

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

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Introduction

As a supplement to DESE's Initial Fall School Reopening Guidance, we are providing districts and schools with additional information on protocols for responding to specific COVID-19 scenarios this fall. As a reminder, we have also provided additional clarifying information through [our FAQ documents available here](#).

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

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

For questions about these protocols, please contact:

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DESE Rapid Response Help Center at 781.338.3500

Overview

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

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

- **It is not one mitigation strategy but a combination of all these strategies taken together that will substantially reduce the risk of transmission.** No single strategy can ever be perfect, but all strategies together will reduce risk.
- **Staff must monitor themselves for symptoms daily and students, with the assistance of families, must also be monitored daily for symptoms. Staff and students must stay home if feeling unwell.** Everyone must do their part to protect others and not come to school if they are exhibiting any COVID-19 symptoms or are feeling sick.
- **Masks are among the most important single measures to contain the spread of COVID-19.** We require all students and all staff to wear masks, unless students receive a medical or behavior exemption. Masks must completely cover your nose and mouth and fit snugly against the sides of your face without gaps.
- **Hand hygiene is critical.** Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school, before eating, before putting on and taking off masks, and before dismissal. 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.
- **Physical distance greatly reduces the risk of transmission.** Since June 2020, DESE guidance has consistently noted that three feet in classrooms is a safe standard for physical distancing when masks are worn and other mitigation strategies are in place, based on guidelines from the World Health Organization¹ and the American Academy of Pediatrics.² Our guidance balanced the urgent need to bring students in the Commonwealth back to in-person learning while minimizing the risk to students, staff, and their families. While districts should space students further than three feet when feasible, evidence demonstrates that the additional risk reduction associated with six feet as opposed to three feet is low – when masks are worn and other mitigation strategies are

¹ World Health Organization (WHO). (2020). Considerations for school-related public health measures in the context of COVID-19. Available at <https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>

² American Academy of Pediatrics. (2020). COVID-19 Planning Considerations: Guidance for School Re-entry. Available at <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>

in place.^{3 4 5 6 7 8 9 10} DESE's approach to physical distancing was endorsed last summer by the Governor's COVID Command Medical Advisory board, the Massachusetts Chapter of the American Academy of Pediatrics, and medical experts from Mass General Brigham. Since then, DESE's approach has been further endorsed and validated, with numerous groups noting the safety of a three-foot distancing in classrooms standard and supporting the return of students to full-time in-person school at three feet of distance:

- Additional organizations have noted the safety of a three-foot distancing standard between students in classrooms when part of a holistic mitigation approach in school.¹¹
- Individual school districts have formed their own medical advisory boards and conducted their own due diligence, reaching with similar conclusions about the safety of reduced physical distancing.¹²
- Recently, hundreds of Massachusetts infectious diseases physicians, pediatricians, and public health experts, endorsed DESE's guidance on three feet of physical distancing in classrooms, noting that the risks to students of not being in school are dramatic.¹³

³ Booth, W. (2020). Two Meters? One Meter Plus? Social Distancing Rules Prompt Fierce Debate in U.K. The Washington Post. Available at https://www.washingtonpost.com/world/europe/covid-social-distancing-one-meter-plus/2020/06/22/7614418a-afe0-11ea-98b5-279a6479a1e4_story.html

⁴ Ismail, S., Saliba, V., Bernal, J. L., Ramsay, M., & Ladhani, S. (2020). SARS-CoV-2 infection and transmission in educational settings: cross-sectional analysis of clusters and outbreaks in England. Public Health England. The Lancet. Available at: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30882-3/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30882-3/fulltext)

⁵ Link-Gelles, R., DellaGrotta, A., Molina, C., Clyne, A., & Brandy, U. (2020). Limited Secondary Transmission of SARS-CoV-2 in Child Care Programs – Rhode Island, June 1 – July 31, 2020. Morbidity and Mortality Weekly Report. Available at <https://www.cdc.gov/mmwr/volumes/69/wr/mm6934e2.htm>

⁶ Brooks, J.T., Butler, J.C., (2021). Effectiveness of Mask Wearing to Control Community Spread of SARS-CoV-2. JAMA Insights. Available at <https://jamanetwork.com/journals/jama/fullarticle/2776536>

⁷ Larosa, E., Djuric, O., Cassinardri, M., Cilloni, S., Bisaccia, E., Vincente, M., Venturelli, F., Giorgi P. R., Pezzotti, P., Bedeschi, E., the Reggio Emilia COVID-19 Working Group. (2020). Secondary Transmission of COVID-19 in Preschool and School Settings in Northern Italy After Their Reopening in September 2020. Available at <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.49.2001911>

⁸ Falk, A., Benda, A., Falk, P., Steffen, S., Wallace, Z., Hoeg, TB. (2020). COVID-19 Cases and Transmission in 17 K-12 Schools. Available at <http://dx.doi.org/10.15585/mmwr.mm7004e3>

