Native Hawaiian/Pacific Islander

_____ White

_____ Other

_____ Unknown

Is the student of Hispanic origin? (Select one):

_____ Yes

_____ No

_____ Unknown

What is the student's gender? (Select one):

_____ Male

_____ Female

_____ Transgender

_____ Unknown

Does the student have a disability? (Select one):

_____ Yes

_____ No

What is the student's primary language? _____

Parent/Guardian Information:

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Parent/Guardian Address (if different than above): _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

Consent and Data Sharing (please initial):

_____ In the event my student shows symptoms of COVID-19, I authorize an administration professional, during school hours, to administer the Abbott BinaxNOW COVID-19 antigen test on my student. I understand that my student's test results will be loaded to Project Beacon, which will share them with the Massachusetts Department of Public Health in accordance with state law.

_____ I authorize the disclosure of my contact information to Project Beacon (a third party organization contracted to compile consent for testing and to share test results). I understand that along with test results, Project Beacon will share my contact information with DPH. I also understand that I can create a user profile in Project Beacon that will notify me about test administration and test results. I agree that if I create such a user profile, I will only use the Project Beacon system for the purpose of accessing information, including test results, that I am legally allowed to access.

Authorized Signatory:

I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. To cancel this permission for COVID-19 testing, I need to contact Project Beacon directly at (617) 741-7310.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Abbott BinaxNOW Antigen Test for Symptomatic Individuals
Authorization for student/staff who can authorize for themselves

By completing and submitting this form, I authorize the administration of a COVID-19 antigen test on me during school hours if I develop symptoms consistent with COVID-19 or minimal symptoms (e.g., isolated runny nose or, headache, or abdominal pain without fever). I understand that such testing is optional, and I can refuse to give this authorization, in which case, I will not be tested. I further understand that I **must** stay home if feeling unwell.

Demographic Information:

First Name: _____

Last Name: _____

Middle Name: _____

Address (street, city, zip code): _____

What is your date of birth? _____

What is your race? (Select all that apply):

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian/Pacific Islander
- _____ White
- _____ Other
- _____ Unknown

Are you of Hispanic origin? (Select one):

- _____ Yes
- _____ No
- _____ Unknown

What is your gender? (Select one):

- _____ Male
- _____ Female
- _____ Transgender
- _____ Unknown

Do you have a disability? (Select one):

- _____ Yes
- _____ No

What is your primary language? _____

What is your occupation? _____

Consent and Data Sharing (please initial):

_____ In the event I show symptoms of COVID-19, I authorize an administration professional, during school hours, to administer the Abbott BinaxNOW COVID-19 antigen test on me. I understand that my test results will be loaded to Project Beacon, which will share them with the Massachusetts Department of Public Health in accordance with state law.

_____ I authorize the disclosure of my contact information to Project Beacon (a third party organization contracted to compile consent for testing and to share test results). I understand that along with test results, Project Beacon will share my contact information with DPH. I also understand that I can create a user profile in Project Beacon that will notify me about test administration and test results I agree that if I create such a user profile, I will only use the Project Beacon system for the purpose of accessing information, including test results, that I am legally allowed to access.

I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. To cancel this permission for COVID-19 testing, I need to contact Project Beacon directly at (617) 741-7310.

Name (Print)

Signature

Date

Rapid Results Letter: In-School COVID-19 Rapid Test for Symptomatic Testing

Date: _____

Dear PARENT/GUARDIAN,

I am writing to inform you that today your child, _____, STUDENT NAME
began to exhibit COVID-19 symptoms during the school day and was tested for COVID-19 by the school nurse using the Abbott BinaxNOW rapid antigen test. Specifically, your child started to show the following symptoms in school: [LIST SYMPTOMS EXHIBITED BY STUDENT HERE] _____

For the full list of symptoms consistent with COVID-19, including the minimal symptoms, please see page 2 of this letter.

