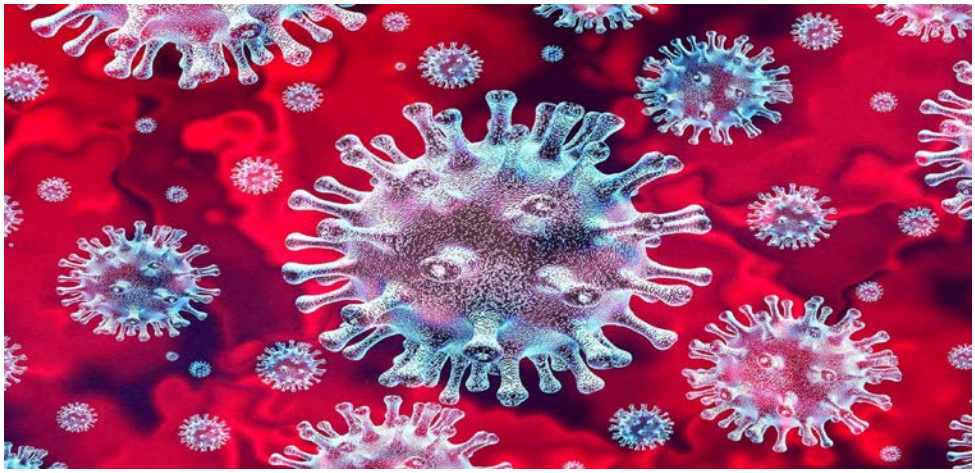
Barnstead Elementary School



COVID-19 Re-Opening Recommendations for Barnstead School Board Consideration

July 2020

Barnstead Elementary School
"Home of the Bears"

This document was a collective effort of the BES Re-Opening Task Force, a stakeholder group of staff, parents, and administrators from Barnstead Elementary School. Thank you to all for your time, insights and contributions into this document development. We would like to thank the following for their contributions to this document:

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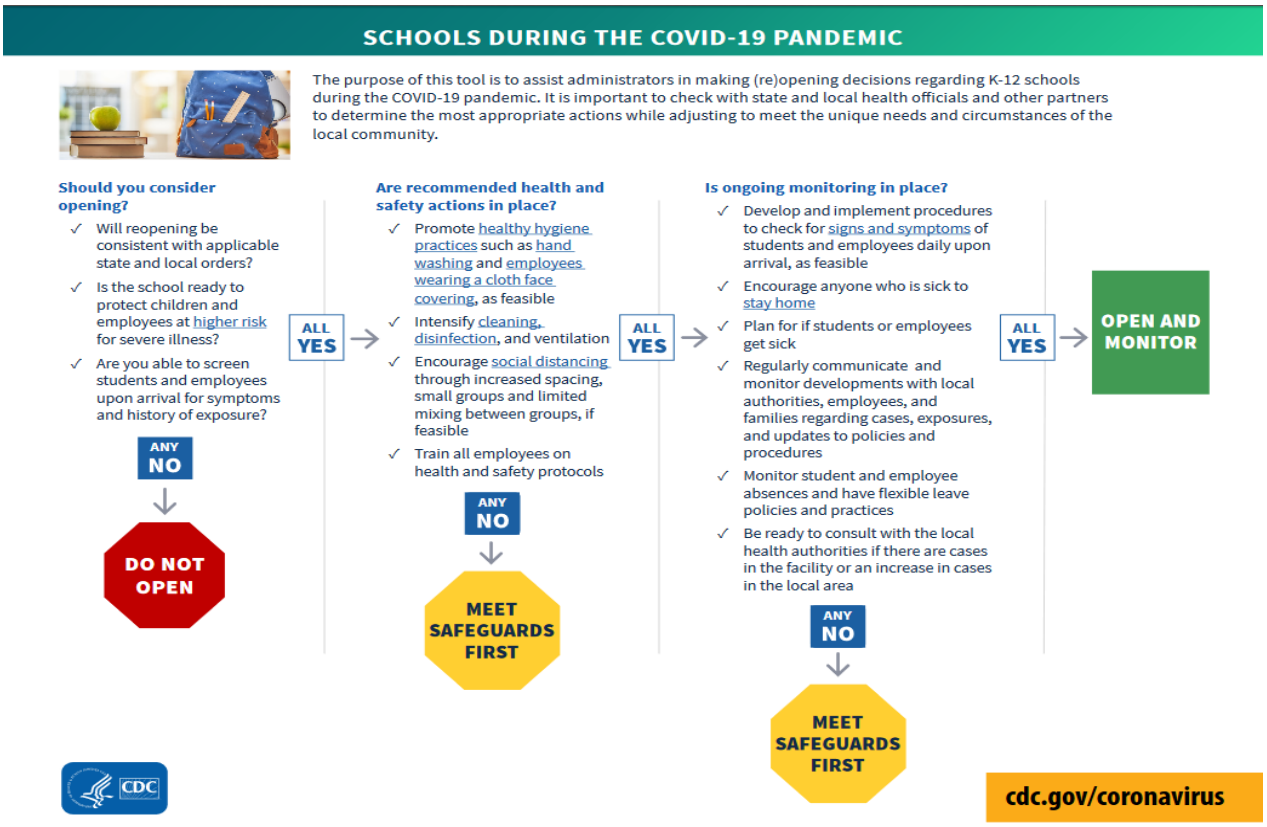
I. Introduction

These are unprecedented times. Students, families, and educational staff have continued to shift and be flexible in the face of novel coronavirus COVID-19. As schools begin to reopen, there are careful considerations to be made by many stakeholders in the decision to return students to classrooms. This document is meant to provide families, teachers, paraeducators, school health personnel, custodial staff, office staff, kitchen staff, and administration with the resources and guidance to make informed decisions in a way that most safely meets the needs of our school and our community. We will need to continue to turn to national, state, and local data and resources to determine the appropriate actions for district policy development and decision making. We recognize information on COVID-19 as a fluid situation, and we anticipate the need for flexibility. Best efforts have been gathered by many resources to develop this document, however research and best practices on the COVID-19 disease consistently emerges, which in turn may change our course of action. With that being said, CDC has offered this decision tree as the basis for decision making with regards to the safe reopening of schools:



https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf

II. Recommended Re-Opening Plans Overview

Recognizing that BES is unable to return to standard operating procedures with full access and without significant changes or restrictions for the foreseeable future, the BES Task Force is recommending the following plans to the Barnstead School Board in order to ensure the safety of staff and students at BES.

In all plans:

- Continue communication with state and national authorities to determine current mitigation levels in our community.
- Identify, protect, and support vulnerable students and staff who are at higher risk for severe illness, by providing options for remote learning.
- All people entering the building must complete a health screening prior to entering the building. For staff, screening should occur just prior to entry to school. Families must complete daily health screenings at home and provide information to school as a requirement for in-person instruction using Kinsa App or hardcopy. Students experiencing any of the following COVID-19 symptoms must stay home from school: 1) Fever or chills, 2) Cough, 3) Shortness of breath or difficulty breathing, 4) Fatigue, 5) Muscle or body aches, 6) Headache, 7) New loss of taste or smell, 8) Sore throat, 9) Congestion or runny nose, 10) Nausea or vomiting, 11) Diarrhea. This list does not include all possible symptoms. In addition, any student that has had close contact with someone who is suspected or confirmed to have COVID-19 in the prior 14 days, must stay home.
- In accordance with NH DHHS Travel and Quarantine Guidance, students and staff that have traveled outside of New England (NH, VT, ME, MA, CT, RI), must stay home for 14 days. BES will continue to update this list as the CDC learns more about COVID-19. Parents/bus drivers are encouraged to communicate with the school nurse if they see/hear of anyone with symptoms.

