



The Whitman-Hanson Regional School District will follow all safety and return to school requirements set for by the Massachusetts Department of Elementary and Secondary Education and the Massachusetts Department of Public Health. As the guidance is fluid, we will continue to update any changes from DESE/MDPH. Please see below for the current protocols.

Definition of a close contact

- If a student or staff member tests positive for COVID-19, their close contacts will be defined as only those who have been within 6 feet of distance of the individual for at least fifteen minutes, while the person was infectious. The infectious period begins 2 days prior to symptom onset. If someone is asymptomatic, the infectious period is considered to begin 2 days prior to the collection of their positive test. While previous guidance stated that all students in an elementary classroom would be defined as close contacts, this new guidance provides a narrower definition of a close contact which mirrors DPH guidance.

Policy of when a close contact may return to school

- All close contacts should be tested but must self-quarantine for 14 days after the last exposure to the person who tested positive, regardless of test result. After further consultation with the medical community, we are updating this guidance as the virus can cause illness from 2-14 days after exposure and even asymptomatic individuals can transmit the virus. Going forward, even if an individual identified as a close contact receives a negative test result, they must continue to self-quarantine for the full 14 days as the virus may take up to 14 days to cause illness.

Policy of when a student/staff person may return to school after COVID-19 symptoms

- If a student or staff member has COVID-19-like symptoms, they may return to school after they have tested negative for COVID-19, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If a provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).
- If a student or staff member presents COVID-19-like symptoms and chooses not to be tested, they may return to school 10 days from 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.

Definition of COVID-19 related fever

- Over the summer, the threshold for a COVID-19 related fever by the Centers for Disease Control and Prevention (CDC) has been updated from greater than 100.4°F to greater than 100.0°F. As a result, going forward, a fever as a COVID-19 symptom will be defined as 100.0°F or higher.

Students wearing masks

- Masks or face coverings are among the most critical components to reduce the transmission of COVID-19. Students in grade 2 and above are required to wear a mask/face covering that covers their nose and mouth at all times, with the exception of meals and mask breaks. Whenever possible, students in pre-kindergarten through grade 1 who can safely and appropriately wear, remove, and handle masks should do so. Even if students are spaced six feet apart in classrooms, the use of masks is still required unless students are eating lunch or taking a mask break.

Physical distancing guidelines

- Physical distancing is a critical tool in preventing the spread of COVID-19. The CDC¹ and DPH² recommend 6 feet of distance between individuals. The World Health Organization³ and the American Academy of Pediatrics⁴ recommend a minimum of 3 feet of distance. DESE recommends that districts aim for 6 feet of distance where feasible. When 6 feet is not feasible, 3 feet is an acceptable minimum as long as staff and students wear masks covering the nose and mouth at all times. If the 3 feet minimum is applied on the bus, all staff and students regardless of age must wear masks at all times. Please note that decisions to apply a 3-foot minimum will likely increase the number of close contacts associated with the occurrence of a case.

Immunizations required in all models of learning

- Previously released guidance emphasized the importance of maintaining school immunization requirements and obtaining the flu vaccine as students return to in-person school. This is equally important for students who are enrolled in remote or hybrid schooling models. Immunization requirements must be met in all models of learning.

Medical waiting room

- As noted in previous DESE guidance, schools must establish a separate room 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. This space must be supervised. 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.⁵ If a student does not already have a surgical mask, the school should provide one. Schools must also be equipped with the PPE for the staff involved with supervision of the waiting room.

Supporting the safe application of hand sanitizer

- Handwashing with soap and water for at least 20 seconds is the best practice. However, hand sanitizer containing at least 60% alcohol should be substituted when handwashing is

not available. Hand sanitizer stations should be set up where school staff are typically present, such as common areas, hallways, and classrooms. While the application of hand sanitizer may be necessary throughout the school day (especially if hand washing is less accessible) and does not require specialized instructions for use, districts and schools should avoid placing sanitizer stations in areas that are not typically supervised through the regular presence of staff.

Supporting the safety of our students, teachers, staff, and community is our most important mutual priority. We will continue to work in collaboration to update and refine our guidance for schools as the science evolves.

¹ CDC, Social Distancing, Quarantine, and Isolation. (2020, May 6). Retrieved from

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

² DPH, COVID-19 Prevention and Treatment (2020). Retrieved from <https://www.mass.gov/info-details/covid-19-prevention-and-treatment#social-distancing->

³ WHO, Considerations for school-related public health measures in the context of COVID-19. (2020, May 10).

Available at <https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>

⁴ American Academy of Pediatrics (2020). COVID-19 Planning Considerations: Guidance for School Re-entry

Retrieved from <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/>

⁵ FDA, N95 Respirators, Surgical Masks, and Face Masks (2020, July 6). Retrieved from:

<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks#s2>