Your child's rapid antigen test result was _____ which means they
are likely _____ for COVID-19.
[INSERT POSITIVE OR NEGATIVE]
[INSERT POSITIVE OR NEGATIVE]

(This test result information can also be accessed on the Project Beacon website if you set up an account for your child.)

If you have questions regarding the COVID-19 Rapid Antigen Diagnostic Test, please reach out to
_____ at _____
School Nurse Name [EMAIL/PHONE]

Thank you,

Your _____ school nurse
[INSERT SCHOOL NAME]

Next Steps:

Positive Rapid Antigen Test Results:

If your student tested positive on the rapid antigen test, it is likely that your student is positive for COVID-19. The positive test result may be confirmed with a PCR test. Please contact your healthcare provider to schedule this second test or visit one of the Massachusetts [testing sites](#). If a PCR test taken within 2 days of the antigen test is negative, COVID-19 infection is ruled out. Until the result of the PCR test comes back, your child is not to attend in-person school and must remain home except to get medical care. Please consult the PCR Testing Result chart below to determine the next steps based on the PCR test result.

A member of the Community Tracing Collaborative or a representative from your local board of health will call anyone who has had a positive COVID-19 test to identify close contacts. This process is called "contact tracing." A close contact is defined as only those who have been within 6 feet of distance of your child for at least 15 minutes. The information you provide will be kept confidential but is necessary to help prevent further spread of the virus. Contact tracing calls will appear with the area code 833 or 857 and will appear as "MA COVID Team" on caller ID. Calls are made daily from 8am to 8pm.

Negative Rapid Antigen Test Results:

If your child tested negative on the rapid antigen test and has COVID-related symptoms (listed below), they are not to attend in-person school and must remain at home. They may confirm the negative test result with a PCR test. Please contact your healthcare provider to schedule this second test or visit one of the Massachusetts [testing sites](#). Until the result of the PCR test comes back, your child is not to attend in-person school and must remain home except to get medical care. Please consult the PCR Testing Result chart below to determine the next steps based on the PCR test result.

PCR Testing Results:

Please follow the information below based on the results of your child's PCR test.

PCR Testing Result	Quarantine
Individual tests <u>negative</u> on the PCR test	Return to school once 24 hours have passed with improvement in symptoms and no fever, without the use of fever reducing medications.
Individual tests <u>positive</u> on the PCR test	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 24 hours have passed with improvement in symptoms and no fever, without the use of fever reducing medications.
Individual <u>is not PCR tested</u>	Remain home in self-isolation for 10 days from symptom onset, then return once 24 hours have passed with improvement in symptoms and no fever, without the use of fever reducing medications.

Symptoms consistent with COVID-19:

Below is the full list of symptoms and minimal symptoms for which caregivers should monitor their children, and staff should monitor themselves:^{3 4}

- ☐ Fever (100.0° 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*

Minimal symptoms:

- ☐ Isolated runny nose/nasal congestion
- ☐ Isolated headache
- ☐ Isolated fatigue

³ Massachusetts DPH, [Testing of Persons with Suspect COVID-19](#). (2020, May 13).

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



Letter to Parents: Consent for COVID-19 Pooled Testing letter

Date: INSERT

Dear parents, caregivers, and guardians,

Thank you for your continued partnership during this unprecedented school year. In an effort to prevent the spread of COVID-19, we have been working closely with the Massachusetts Department of Elementary and Secondary Education (DESE) and the Massachusetts Department of Public Health (DPH) to implement a **free COVID-19 pooled testing program for students and staff at our school.**

The purpose of this letter is to ask your permission to regularly test your child as part of a pooled testing program at our school. Pooled testing involves mixing several individuals' test samples together into one "pool" and then testing the pooled sample for COVID-19. This approach increases the number of individuals that can be tested at one time and allows us to regularly test our school community for COVID-19.