A **Remote Learning Only** **(Parent choice or to be used if school is closed for a period of time due to safety concerns and/or quarantine measures)**	**B** **In-School Access with restrictions and** **Remote Choice for Families** **(Currently available based on current survey information, pending solidified commitments from families)**	**C** **Hybrid Learning with restrictions and** **Remote Choice for Families** **(To be used when # of students coming to school does not allow us to meet 6ft distancing requirements)**
• School is closed and remains closed to staff and students	• Strict adherence to health and safety guidelines.	• Strict adherence to health and safety guidelines.

for a duration as determined by state and district authorities due to associated safety risks. ● Remote learning opportunities provided for all students. ● Student services provided via remote. ● School meals delivered. ● Schools are restricted to a limited number of staff to run daily operations.	● Students attend school all 5 days, either in person or remote per family commitment. ● In school, students and teachers are grouped to travel in small cohorts with the least amount of exposure to other adults and students in the building as possible, reducing risk of contagion, and providing more effective response to an outbreak should it occur. ● Minimal sharing of high touch materials to the extent possible. ● Number of students in any cohort determined by the space in the classroom, with a minimum of 6ft distancing between desks in accordance with the most recent CDC guidance. Staff and students grades 2 and above wear masks when moving throughout the school or when 6ft distancing cannot be achieved. ● If 6ft distancing requirements cannot be met for full access, a hybrid model will be implemented to allow for these minimum requirements. ● Plan for remote learning: 1) to provide families choice out of concern for their family's health and safety, 2) as a means to providing education in a hybrid model if distancing requirements cannot be met, and 3) in the event that school needs to be closed down or a classroom needs to quarantine	● Students attend school in person for 2 days and attend remotely for 3 days, including a remote flex day. Remote options for families for all 5 days. ● In school, students and teachers are grouped and traveling in small cohorts with the least amount of exposure to other adults and students in the building as possible to reduce risk of contagion, and to more effectively respond to an outbreak should it occur. ● Minimal sharing of high touch materials to the extent possible. ● Number of students in any cohort determined by the space in the classroom, with a minimum of 6ft distancing between desks in accordance with the most recent CDC guidance. Staff and students grades 2 and above wear masks when moving throughout the school or when 6ft distancing cannot be achieved. ● Plan for remote learning: 1) to provide families choice out of concern for their family's health and safety, 2) as a means to providing education in a hybrid model if distancing requirements cannot be met, and 3) in the event that school needs to be closed down or a classroom needs to quarantine

III. Healthy Hygiene Practices

BES will teach and ensure optimal healthy hygiene practices, including hand washing or the use of a 60% ethyl fragrance free alcohol-based hand sanitizers, to prevent infections and reduce the number of viable pathogens that contaminate the hands. Isopropyl alcohol is not recommended since it is more toxic and can be absorbed through the skin. Handwashing is the single most effective infection control intervention (CDC). Handwashing mechanically removes pathogens, while laboratory data demonstrate that 60% ethyl alcohol, the active ingredients in CDC-recommended fragrance free alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as, COVID-19. Hand hygiene is performed by washing hands with soap and water for at least 20 seconds or using hand rub with 60% ethyl alcohol content until the content dries. If hands are visibly soiled, use soap and water. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html)
Students, staff, and individuals will be encouraged to wash hands or use 60% ethyl fragrance free hand sanitizer often:

1) After blowing your nose, coughing, or sneezing.
2) After using the restroom.
3) Before eating or preparing food.
4) Before and after touching your face.
5) After contact with animals or pets and playing outside.
6) Before and after providing routine care for another person who needs assistance (e.g., a child).
7) Before putting on and after removing gloves.
8) After touching frequently touched areas (e.g., door knobs, handrails, shared computers)
9) Individuals providing health care services should perform hand hygiene before and after contact with each patient, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

Nebulizers to deliver medication for breathing treatments will not be allowed in the school building at any time; parents may work with the school nurse to create alternate plans if this medication is required during the school day..

IV. Ensuring Physical/Social Distancing

During Plan A, all students and staff are working remotely. Access to the school is limited to staff who are essential for daily operations (office staff, administration, food services staff, technology staff, and custodial staff).

During Plans B & C:

1. Classroom seating is spaced to 6' minimum.
2. Classes include the same group of students, teachers, and paraeducators each day. In the event of an outbreak, 'tracing' will be more conducive to this format and keep COVID-19 transference from other groups or teams.
3. Where feasible, keep students in the classroom and rotate teachers instead. Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms. Assign lockers by cohort or eliminate lockers altogether.
4. If a teacher must see multiple students a day, s/he must clean the areas commonly touched by students prior to new students arriving.
5. Instructional groups must be small enough to allow for social/physical distancing. Plexiglass shields may be used for instances where 6' distancing is compromised.
6. Restrict mixing between groups, as this may cause cross-contamination.
7. Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
8. Restrict visitors and volunteers from entering the school.
9. Limit gatherings, events, and extracurricular activities to those that can maintain
10. Limit access to common spaces, such as the library, technology lab, and the cafeteria. If required for use, stagger times to ensure enough time for cleaning and disinfecting.
11. Serve meals in classrooms, and with no shared serving utensils.
12. Utilize the outdoors for activities and instruction with social distancing whenever possible.

V. Limit Sharing of Materials

1) Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas.
2) Ensure adequate supplies to minimize the sharing of high-touch materials to the extent possible (e.g., art supplies), assign supplies to a single student, or limit the use of supplies and equipment by one group of children at a time and clean and disinfect between use.
3) If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Prior to eating, make sure students wash their hands or use hand sanitizer.
4) Avoid sharing of drinks, food, and utensils.
5) Avoid sharing electronic devices, toys, books, art supplies and other games or learning aids.
6) Avoid allowing students to bring toys to school.
7) Avoid water fountains and encourage students to bring their own water source or supply individual drinking water for students.
8) Avoid playground equipment and foster other physical activities that do not encourage contact with shared surfaces.

9) Lunches to be delivered to and eaten in the classroom, or in the event of good weather, students may sit outside while maintaining physical/social distancing.

VI. First Aid

First aid situations, to the degree possible, should be handled by the student and in the classroom to prevent office congregation and possible cross exposure. The following recommendations are made:

1) At least one staff person per class is certified in first aid.
2) All classrooms are stocked with first aid supplies.
3) School nurses are available for support.
4) To the extent possible and as age appropriate, students provide self-care with staff direction and physical distancing.
5) Teachers should provide a mask to students in the classroom who report not feeling well before bringing them to the nurse's office.
6) Students are triaged by the nurse over the phone, only those with valid health concerns are sent for additional treatment to the office.
7) See the chart below for guidance on when to send students to the office or keep in the classroom.

Teachers may contact the school nurse prior to sending the student to the office if they are uncertain or need guidance about student care. Students should be triaged before they come to the office. If students or staff arrive at the office, those potentially feeling ill with COVID-19 symptoms should immediately be relocated to an isolation area so as not to "contaminate" general health office space.