⁹ Schoeps, A., Hoffmann, A., Tamm, C., Vollmer, B., Haag, S., Kaffenberger, T., Ferguson-Beiser, K., Kohlhase-Griebel, B., Basenach, S., Missal, A., Hofling, K., Michels, H., Schall, A., Kappes, H., Vogt, M., Jahn, K., Barnighausen, T., Zanger, P. (2021). COVID-19 Transmission in Educational Institutions August to December 2020, Rhineland-Palatinate, Germany: A Study of Index Cases and Close Contact Cohorts. Available at <https://www.medrxiv.org/content/10.1101/2021.02.04.21250670v1.article-info>

¹⁰ Chu, D.K., Akl, E.A., Duda S., Solo K., Yaacoub S., Schunemann H.J. et al. (2020) Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. The Lancet. Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)

¹¹ Brown School of Public Health, Edmond J. Safra Center for Ethics, & New America. (2020). Strategies for Pandemic Resilience in the Face of High Community Spread. Available at <https://globalepidemics.org/2020/12/18/schools-and-the-path-to-zero-strategies-for-pandemic-resilience-in-the-face-of-high-community-spread/>

¹² The Public Schools of Brookline. (2021). Evidence of Scientific Consensus In Support of Reduction of 6-Foot Distancing Parameters. Available at https://www.brookline.k12.ma.us/cms/lib/MA01907509/Centricity/Domain/25/Evidence%20of%20Scientific%20Consensus_Reduction%20of%20Distancing%20Parameters_2.18.21.pdf

¹³ February 28, 2021 physician letter. Available at: <https://www.doe.mass.edu/bese/docs/fy2021/2021-03/item1b.2-2021-0228physician-letter.pdf>

- In March 2021, a peer-reviewed study published in *Clinical Infectious Diseases* demonstrated that districts in Massachusetts using a physical distancing standard of three feet in classrooms did not see an increased number of COVID-19 positive cases, as compared to districts that maintained a strict six feet of distance.¹⁴
- As of March 19th, 2021, the Centers for Disease Control (CDC) generally recommends at least 3 feet of distance between all students, excluding areas with high community transmission, where 6 feet of distance is recommended for middle and high school students.¹⁵
- **Cohorts/assigned seating.** Students organized in groups/classrooms and other cohorts help mitigate transmission of the virus. Assigned seating is also important because it effectively creates even smaller groups within cohorts to minimize transmission and reduce exposure. Wherever possible, seats should be assigned (including classroom, bus, meals).

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

Preparing to respond to COVID-19 scenarios

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

Be prepared to provide remote learning

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

Testing, tracing, and isolation

It is important to note that testing, combined with contact tracing and isolation, helps control the spread of COVID-19 in Massachusetts. All individual test results, both positive and negative, are reported to the Massachusetts Department of Public Health (DPH). When a person has a positive COVID-19 test, it is the local board of health or the Massachusetts Community Tracing Collaborative that will reach out to provide support so that these individuals can remain safely in medical isolation. They will also ask for help to identify close contacts. These organizations will

¹⁴ Polly van den Berg, MD; Elissa M. Schechter-Perkins, MD, MPH; Rebecca S. Jack, MPP; Isabella Epshtein, MPP; Richard Nelson, PhD; Emily Oster, PhD; Westyn Branch-Elliman, MD, MMSc., (2021). SARS-CoV-2 Cases in Students and Staff in Massachusetts with Variable Distancing Policies. Infection control plans for Commonwealth school districts with any in person learning were collected, with universal masking for students in grade 3 and higher and universal masking for staff mandatory. 243 districts were included, comprising 520,129 students and 6,227,765 student learning weeks, and 97,679 staff and 1,313,532 staff learning weeks. SARS-CoV-2 cases in students and staff in districts with in-person learning with different distancing policies were compared. Available at <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciab230/6167856>.

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>

then reach out to the individual's close contacts to provide important information that is aimed to stop the spread of the virus, including how to safely isolate/quarantine. While these organizations will provide support, to further assist with contact tracing the student/family and staff are asked to reach out to their personal contacts and notify the school.

Self-isolation for COVID-19 positive cases is a minimum of 10 days. Transmission may occur from persons with COVID-19 infection who are symptomatic and those without symptoms. The duration of infectivity is defined as two days prior to symptom onset (or two days prior to a positive test if asymptomatic) through ten days after symptom onset and is contingent on meeting clearance from isolation as defined below.

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

- a. gone for 24 hours without a fever (and without taking fever-reducing medications like Tylenol); and
- b. experienced improvement in other symptoms (for example, their cough has gotten much better); and
- c. received clearance from public health authority contact tracers (the local board of health or Community Tracing Collaborative).