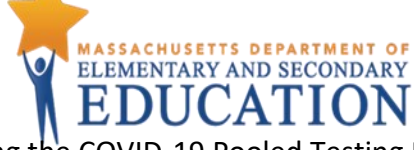
The pooled tests will be performed at least once per week with a shallow nasal swab for all participating students and staff members. Schools will receive the pool results within 24-48 hours. If the result of the pool is negative, then all individuals are presumed to not have COVID-19. If the result of the pool is positive, then all individuals in the pool must be retested individually. Because pooled testing does not give individual results, you will only be notified if your child requires follow-up testing. Our school will be providing the Abbott BinaxNOW Rapid Antigen Diagnostic Tests for follow-up testing, so that students or staff in a positive pool can be tested as soon as possible and receive individual results in 15 minutes.

Our staff has been thoroughly trained on how to administer pooled testing, as well as the Abbott BinaxNOW Rapid Antigen Diagnostic Tests, if they are needed for follow-up testing. [INSERT SCHOOL NAME] will call you if your child is part of a positive pool and requires follow-up testing. [INSERT SCHOOL NAME] will also notify you of the individual follow-up test results and if your child is positive or negative and what to do in each scenario.

[INSERT SCHOOL NAME] will report all follow-up test results to DPH. [INSERT SCHOOL NAME] will also provide positive follow-up test results (without names or other identifying information) to DESE's Rapid Response Help Unit.

To give permission for your student to participate in the COVID-19 Pooled Testing Program at our school, including consent to transmit student information via the pooled testing technology platform, consent for any necessary follow up tests, and consent to share the test result information with the Department of Public Health and [INSERT TESTING SERVICES PROVIDER SOFTWARE PLATFORM E.G., Project Beacon] (a third party [non-profit] organization contracted to compile consent for testing and to share test results), please [RESPOND TO AN EMAIL YOU WILL RECEIVE FROM [PROJECT BEACON] OR FILL OUT THE PAPER CONSENT FORM THAT IS ATTACHED TO THIS LETTER]. [A paper permission form may be requested if you cannot access the online site.]

At [INSERT SCHOOL NAME], we are extremely grateful to our committed staff and families that continue to show great flexibility and resilience as we navigate through this school year. It takes all of us working together to contain the spread of this virus. [SCHOOL NAME] is excited to add pooled testing as another mitigation strategy for our school community, as we continue to work to work together toward the safe return of all students and staff to school.



If you have questions regarding the COVID-19 Pooled Testing Program [or if you would prefer a paper permission form], please reach out to [INSERT NAME] at [EMAIL/PHONE].

Thank you,

[INSERT NAME]at [INSERT SCHOOL NAME].

STUDENT CONSENT FORM

FOR OPTIONAL COVID-19 POOLED AND FOLLOW-UP TESTING CONCENTRIC BY GINKGO

TO BE COMPLETED BY PARENT / GUARDIAN

Parent/Guardian Information

You will be not be notified with pooled test results, but will be notified of individual follow-up test results either via phone or email.

Parent/Guardian Print Name:	
Parent/Guardian Cell/Mobile #: <small>Note: results will be texted to this cell #</small>	
Parent/Guardian Email Address:	

Child/Student Information

Child/Student Print Name:			
Grade Level:		Classroom (if applicable):	
Date of Birth: (MM/DD/YYYY)		Age:	
Has the student listed above been diagnosed with COVID-19 in the past 90 days?	<input type="checkbox"/> Yes , my student has tested positive for COVID-19 in the past 90 days (note: individuals who have tested positive for COVID-19 in the past 90 days should not participate in pooled testing). <input type="checkbox"/> No , my student has not tested positive for COVID-19 in the past 90 days.		