Valid Nurse Office Visit/Intervention		Consider Classroom-Based Services
Symptoms of COVID-19 Scheduled medications that may not be delivered by classroom staff; allow physical distancing; stagger times Avulsed tooth Scheduled Specialized Physical Health Care Procedures Diabetic care Catheterization GTube Feedings		Scheduled medications Minor Toothache / Primary Tooth comes out Small paper cuts, abrasions, picked scabs Wound care/ Ice pack for small bumps/bruises Localized bug bites Minor headache or fatigue with no

Altered levels of consciousness/concussion Hx of Cardiac (heart) issues; SVT; or current % heart issues Choking; CPR; AED Difficulty breathing Head injury/complaining of neck pain- DO NOT move, keep the student calm. Call 9-1-1 Sudden vision impairment Diabetic “lows” or unconscious SEVERE bleeding or other traumatic injury; Call 9-1-1 Severe abdominal/groin pain Seizure (uncontrolled movement) do not hold down, remove objects that may cause injury Signs and symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C), which may include rash, swollen red eyes, hands, and feet.		other symptoms Mild stomach ache or nausea Readily controlled nosebleeds, where the student can deliver self-care Anxiety/stress/psychological issue- try calming techniques and/or contact school psychologist or counselor

VII. Preparing, Triaging, Monitoring Symptomatic & Sick Space

BES has identified an isolation space for any student who is found to have symptoms, and will follow the cleaning protocol for any area the student or staff came in contact with. Students with symptoms must wear a mask and remain in isolation space while they await pick-up.

1) If it is determined that students need additional support and are sent to the nurse’s office, students should be triaged prior to coming to the office.

2) For a person who is not coughing or sneezing, and occupied the room for a short period of time, any risk to health care personnel and subsequent patients likely dissipates over a matter of minutes. In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, healthcare personnel should clean and disinfect environmental surfaces and shared equipment before the room is used for another student.
3) In general, the office will need to establish the following three areas:

General Waiting Students waiting to be triaged (present to office with unscheduled needs)	**Well Student Area (those students that have scheduled medical needs eg. procedures, meds)**		**Students with COVID-19 Symptoms Area (may need multiple spaces)**
● Students with nonCOVID-19 symptoms (e.g., injury, assessments) ● Ask if they have been around someone with COVID-19 or have signs and symptoms of COVID-19. If yes, send immediately to COVID-19 isolation and call parent/send home. ● Physical distancing marked off	● Area for well students with health care needs that cannot be addressed in the classroom (e.g. diabetic and other noncontagious health care needs). ● Ask if they have been around someone with COVID-19 or have signs and symptoms of COVID-19. If yes, send immediately to COVID-19 isolation and call parent/send home. ● Physical distancing marked off		● Areas for students with possible COVID-19 symptoms; away from others ● Physical distancing marked off or in separate rooms with external ventilation
Staff conducting triage may consider wearing gloves and masks, depending on the level of COVID-19 community transmission. Plexiglass or plastic barriers may be in place.	A trained staff member or school nurse provides care. Staff delivering care may need to consider wearing gloves and masks.		Additional non-health compromised staff may be necessary to monitor students in areas not visible by the school nurse or health technician. Staff should wear gloves and masks. Restroom facilities need to be nearby for sick students (separate space) as younger students may have GI symptoms.
Nursing Considerations/Precautions			

Students sanitize/wash hands, Clean area after students leave	Students sanitize/wash hands, Clean area after students leave		Students sanitize/wash hands Students put on masks Non-contact thermometers Isolate student Separate phone (disinfect) Separate restrooms Establish procedures for safely transporting anyone sick home or to a healthcare facility. If you call 9-1-1, please share with the dispatcher if the individual has signs or symptoms of COVID-19. Notify Public Health/contact-tracing team Ventilate the room to outside air after student leaves Clean area 24 hours after

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

4) Isolate symptomatic students/staff as soon as possible, away from office staff and other students.
5) Have the symptomatic person don a face mask and sit in a room separate from all other students/staff.
6) Health services staff conducting any assessments on known ill individuals must wear Personal Protective Equipment (PPE).
7) Adhere to illness policies and guidelines for staff and students, encouraging individuals who are feeling ill or exhibit signs and symptoms to stay or go home.
8) Prior to coming to school, students and staff should conduct daily symptom checks and stay home if sick or have signs or symptoms of COVID-19 even without documentation from a health care provider. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html

9) Discontinue the use of perfect attendance awards and incentives during the COVID-19 situation. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html
10) Identify critical job functions and positions, plan for alternative coverage by cross-training staff. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html
11) Follow the flow charts in the appendix to identify what are next steps for staff and students.
12) In the event someone does test positive, they should complete a form that outlines signs and symptoms as well as symptom appearance and COVID-19 Diagnosis date so they may be tracked and case managed by Public Health and School Nurse. Once the person has met the Symptom-Based Strategy criteria, they may be assessed by a school nurse to attest to their safe return.

VIII. Monitoring for Signs and Symptoms of COVID-19

1) It is important maintain privacy and prevent discrimination for those who may have COVID-19, while ensuring wellness for other students and staff.

2) Post symptom checker signs at the entrances of each door as well as send them staff and families to remind them to check for signs and symptoms of COVID-19

3) Before coming to school, staff, students, and anyone entering the building, must complete a health screening before entering the building.

Staff	Students	Essential Visitors (such as repair personnel)
Daily self-symptom check prior to coming to work	Daily student temp and symptoms checks by parent/guardian.	Temp check upon arrival Screen for COVID-19 symptoms

4) Implement COVID-19 screenings safely, respectfully, and in accordance with privacy laws and regulations.

5) Privacy, confidentiality, and protected health information should be maintained.

6) Educate parents/guardians on:
    a) Keeping students home if they are ill and the length of time they must stay home: Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
        - At least 3 days (72 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 10 days have passed *since symptoms first appeared*.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

b) Signs and symptoms of COVID-19
c) Taking and monitoring temperatures at home
d) Resources
e) Need for accurate contact information and multiple emergency contacts
f) Importance of coming to school quickly to pick up their child, if called
g) Handwashing, face covering, maintaining appropriate distance/space

7) Staff or children who are sick should stay at home per CDC guidelines if they were exposed to someone with COVID-19 for 14 days after last exposure.
8) The nurse will contact the local health dept if a person has been diagnosed with COVID-19 within the educational setting. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html
    a) Based on local health department recommendations, dismiss students and most staff for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow the further spread of COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html
9) The nurse will discern COVID-19 symptoms from other symptoms such as asthma and allergies, including guidance that can be used to determine whether or not a student should be isolated. Please see the appendix for “COVID Screening Flowchart.”
10) Sick staff members will be advised not to return until they have met CDC criteria to discontinue home isolation, which means:
    Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:
    - At least 3 days (72 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 10 days have passed *since symptoms first appeared*. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
11) Inform those exposed to a person with COVID-19, with less than 6 feet of space for at least 10 minutes, to stay home per CDC guidelines and self-monitor for symptoms and follow CDC guidance if symptoms develop. https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html
    Per CDC guidelines, data is insufficient to precisely define the duration of time that constitutes a prolonged exposure. In healthcare settings, it is reasonable to define prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of

interaction (e.g., did the person cough directly into the face of the individual) remain important. https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.Symptoms may appear 2-14 days after exposure to the virus.

People with these symptoms may have COVID-19:

- Fever (100˚F) or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. As CDC continues to update this list as we learn more about COVID-19, BES will update staff with new symptoms to be aware of.

When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms.