CONSENT

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- A. I authorize the collection and testing of a weekly pooled COVID-19 test on my student during school hours, in addition to any necessary individual diagnostic follow-up tests on my student (including Abbott BinaxNOW rapid antigen tests and PCR/molecular tests). I understand that all sample types will be non-invasive, short nasal swabs or saliva samples.
- B. I understand that pooled testing does not yield individual results for each member of a pool, and that my student's individual results within a pooled test cannot be shared with me. However, I understand and agree that my student's personal health information and personally identifiable information from education records may be entered into the testing provider's technology platform to assist with tracking pooled testing and identifying individuals in need of follow-up testing.
- C. I understand that I will be notified about the results of any individual diagnostic "follow-up" test for COVID-19 performed on my student.
- D. I understand that there is the potential for a false positive or false negative COVID-19 test result for pooled or individual tests. Given the potential for a false negative, I understand that my student should continue to follow all COVID-19 safety guidance, including mask-wearing and social distancing, and follow school protocols for isolating and testing in the event the student develops symptoms of COVID-19.
- E. I understand that staff administering pooled testing and follow-up testing have received training on safe and proper test administration. I agree that neither the test administrator nor the <<insert school or district name>>, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the pooled testing program.

- F. I understand that my student **must** stay home if feeling unwell. I acknowledge that a positive individual follow-up test result is an indication that my student must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others.
- G. I understand the school system is not acting as my student's medical provider, this testing does not replace treatment by my student's medical provider, and I assume complete and full responsibility to take appropriate action with regards to my student's test results. I agree I will seek medical advice, care and treatment from my student's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my student receives from their healthcare provider.
- H. I understand that follow-up testing may create protected health information (PHI) and other personally identifiable information of the student. Pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such PHI to my student's school, the Department of Public Health, and the testing laboratory. I further understand that PHI may be disclosed to the Executive Office of Health and Human Services and any other party, as authorized under HIPAA.
- I. I understand that participation in pooled testing may require the school to disclose my student's identity, demographic, and contact information from education records to the testing provider and, for follow-up tests, will require the school to disclose my student's my student's identity, demographic, and contact information from education records to the Department of Public Health. Pursuant to FERPA, 34 CFR 99.30, I authorize my school to disclose such personally identifiable information (PII) as is required for my student to participate in pooled and follow-up testing.
- J. I understand that authorizing these COVID-19 tests for my student is optional and that I can refuse to give this authorization, in which case, my student will not be tested.
- K. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. To cancel this permission for COVID-19 testing, I need to contact **XX**.
- L. I authorize the testing provider to monitor aspects of the COVID-19 virus, such as tracking viral mutations, by sequencing viruses and other microbes present in the sample(s) for epidemiological and public health purposes. Results of such analyses will not be personally identifiable nor create personally identifiable information.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 for my student.

Signature of Parent/ Guardian:		Date:
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STAFF CONSENT FORM

FOR OPTIONAL COVID-19 POOLED AND FOLLOW-UP TESTING CONCENTRIC BY GINKGO

TO BE COMPLETED BY STAFF OR STUDENTS CONSENTING FOR THEMSELVES	
Personal Information	
<i>You will not be notified of pooled test results, but you will be notified of individual follow-up test results either via phone or email.</i>	
Full Name:	
Cell/Mobile #: <small>Note: results will be texted to this cell #</small>	
Email Address:	
Date of Birth (MM/DD/YYYY)	
Have you been diagnosed with COVID-19 in the past 90 days?	<input type="checkbox"/> Yes , I have tested positive for COVID-19 in the past 90 days (note: individuals who have tested positive for COVID-19 in the past 90 days should not participate in pooled testing). <input type="checkbox"/> No , I have not tested positive for COVID-19 in the past 90 days.
Student Information (If Applicable)	
Grade Level:	Classroom:
CONSENT	
<p>By completing and submitting this form, I confirm that I am the appropriate individual to provide consent and:</p> <p>A. I authorize the collection and testing of a weekly pooled COVID-19 test on me during school hours, in addition to any necessary individual diagnostic follow-up tests (including Abbott BinaxNOW rapid antigen tests and PCR/molecular tests). I understand that all sample types will be non-invasive, short nasal swabs or saliva samples.</p> <p>B. I understand that pooled testing does not yield individual results for each member of a pool, and that the results of my individual results within a pooled test cannot be shared with me. However, I understand that my personal health information and personally identifiable information may be entered into the testing provider's technology platform to assist with tracking pooled testing and identifying individuals in need of follow-up testing.</p> <p>C. I understand that I will be notified about the results of any individual diagnostic "follow-up" test for COVID-19 performed on me.</p> <p>D. I understand that there is the potential for a false positive or false negative COVID-19 test result for pooled or individual tests. Given the potential for a false negative, I understand that I should continue to follow all COVID-19 safety guidance, including mask-wearing and social distancing, and follow school protocols for isolating and testing in the event I develop symptoms of COVID-19.</p> <p>E. I understand that staff administering pooled testing and follow-up testing have received training on safe and proper test administration. I agree that neither the test administrator nor the <<insert school or district name>>, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur from participation in the pooled testing program.</p> <p>F. I understand that I must stay home if feeling unwell. I acknowledge that a positive individual follow-up test result is an indication that I must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others.</p> <p>G. I understand the school system is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my</p>	

medical provider if I have questions or concerns, or if my condition worsens. I understand I am financially responsible for any care I receive from my healthcare provider.

- H. I understand that follow-up testing may create protected health information (PHI) and other personally identifiable information about me. Pursuant to 45 CFR 164.524(c)(3), I authorize and direct the testing provider to transmit such PHI to my school, the Department of Public Health, and the testing laboratory. I further understand that PHI may be disclosed to the Executive Office of Health and Human Services and any other party, as authorized under HIPAA.
- I. **For Students Only:** I understand that participation in pooled testing may require my school to disclose my identity, demographic, and contact information from education records to the testing provider and, for follow-up tests, will require the school to disclose my identity, demographic, and contact information from education records to the Department of Public Health. Pursuant to FERPA, 34 CFR 99.30, I authorize my school to disclose such personally identifiable information (PII) as is required for my participation in pooled and follow-up testing.
- J. I understand that authorizing these COVID-19 tests is optional and that I can refuse to give this authorization, in which case, I will not be tested.
- K. I understand that I can change my mind and cancel this permission at any time, but that such cancellation is forward-looking only, and will not affect information I already permitted to be released. To cancel this permission for COVID-19 testing, I need to contact **XX**.
- L. I authorize the testing provider to monitor aspects of the COVID-19 virus, such as tracking viral mutations, by sequencing viruses and other microbes present in the sample(s) for epidemiological and public health purposes. Results of such analyses will not be personally identifiable nor create personally identifiable information.

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Signature:		Date:
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FEDex contact and Dropbox locations

Call# 1-800-463-3339 SAY “schedule a pickup.” Will be prompted to enter in the tracking number from the return label provided. You will then be asked for your pickup address and the times the shipment will be available. *Scheduling should be completed in a 3-hour window.* Cannot guarantee pick up by 4pm each day so complete testing early in day*