CDC-https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

CDPH - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx#Protect%20Yourself

IX. Monitoring for Signs and Symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C)

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

https://emergency.cdc.gov/han/2020/han00432.asp;
https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html

- High fever, 100˚F or greater lasting several days

Combined with:

- Abdominal pain
- Pink or red eyes
- Enlarged lymph nodes on one side of neck
- Cracked lips
- Red tongue
- Blotchy rash
- Swollen hands and feet
- Blood pressure/heart rate out of range
- Cardiac inflammation

X. Contact Tracing

Schools may play a critical role in contract tracing. Contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19 (CDC, 2020). https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html
According to the CDC:

- Contact tracing is part of the process of supporting patients with suspected or confirmed infection. Schools may contact public health when a student or staff member presents with signs and symptoms of COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html
- In contact tracing, public health staff works with a patient (student or staff member) to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious.
- Public health staff then warn these exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible.
- Contacts are only informed that they may have been exposed to a patient with the infection, they are not told the identity of the patient who may have exposed them.
- Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves

for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.

- Contacts are encouraged to stay home and maintain physical social distance from others (at least 6 feet) until 14 days after their last exposure, in case they also become ill. They should monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath. To the extent possible, public health staff should check in with contacts to make sure they are self-monitoring and have not developed symptoms. Contacts who develop symptoms should promptly isolate themselves and notify public health staff. They should be promptly evaluated for infection and the need for medical care.

XI. Returning to School/Work in the Educational Setting

The CDC has issued guidance for discontinuing home isolation following COVID-19 related illness. This guidance is for non healthcare workers: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

The CDC has identified two strategies that warrant discontinuing home isolation: Symptom-based strategy and Test-based Strategy.

Students and staff returning to school after an absence due to COVID-19 related illness may discontinue home isolation when one of the following strategies are met:

1) Symptom-based Strategy:
   - At least 3 days (72 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 10 days have passed *since symptoms first appeared*.

   https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

2) Test-based Strategy Please note according to the CDC, “Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.”

- Healthcare practitioner’s notice to return to work/school in accordance with school district/county office of education policy allowing employees or students return to work or school, respectively.
  https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

XII. Supplies

1) Ensure staff in the building have access to:
   a. Water, soap, hand sanitizer (ethanol)
   b. Paper towels, tissue paper

c. Gloves (non-latex), masks (PPE that prevents or minimizes viral transmission), face shields or goggles
d. Masks or cloth face coverings as required for staff and students grades 2 and above
e. Disposable health items (non-reusable)
f. EPA cleaning supplies that minimize asthmatic reactions
g. Open-faced trash cans or no-touch trash cans
h. Non-Contact thermometers

XIII. Intensify Cleaning and Disinfection (Plans B & C)

The International Sanitary Supply Association (ISSA) has developed cleanliness standards for K-12 educational settings. According to ISSA: The ISSA Family of Clean Standards establishes a framework to help schools and other institutional facilities objectively assess the effectiveness of their cleaning processes. Based on the philosophy of "Clean, Measure, Monitor," the ISSA Clean Standards contribute to the quality of the indoor environment by focusing on:

1) The desired levels of cleanliness that can reasonably be achieved
2) Recommended monitoring and inspection procedures to measure the effectiveness of cleaning
3) How to use the measurement and inspection results to assess and improve cleaning processes and products, ultimately resulting in a clean, healthy, and safe indoor environment.

Recommend use of EPA-registered household disinfectant external icon.
Follow the instructions on the label to ensure safe and effective use of the product.
https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
List N: Disinfectants for Use Against SARS-CoV-2 | US EPA

1) Clean and disinfect high touch areas/surfaces within the educational setting using EPA approved disinfectants.
2) According to the CDPH, to reduce the risk of asthma related to disinfecting, programs should aim to select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid). https://covid19.ca.gov/pdf/guidance-schools.pdf
3) High touched surfaces may include but are not limited to:
    a) Door knobs/handles
    b) Light switches (unless electronically sensored)
    c) Tables
    d) Student and teacher desktops
    e) Chairs
    f) Sink faucet & handles

g) Water refill stations/water fountains
h) Restrooms surfaces and knobs
i) Keyboards, tablets, mouse, copy machines, phones, and laptops
j) Playground equipment
k) Shared objects (art supplies)
l) Counters that students frequently touch (office, library)

4) Clean and disinfect frequently touched surfaces on school buses at least daily according to CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html
5) Follow manufacturer's guidelines for correct application, and use of EPA approved disinfectants. Keep products out of reach and away from children, preferably in a locked cabinet.
6) Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease, lead accumulation, and other diseases associated with standing water.
7) Consider having hand sanitizer dispensers in all classrooms and offices.
8) During COVID-19, discourage toys, blankets, pillows, from home being brought to school.

School staff will also need resources on best practices for teaching proper hygiene, and cleaning, sanitizing, and targeted disinfecting in the classroom. School staff can refer to the NEA Health Information Network, the CDC, the CDPR, or their IMP Coordinator for more information https://www.quill.com/content/index/education/education-resources/stay-healthy/cleaning-disinfecting-classroom.pdf https://www.cdc.gov/flu/school/cleaning.htm https://apps.cdpr.ca.gov/schoolipm/school_ipm_law/differences_antimicrobial_gpc.pdf.

XIV. Ventilation

1) Ensure ventilation systems operate properly and increase the circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Please note that open windows and doors should be closed if they pose a safety or health risk (e.g., allowing smoke or pollen in or exacerbating asthma symptoms) to children using the facility, or to protect privacy and confidentiality.
2) Check HVAC systems and ensure filters are routinely changed according to manufacturer standards.
3) To the degree possible, open doors to encourage the introduction of sunlight and fresh air in the classroom; before students enter the classroom and during and after class instruction. Please note, if you have students that have asthma, this may not be feasible and it will be important to monitor the air particulate count.

XV. Visitors

1) Limit visitors to individuals that are essential (such as repair personnel).
2) Visitors must be screened using a symptom checker form, and be provided with a visible marker (i.e., visitor badge sticker), indicating proof of screening.
3) Visitors must sign a form attesting to being symptom-free for the past 10 days and not have been recently exposed to anyone known with COVID-19.
4) Encourage routine handwashing, for example, between classes or activities, when visitors are working with children or supplies.

XVI. Personal Protective Equipment (PPE)

Using Personal Protective Equipment (PPE) is based upon several precautionary factors including local health officer/department guidance, level of COVID-19 contagion in the community, and the role and the responsibility of the individual. The use of personal protective equipment will vary depending on the role or situation in the educational setting and may include using:

1) Masks
2) Face shields
3) Gloves
4) Plexiglass barriers for some situations
5) Gowns as needed for some situations

XVII. Transfer of Supplies Between School and Home

Much remains to be learned about COVID-19. There are no documented cases where the virus has been determined to have transmitted through the mail and preliminary evidence suggests the virus can only live on surfaces like cardboard for 24 hours and approximately 2-3 days on plastic. This means that with some very basic sanitation protocols, any risk of transmission of virus on school supplies themselves can be minimized. It is recommended that the following steps be taken prior to exchange of materials:

1) No school personnel who have symptoms consistent with COVID-19 should be present during the exchanges or prepare any supplies for exchange. Each day that a staff member will be involved in exchanges or preparation of materials, they should, at a minimum, check their temperature before arriving on campus. Staff members who are symptomatic should isolate as recommended by the CDC.
2) No school personnel should be involved in exchange of materials if they know they have had close, direct contact with an individual who has COVID-19 or is otherwise symptomatic. For example, if someone in a school staff member's home is showing signs of the virus, even if

the staff member is not yet symptomatic, that school staff member should not be involved in supply exchange.