Address	Zip Code	Landmark	Inside/Outside	Last p/u	Schools
1350 Main Street	01103	One Financial	I	6:00 PM	
1383 Main Street	01103	Fedex	I	6:00 PM	
1500 Main Street	01103	Fedex	I	5:00 PM	
1550 Main Street	01103	SPS	I	5:00 PM	
271 Carew Street	01104	Mercy	O	6:00 PM	
77 West Street	01104	Pride	O	6:00 PM	Zanetti, Boland, Glenwood, Liberty, Pottenger, Bowles, SPDE, Emergence, Rise, Van Sickle, Renaissance
50 St. James Avenue	01104	Walgreens	I	5:15 PM	
246 Cottage Street	01104	Pride	O	6:00 PM	
720 W. Columbus Ave	01105	Truck Stop	O	6:00 PM	Brookings, Commerce, Milton Bradley, SEMS, SCOA
342 Birnie Avenue	01107	Fedex	O	6:00 PM	Brightwood, Chestnut, Impact Prep, TAG, Lyceum, Gerena, Lincoln
501 Sumner Avenue	01108	Walgreens	I	5:15 PM	Beal, Forest Park, Kensington, Liberty Prep, Springfield High, Washington, White, Sumner,
210 Alden Street	01109	Springfield College	O	6:00 PM	De Berry, Glickman, Balliet, ECEC, Freedman, Dorman, Homer, Central, Balliet, STEM, Tech, SPMS, Duggan, Ells, Johnson, SIA at Johnson, Putnam, SVA
126 Island Pond Road	01118	Walgreens	I	5:15 PM	Talmage, Frederick Harris, Dryden
1215 Wilbraham Road	01119	WNEU	O	5:00 PM	Indian Orchard Elem, Kennedy, Lynch, Duggan
381 Cooley Street	01128	Walgreens	I	5:15 PM	Brunton, Kiley, Kiley Prep, Kiley Academy
1690 Boston Road	01129	Staples	I	5:00 PM	
1440 Boston Road	01129	Walgreens	I	5:15 PM	Walsh, SPDH, Warner
1919 Wilbraham Road	01129	Walgreens	I	5:15 PM	
1414 Main Street	01144	Monarch Place	I	6:00 PM	
759 Chestnut Street	01199	Baystate	I	6:00 PM	

Case Findings with Antigen Testing During in Person Instruction

Symptomatic Individual Antigen testing

Written consent required for all COVID-19 testing.

Positive
"Probable case"

- Isolate student & discharge home
- Provide letters: Results of In-School COVID-19 Rapid Test & COVID-19 Evaluation & Referral Form
- Nurse to conduct contact tracing in building & contact SHHS/DPH.
- Student to isolate at home and follow-up with PCP as needed.

People who test positive can resume public activities and return to school after 10 days and once they have 1) gone for 24 hours without a fever (and without taking fever-reducing medications like Tylenol) 2) and experienced improvement in other symptoms (for example, their cough has gotten much better); and received clearance from public health authority

Negative Result
"presumptive"

- Quarantine to MWR & discharge home
- Provide letters: Results of In-School COVID-19 Rapid Test & COVID-19 Evaluation & Referral Form
- Student to quarantine at home and should follow up with their PCP for PCR testing within 48 hours from antigen testing.

Individuals may return to school after they: 1) have obtained a subsequent negative PCR test for COVID-19, have an improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications; or 2) have been removed from school for 10 days from the start of symptoms, as long as their symptoms have improved and they have been without fever, or use of fever reducing medication, for at least 24 hours prior to their return to school.

Reflex Testing from Positive pool

* All members of a positive pool need to be contacted and informed of follow-up reflex testing plans.

Positive Result

The student will need to stay in self-isolation for at least 10 days **and** at least 24 hours have passed with no fever and improvement in other symptoms. Provide "Letter to Parent/Guardian of student for potential exposure". Nurse to contact SHHS/DPH.

Negative Result

For close contact provide Letter to Parent/Guardian of student for potential exposure. Regardless of negative PCR results Springfield Public Schools will be following direction from the local health department regarding the length of the quarantine (which is to quarantine for 14 days if the District is in the red or 10 days if the District is in the yellow. Monitor for symptoms.

Not tested

If an individual from a positive pool is not retested, quarantine for 14 days if the District is in the red, or 10 days if the District is in the yellow before returning to in person learning. Monitor for symptoms during quarantine. Should follow up with PCP for testing.

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Hand Washing Instructions



1.

Wet hands with running water.

20 Sec



2.

Apply enough soap to cover hands and scrub all surfaces at least 20 seconds.



3.

Rinse thoroughly with running water.



4.

Dry hands with single-use towel.

Please inform custodian
if supplies run low.





To Stay Healthy, Make Sure You're Washing Your Hands The Right Way!

Wet your hands with running water,
turn off the tap and apply soap.

- Lather your hands by rubbing them together with the soap. Be sure to get the backs of your hands, between your fingers and under your fingernails.
- Scrub your hands for at least 20 seconds.
- Rinse your hands thoroughly with running water.
- Dry your hands with a clean towel





HOW TO USE HAND SANITIZER



Apply enough sanitizer
into your palm



Rub hands together,
palm to palm



Keep rubbing during
20 seconds



Rub hands until they
become dry

PLEASE PRACTICE SOCIAL DISTANCING

Protect yourself and others against infections

POR FAVOR PRACTICA LA DISTANCIA SOCIAL

Protégase y proteja a otros contra las infecciones



**MAINTAIN A
6' DISTANCE
FROM OTHERS**



**MANTENER UNA DISTANCIA DE 6 PIES
DE LAS DEMÁS PERSONAS**



Wearing a Mask
or
Face Covering is
required to enter
this facility



HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →



Clean your hands before touching the mask



Inspect the mask for damage or if dirty



Adjust the mask to your face without leaving gaps on the sides



Cover your mouth, nose, and chin



Avoid touching the mask



Clean your hands before removing the mask



Remove the mask by the straps behind the ears or head



Pull the mask away from your face



Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it



Remove the mask by the straps when taking it out of the bag



Wash the mask in soap or detergent, preferably with hot water, at least once a day



Clean your hands after removing the mask

Don'ts →



Do not use a mask that looks damaged



Do not wear a loose mask



Do not wear the mask under the nose



Do not remove the mask where there are people within 1 metre



Do not use a mask that is difficult to breathe through



Do not wear a dirty or wet mask



Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.



World Health Organization



**DO
NOT
SHARE!**

AVOID sharing Personal or Classroom items

E.G. keyboards, desks, chairs, pencils/pens

This is NOT the time to stop caring, but now more than ever, it is time to
avoid SHARING

Items that are frequently touched require routine disinfecting

Disinfect Frequently Touched Surfaces

High touch items are among the most pathogen heavy surfaces in your facility. Routine cleaning and disinfecting of these items along with frequent hand washing are critical to breaking the chain of infection and creating clean, safe, and healthy environments.

HOW TO DISINFECT



Put on disposable gloves.

Throw them away when you're done.



Next, disinfect to kill germs.

Disinfectants need different times to work. Follow the directions on the label.



Throw away gloves and wash your hands.

Scrub hands for 20 seconds with soap and warm water.

WHAT SHOULD I USE?



Products with EPA-approved emerging viral pathogen claims.



Products with at least 70% alcohol solutions.

Clean – with soap & water surfaces that are visually soiled prior to disinfecting

**ALWAYS
FOLLOW
MANUFACTURERS
GUIDELINES**

DON'T FEEL WELL? STAY HOME WHEN YOU ARE SICK

Tell your mom, dad, or caregiver before
you come to school. Tell your teacher or
an adult if you become sick at school



cough



Shortness of breath
or problem breathing



chills



sore throat



loss of taste
or smell



muscle pain

OTHER SYMPTOMS INCLUDE:

fever, runny nose, diarrhea, feeling nauseous
or vomiting, feeling tired, headache,
and poor appetite

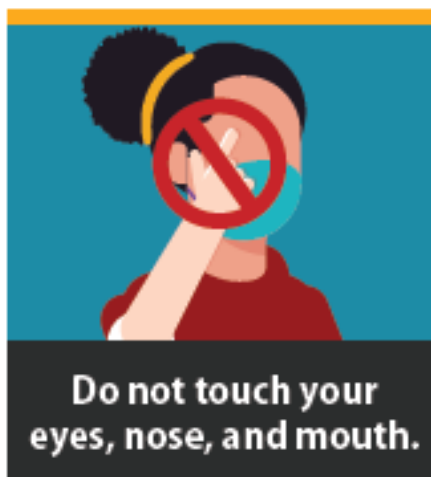


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cdc.gov/coronavirus

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



cdc.gov/coronavirus

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