3) Any locations in the school used for preparation and collection of supplies should be thoroughly cleaned, following appropriate cleaning protocols, before preparation, distribution or collection begins. CDC Procedure for school cleaning.
4) If you are placing school supplies/materials in envelopes, choose envelopes that do not require moistening to seal.
5) Wait 24 hours before distributing materials to families after preparation if only paper-based materials are involved.
6) Consider waiting 72 hours if plastic materials or other materials are used.

XVIII. Collection of Supplies: Drop Off by Students/Families

When it is necessary for families to physically come to school to drop off supplies or work, staff should take care to maximize physical/social distancing during the homework return process:

1) Establish a drop-off location that is outside the school building or use vehicle pick-up/drop-off lines. A table, protected from the elements, with clearly marked bins by the classroom can be used.
2) Encourage drop-off times that are spread out, so parents and students aren't required to interact with others during the drop-off process.
3) Visual ID check is appropriate with staff signature to verify ID of the person returning the item.
4) When communicating about the drop off, explicitly encourage parents to maintain distance from other parents while dropping off supplies. For example, parents should remain 6 feet apart from anyone else while at the drop off.
5) When communicating about the drop off, explicitly tell parents, "DO NOT COME if you are symptomatic. Either send someone else or wait until you are no longer symptomatic."
6) Take all necessary measures to clean the drop-off area after each drop-off cycle.
7) Wait 24 hours after a drop-off cycle before beginning to open or handle the collected items/packets. Items that are not paper will require longer time before being handled. Plastics/metals should be left undisturbed for 72 hours if possible.
8) If you have provided envelopes for parents/students to return their work or supplies in, use envelopes that do not require them to be moistened to be sealed.
9) Hands should be washed frequently and after handling items returned from students.

XIX. Packet / Supplies Distribution: Pick-up by Families

When distributing supplies to families consideration should be given to maximize social distancing. A few things to consider include the following:

1) Establish a pick-up location that is outside the school building. For example, a table protected from the elements, with clearly marked bins by the classroom can be set up.
2) Encourage pick-up times that are spread out, so parents and students aren't required to interact with others during the pick-up process.
3) Explicitly encourage parents to maintain distance from other parents while picking up packets. For example, they should remain 6 feet from anyone else while picking up packets. Consider placing markers on the ground to ensure six feet of separation.
4) Consider using vehicle pick-up/drop-off lines to avoid having families enter the building. You may ask parents to display a sign with their child's name and teacher on the dash of their car.
   • When communicating about the pick-up, explicitly tell parents, "DO NOT COME TO SCHOOL if you are symptomatic. Either send someone else or wait until you are no longer symptomatic."
5) Take all necessary measures to clean the pick-up area after each pick-up cycle.

XX. Training All Staff and Families on COVID-19 Topics

BES will train all staff and provide educational materials to families in the following safety actions:

1) Enhanced sanitation practices
2) The importance of physical distancing and guidelines
3) Recommended use of face covering and the proper removal and daily washing of face coverings
4) Self or Site-based screening practices
5) COVID-19 specific symptom identification
6) Suicide Prevention

XXI. Staff and Student Mental Health and Emotional Wellness-

Students and/or staff may have experienced family and or friend death/losses, income reductions from family members losing their jobs or other issues that have come to fruition during COVID-19 crisis and were unable to access counseling services. As staff begin to return, it is important to work with Human Resources to identify online Employee Assistance Programs that can provide virtual counseling services.

An Employee Assistance Program (EAP) is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counselors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. Many

EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations.

Students that have experienced loss or trauma during COVID-19 will need access to counseling services with follow-up care. BES has site-based counseling services through the guidance department, the school psychologist, and the school social worker.

Regardless of when students are able to return to school, it is important that they are able to connect with the emotional support services they need and that families have access to resources. The task force recommends the following course of action to support student and staff wellness:

1. Create a "wellness" page on a Parent Portal where parents can access contact info and bios of the Crisis Response Team (CRT) and access mental health and community resources from one place. CRT and BES Wellness team will be responsible for maintaining self-care and wellness resources/guidance. Page will include community resources and contact info for community area agencies and organizations that can provide support to families: End 68, Lakes Region Community Supports and Services, Village Rising, DHHS/DCYF, etc.. This page location will be shared widely through email blasts, social media, newsletters, and Class DoJo, Blooms, and other teacher accounts.
2. CRT will locate/upload resources on how to talk to children to prepare them for reentry, highlighting the importance of the words and tone that parents use with and around children. Resources may include pics and video of room set ups, and allow students to schedule appointments to view their room before returning to school. Videos of adults modeling mask dos and don'ts and also how to socially distance will be helpful, including what lunch, recess, and UAs may look like.
3. CRT will be assigned to staff for mental health check-ins and have optional follow up; 2-4 weeks into school, students given screeners for trauma baseline and follow up using UCLA Brief COVID screener for trauma
4. Members of CRT will provide staff and families with specific training and resources around understanding normal responses to crisis, how to talk to kids who are in trauma, and strategies for building resiliency. Guidance provides ongoing student lessons (Choose Love and Mind Up) to focus on helping them build resiliency.
5. CRT and "Target Team" will continue to meet weekly and more often as needed to do student/family outreach and address specific academic, social, emotional, and mental health concerns as reported from staff and families.
6. Continue to recruit community area licensed mental health providers to use space at BES for the provision of private mental health services for convenience to families; preference to providers who accept Medicaid insurance billing options.

7. Continue to provide/deliver meals to students regardless of whether students are learning in school or remotely.

XXII. Transportation and Pick-up/Drop off Procedures

Identify medically fragile students who need transportation and fall into the CDC's "People Who Are at Higher Risk for Severe Illness." For these high-risk students consider the following: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html

1) Parents are encouraged to transport students when possible. If the bus is required, parents will be encouraged to support social distancing at bus stops.
2) Bus capacity is 25 students per bus plus the driver, with 1 student per seat alternating between aisle and window.
3) All students will be expected to wear masks.
4) Bus drivers and any staff riding the bus will be expected to wear masks and gloves.
5) Bus drivers will complete self-assessment health screenings prior to driving the bus.
6) Establish a safe plan for students who may need specialized health care procedures and services while being transported. (Example: trach care, seizure management, etc.).
7) Communication between the school district and the transportation company/team is important.
8) Parents will be given a schedule for staggered drop off and pick up times. Adults need to stay in vehicles and are encouraged to wear a mask.
9) Students will go directly to classes from the bus and from drop-off- no morning recess.
10) Buses will be disinfected between routes: disinfect seats, mats, handles, etc.
11) Electrostatic sprayer (fogging) machine use for sanitising surfaces.
12) Availability of hand sanitizers, tissue, trash can and cleaning supplies.
13) Ventilation - If appropriate, opening doors and windows.
14) Minimize field trips until COVID-19 in the community is resolved.

XXIII. Instruction

1. Ensure that schools and teachers are engaging in intentional curriculum planning and documentation, inclusive of curriculum maps, pacing plans and calendars, and lesson plans, to ensure continuity of instruction during a second wave in school year 2020 -2021, should it materialize.

Develop common expectations, across the school and across grade levels. Work together to develop schedules at the outset so that it is easier for families to know the times of live meetings/instruction. Having to change an existing schedule can present a lot of anxiety. Make live teaching a common occurrence, let families know how this will be handled, and the attendance expectations. Importance of small children to have actual materials and books to supplement remote learning. Young children need to hold real books and use manipulatives because to support their learning needs, such as a bag of materials that will support their units for the month in case students are sent home for a

period of time. If students are in school, make sure they have access to books that they can take home should we need to go fully remote for any length of time. Send math books home. Discovery Education videos were very valuable to the upper grades and will be used in grades 4 & 5 this year to support science and social studies curriculum standards. Project based learning was enjoyed by families, especially those that used normal household materials.

2. Establish virtual structures for teacher teams to continue collaborating on curriculum planning and assessing student academic and social-emotional well-being when they return to school.
Continue with weekly grade level check-in meetings with administration. Establish when teaching teams will meet to develop lessons and how learning will be assessed in a consistent manner. The Target Team will continue to meet during the entire school year and teachers will let admin/guidance know if students are not attending live instruction, falling behind on assignments, or if they have concerns about the students' well-being (seeming withdrawn, depressed, acting differently than they did while in school, less engaged and/or enthusiastic).

3. Evaluate and share knowledge around the use and effectiveness of digital tools and online programs for remote learning. Subscribe to those online programs that were found to be useful, effective, and aligned to grade level curriculum. These work well also for a hybrid situation, allowing teachers to use these as instructional teaching tools in the school building, or through remote assignments for more student autonomy and personalized instruction. It gives teachers greater ability to assign more challenging work to those students who are ready to take that on, while simultaneously providing more direct support for those students who have not yet mastered the concept being taught.

4. Strengthen intervention programming and social-emotional supports by working closely with intervention specialists, guidance counselors, and school social workers and psychologists.
Case managers will work with families, classroom teachers, related service providers, and paraeducators to coordinate care to most effectively support students with disabilities while not overwhelming the student and family. It will be necessary to have the reading and math tier 2 interventionists work in classrooms with larger groups of students, mitigating the loss of instruction or practice that some students may have felt. Both parents and teachers report that some students really struggled emotionally as remote learning was extended through the remainder of the school year. Older students really missed the social interaction with the peers and appeared to be withdrawn and sad. Teaching teams will identify opportunities for students to connect and engage with peers as often as possible, especially when remote. When students are in school, we must address and explain the reason for social distancing and why it is important without making children feel afraid or isolated. Continue the use of online check-ins for kids even while at school, eliminating

that feeling of having someone looking over their shoulder of the stigma that goes with needing extra help, especially in older students.

5. Support teachers to create feedback loops with parents and families about students' academic and social-emotional health and well-being, through use of virtual conferences and/or surveys to parents about their child's experience and learning while out of school.
For remote instruction, teachers will hold virtual meet-and-greets in individual or small group settings so that parents, students, and teachers can begin to build a positive relationship. Teachers are encouraged to send out a welcome back to school letter or video that includes information about themselves and includes a survey for the student/family to fill out about things they want the teacher to know about them prior to the initial meeting to use as a springboard (or families create a video to share with the teacher). Teachers will post a virtual open house of the classroom on their class webpage so that students can see the classroom. Classroom teachers are encouraged to use many means of communication with families about their children, to include both email and phone calls, and to communicate to guidance and/or administration when contact is unsuccessful.

6. Create and implement a technology use survey to assess the number and types of technology tools teachers are using to conduct remote learning and begin to assess their effectiveness.

7. Analyze data from any student work that was submitted during remote learning, along with feedback from parents, to support teachers to make adjustments to curriculum and instruction to meet students where they are.
Some families thought there were too many Zoom meetings, while others said that once teachers went live with their instruction the students were much more engaged. Allowing students who are working remotely to have choice, control, and flexibility in their learning is important. BES will strive to create one set of standard operating procedures for remote instruction, including posting and evaluating assignments as well as attendance.

8. Develop a parent communication strategy to inform parents about their child's assessment data and progress, which could include grade-level and standards-specific activities they can use to support their child at home.
Regular communication between school and home is critical. A communication strategy streamlined throughout the school will be most effective for consistent and frequent communication. The school will work to create commonality between classes for how an online classroom webpage is set up, and to communicate that to families along with the use of a single-sign on password format.

9. Assess the effectiveness, appropriateness, and sustainability of certain digital and online tools for supporting instruction and meeting students' instructional needs.
Teachers are hoping to use many of the same online programs that were made available for free in the spring, regardless of whether students are learning in person or remotely. Teachers believe it will

be essential to continue to use them, especially in thinking about having some part of their class learning at home for some part of the school year. However, they both parents and teachers see the critical importance of explicitly teaching both parents and students how to use the technology effectively and successfully. All online learning tools must be introduced and children (and parents) must be given time to explore their features before being expected to use them for any type of learning and assessment.

10. Communicate with teachers about their plans to onboard students and reestablish the classroom environment through emphasizing relationships with students and parents and resetting routines.

All committee members agree that setting routines is critical to a child's success, especially as it relates to remote learning. It is much easier for teachers to establish routines in a classroom, but it is just as important for us to set routines for at home learning. This will signal to the student that although they are not in the school building, they are at school, their minds are on and that the same things are expected of them just as if they were in the classroom. To that end, school-wide expectations will be essential, especially the importance of teaching students the expectations of reader's and writers workshops because students cannot be successful without these.

11. Analyze data to design instruction and adjust curriculum, potentially in teacher teams, to meet students where they are and address learning progress and loss.

Spend the first few weeks of school observing and using formative assessments to assess a child's progress and readiness to move on. Case managers and interventionists, with the support of paraeducators, will provide the appropriate level of intervention. Likewise, teachers will be prepared to differentiate for those who have mastered the material.

12. Procure any additional programs, tools, or materials to support differentiation, intervention, and remote learning, based on students' needs.

13. Communicate with families and parents about every student's progress and plans for students in need of additional support.

BES will develop common expectations about family check-ins and how teachers will reach out to families if students are not showing up for live instruction and/or not completing assignments. Additional instruction time will be a non-negotiable for students who are falling behind.

14. Explore the inclusion and integration of select digital and online learning tools and practices at certain grade levels and classrooms where they can be used appropriately, effectively, and sustainably.

Spend time at the beginning of the school year explicitly teaching students how to effectively navigate through the online programs that teachers will use, with ample opportunities for them to practice. Utilizing the technology integration teacher, teaching teams will hold parent information meetings where we teach parents how to navigate the parent portals and explicitly teach the structure of Google Classroom or See Saw to parents and students. All classrooms will be set up in

the same way so that parents know where to find things no matter whose classroom they are looking at.

15. Integrate best practices in Social Emotional Learning and Culturally Responsive Education to ensure high-quality instruction and ongoing support for all students.
Work had begun at BES to better train all staff on the tenets of Social Emotional Learning. Staff has worked with Mike Anderson for the last few years, and this year has been working with Dr. Allison Roy, as associate from Dr. Cassie Yackley's group, on the importance of interactions with students. What we say and how we say it is critical, as well as designing learning with choice and engagement to meet the needs of all students. A small team of teachers have been working on Universal Design for Learning as a framework for designing lessons for learner variability and engagement, and all of our staff is trained in a Responsive Classroom. It will be important to continue to revisit all of this information as we prepare for the 2020-2021 school year, continuing to provide additional professional development to all staff of this important work.

XXV. Music Education: Wind Instruments and Chorus

Wind (woodwind and brass) instruments and singing produce aerosol droplets, which vary by instrument as well as intensity. No indoor group singing, or wind instruments, will be allowed until tested mitigation techniques are proven effective. Remote Instruction is recommended.

CBDNA, NFHS, NAfME, the NAMM Foundation and over 100 performing arts organizations are supporting a scientific study to learn how COVID-19 may spread in the course of music activities. The study is examining possible mitigation techniques to prevent or lessen aerosol distribution during singing and playing of wind instruments. The results of this research will inform our understanding and, subsequently, the development of effective mitigation strategies for music education.

As we await the results of scientific studies, the following safety guidance is suggested: no indoor group or ensemble singing, until tested mitigation techniques are proven effective (Remote Instruction).

XXVI. Extra-Curricular Activities and Facilities Use

All extra curricular activities and sports teams will follow the same health and safety guidance as it pertains COVID safety procedures, including social distancing. In accordance with NHIAA guidance, team-based training must be non-contact with a focus on skills and drills that can be developed while maintaining physical distancing. No competitions, limit spectators to insure social distancing, encourage use of face coverings, and limit all activities to outside so as not to introduce further risk to the school.

The Barnstead School District will follow all guidelines released by the NHIAA pertaining to fall sports. The preliminary indication from the NHIAA is that the decision to participate in fall athletics will be made by each individual district. This information was released Thursday, July 9, and will require substantial research and deliberation in the coming weeks. We anticipate further guidance from the State in the coming weeks.

Appendices: Sample Forms and Flow Charts

Work Area Symptom Checker

Name: _____Phone Number:

Location: Date: Event:

Instructions: Under order of the Public Health Officer, individuals must undergo a symptom check prior to coming to entering a work area. Please check your symptoms at home. Please select Y=Yes and N=No and record on the sheet. If you answer **YES** to any of the below questions, under order of the Public Health Officer you must stay home until 14 days after your last exposure or at least 10 days have passed since symptoms first appeared.

Please record your temperature here_____. If your temperature is more than 100˚F, you may not participate.	No	Yes
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have:		
Cough Shortness of breath or difficulty breathing Chills Fatigue Muscle or body aches Congestion or runny nose Sore throat Headache New loss of taste or smell Nausea Vomiting (unidentified cause, unrelated to anxiety or eating Diarrhea		

I, , attest that the answers above are accurate to the best of my knowledge. - I confirm that I have not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name:

Signature: Date:

Sample Student Symptom Checker

Student Name: _____Site Location: _____Date:_____
Event:_____

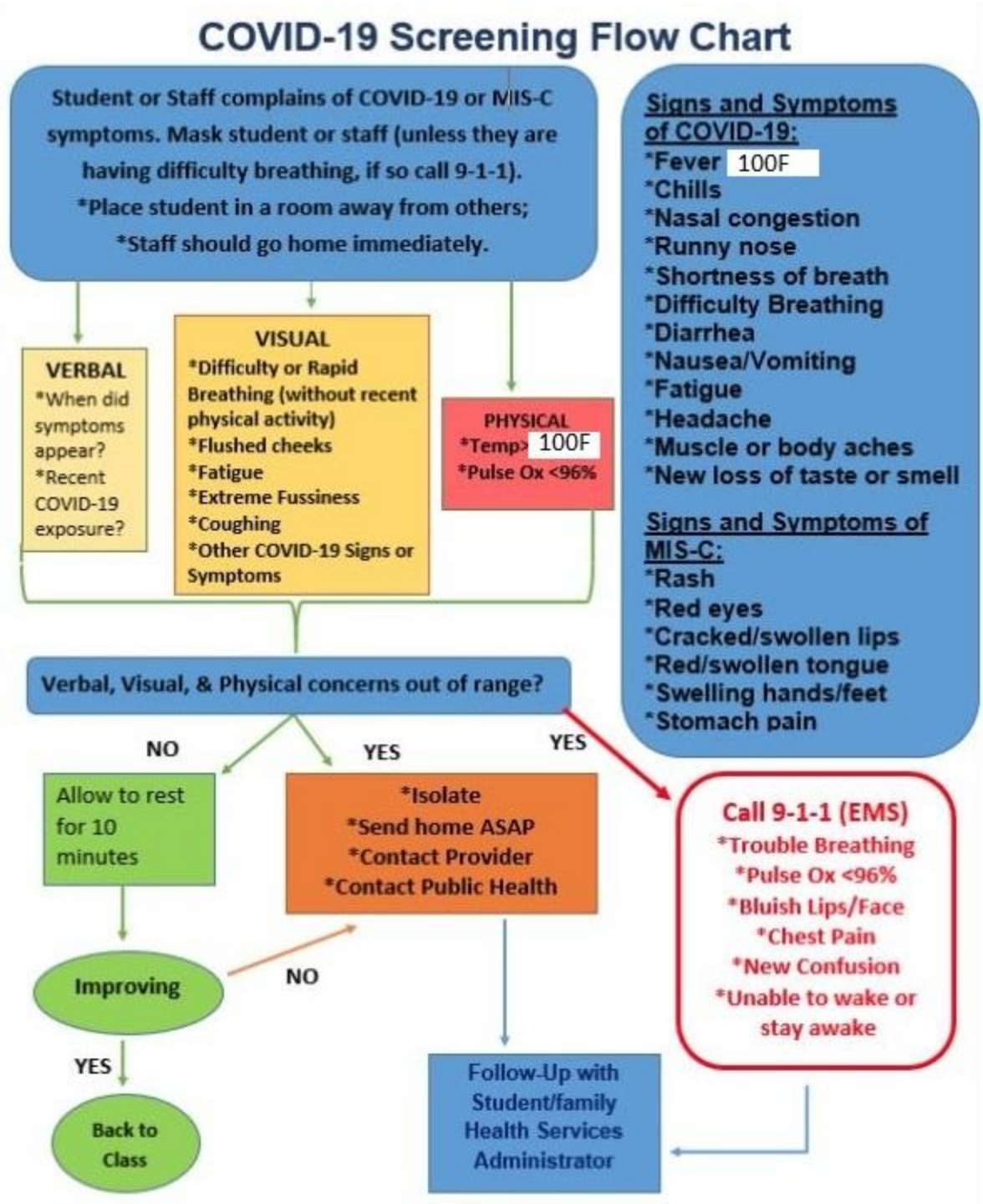
Instructions: Under order of the Public Health Officer, students must undergo a symptom check prior to coming to school or participating in an event. Please check your symptoms at home. Please select Y=Yes and N=No and record on the sheet. If you answer **YES** to any of the below questions, under order of the Public Health Officer you must stay home until 14 days after your last exposure or at least 10 days have passed since symptoms first appeared.

Please record your temperature here_____. If your temperature is more than 100˚F, you may not participate.	No	Yes
Have you been exposed to someone with COVID-19 in the past 14 days?		
Do you feel ill?		
Do you have:		
· Cough · Shortness of breath or difficulty breathing · Chills · Fatigue · Muscle or body aches · Congestion or runny nose · Sore throat · Headache · New loss of taste or smell · Nausea · Vomiting (unidentified cause, unrelated to anxiety or eating) · Diarrhea		

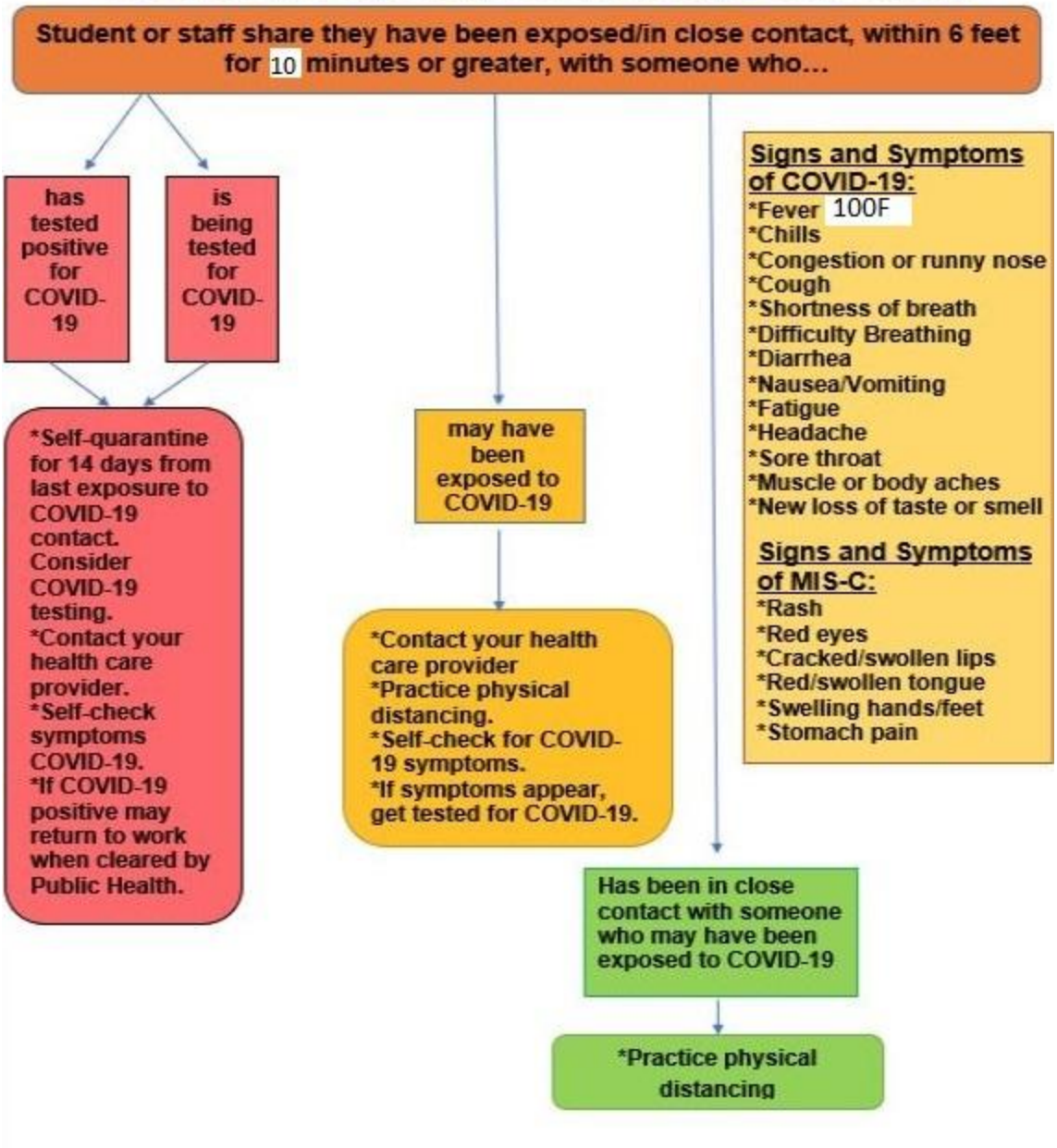
I, the parent of the above named student, attest that the answers above are accurate to the best of my knowledge. - I confirm that the above named student has not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name of Parent:

Signature of Parent: Date: Current Phone Number:


COVID-19 Screening Flow Chart
Student or Staff complains of COVID-19 or MIS-C symptoms. Mask student or staff (unless they are having difficulty breathing, if so call 9-1-1).
*Place student in a room away from others;
*Staff should go home immediately.
Signs and Symptoms of COVID-19:
*Fever 100F
*Chills
*Nasal congestion
*Runny nose
*Shortness of breath
*Difficulty Breathing
*Diarrhea
*Nausea/Vomiting
*Fatigue
*Headache
*Muscle or body aches
*New loss of taste or smell
Signs and Symptoms of MIS-C:
*Rash
*Red eyes
*Cracked/swollen lips
*Red/swollen tongue
*Swelling hands/feet
*Stomach pain
VERBAL
*When did symptoms appear?
*Recent COVID-19 exposure?
VISUAL
*Difficulty or Rapid Breathing (without recent physical activity)
*Flushed cheeks
*Fatigue
*Extreme Fussiness
*Coughing
*Other COVID-19 Signs or Symptoms
PHYSICAL
*Temp> 100F
*Pulse Ox <96%
Verbal, Visual, & Physical concerns out of range?
NO
YES
YES
Allow to rest for 10 minutes
*Isolate
*Send home ASAP
*Contact Provider
*Contact Public Health
Call 9-1-1 (EMS)
*Trouble Breathing
*Pulse Ox <96%
*Bluish Lips/Face
*Chest Pain
*New Confusion
*Unable to wake or stay awake
Improving
NO
YES
Back to Class
Follow-Up with Student/family Health Services Administrator

COVID-19 Exposure Screening Flow Chart



COVID-19 Now What Flow Chart
I just found out...
I'm COVID-19 positive
*Self-isolate at home for 10 days; on the 11th day you may return to work. *Avoid infecting others
May return to work/school when a health care provider* affirms that:
-At least 3 days (72 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 10 days have passed since COVID-19 symptoms first appeared.
I've been exposed/had close contact with someone that is COVID-19 positive
* Get COVID-19 Tested by calling your health care provider or by finding a test site.
*Self-quarantine for 14 days from last exposure to COVID-19
*Avoid infecting others in case you are COVID-19 Positive
You may return to work/school:
-After 14 days have passed since your COVID-19 exposure
–If you test positive see measures on the column to the left entitled "I'm COVID-19 Positive."
I may have been exposed to someone with COVID-19
See the "COVID-19 Possible Exposure Worksheet"
Signs and Symptoms of COVID-19:
*Fever 100F
*Chills
*Congestion or runny nose
*Cough
*Shortness of breath
*Difficulty Breathing
*Diarrhea
*Nausea/Vomiting
*Fatigue
*Headache
*Sore throat
*Muscle or body aches
*New loss of taste or smell
Signs and Symptoms of MIS-C:
*Rash
*Red eyes
*Cracked/swollen lips
*Red/swollen tongue
*Swelling hands/feet
*Stomach pain
*Health Care Provider may include:
-Physician or Surgeon
-Physician's Assistant
-Nurse Practitioner
-Registered Credentialed School Nurse
-Public Health Nurse

Resources

AAP COVID PLANNING: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/?fbclid=IwAR2ub2nFspHHVG-4xx2V9LlQ3ZCADdH4n-3OmEN4jI_j4uZI6LGuwooZmFk

CDC SCHOOL GUIDANCE: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

HARVARD SCHOOL OF PUBLIC HEALTH: https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf

NFHS https://nafme.org/wp-content/files/2020/06/NAfME_NFHS-Guidance-for-Fall-2020.pdf

NH DHHS: https://www.nh.gov/covid19/

NH DOE STRRT: https://www.education.nh.gov/who-we-are/commissioner/school-transition-reopening-redesign-taskforce

NIAA: http://www.nhiaa.org/ckfinder/userfiles/files/NHIAAReopeningSportsActivitiesSummerGuidance.pdf

RETURN TO SCHOOL ROADMAP: https://returntoschoolroadmap.org/