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

Close contacts of a positive COVID-19 case should be tested. For general guidance, DPH defines close contact as:¹⁶

- Being within 6 feet of a COVID-19 case (someone who has tested positive) for a total of 15 minutes during a 24-hour period. Multiple brief or transitory interactions (less than a minute) throughout the day are unlikely to result in 15 minutes of cumulative contact and do not meet the definition of close contact. Being in the same room as an individual if you are consistently separated by 6 feet of distance does not meet the definition of a close contact.
- Close contact can occur while being with, caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, OR
- Having direct physical contact with the person (e.g. hugging or kissing), OR
- Sharing eating or drinking utensils, OR
- Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

Please note: Decisions about who needs to quarantine after exposure to an individual with COVID-19 may be made in collaboration with the local board of health and/or the contact tracers with the Community tracing collaborative.

As outlined in CDC and DPH guidance¹⁷:

¹⁶ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

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

- Individuals who are **fully** vaccinated do not need to quarantine or get tested as long as they do not show any symptoms. Individuals are considered fully vaccinated two weeks after their second dose of a two-dose series (Pfizer or Moderna) or two weeks after a single-dose vaccine (Johnson & Johnson).¹⁸
- An individual who had confirmed COVID-19 (diagnosed by a positive PCR test) and then becomes a close contact of someone with COVID-19 may not need to quarantine if:
 - i. The exposure is within 90 days of the onset of their own illness **and**
 - ii. The exposed individual is recovered and remains without COVID symptoms.

As approved by EOHHS, in consultation with the Governor’s Medical Advisory Board on COVID-19 and other medical advisors,

- Close contacts who were exposed to a COVID-19 positive individual **in the classroom or on the bus while both individuals were masked** do not have to quarantine unless they were within 3 feet of distance of the COVID-19 positive individual for a total of 15 minutes during a 24-hour period. This does not apply if someone was identified as a close contact outside of the classroom or bus (e.g., in sports, extracurriculars, lunch, etc.) or if masks are not worn by both persons at the time of the exposure. All other close contacts must follow the standard protocol for when a close contact may return to school.

If someone tests positive

- 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 during a day 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.

Policy of when a close contact may return to school: All close contacts should be tested but must self-quarantine,¹⁹ consistent with the guidance outlined below. The local board of health, in consultation with the school’s COVID-19 response person, are best suited to advise on which quarantine option applies to a specific case. In accordance with the CDC, close contacts must quarantine for the time period listed below:

Please note: Close contacts who were exposed to a COVID-19 positive individual in the classroom or on the bus while both individuals were masked do not have to quarantine unless they were within 3 feet of distance of the COVID-19 positive individual for a total of 15 minutes during a 24-hour period. Also, individuals who are fully vaccinated or who have had confirmed COVID-19 in the last 90 days do not need to quarantine as long as they do not have symptoms.

- At least 7 days, provided that all of the following are satisfied:

¹⁸ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>

¹⁹ <https://www.mass.gov/guidance/information-and-guidance-for-persons-in-quarantine-due-to-covid-19>

- They are tested (either polymerase chain reaction (PCR) or antigen test) on day 5 or later from their last exposure to the positive individual and receive a negative test result
- They have not experienced any symptoms up to this point
- They conduct active monitoring for symptoms through day 14, and self-isolate if new symptoms develop

While most exposed close contacts do not contract COVID-19, this quarantine option may not identify 5% of those who still have the potential to transmit infection after quarantine ends. In other words, 95% of individuals who could still transmit infection after quarantine ends would be identified with this strategy.²⁰

- At least 10 days, provided that all of the following are satisfied:
 - They have not experienced any symptoms up to this point
 - They conduct active monitoring for symptoms through day 14 and self-isolate if new symptoms develop
 - No test is necessary under this option for the purposes of exiting quarantine

While most exposed close contacts do not contract COVID-19, this quarantine option may not identify 1% of those who still have the potential to transmit infection after quarantine ends. In other words, 99% of individuals who could still transmit infection after quarantine ends would be identified with this strategy.²¹
- At least 14 days after the last exposure to the person who tested positive, if:
 - They have experienced any symptoms during the quarantine period, even if they have a negative COVID-19 test; or
 - They are unable to conduct active monitoring of symptoms

This option provides the maximal risk reduction.²²

When individuals exit quarantine, masking and other safety measures remain critical. It may be best for individuals who are not able to adhere to masking and distancing to exit quarantine after 10 or 14 days rather than after 7 days. In addition to symptom monitoring, individuals exiting quarantine prior to 14 days must also take their temperature once daily. If even mild symptoms develop or the individual has a temperature of 100.0 F, they must immediately self-isolate, and contact the public health authority overseeing their quarantine, and be tested.

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 received a negative PCR test result 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).

²⁰ <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

²¹ <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

²² <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

- 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.

Most common symptoms of COVID-19 and testing requirements

The single most important thing to do if any of the following symptoms are present is to **STAY HOME**. Our collective health relies, in part, on individual attention and responsibility. Note that some symptoms of COVID-19 are the same as the flu or a bad cold; please do not assume it is another condition. When in doubt, stay home.

Please STAY HOME if you have any of the symptoms listed.

Below is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves:^{23 24}

- 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*

As a reminder, if schools use BinaxNOW, students or staff with minimal symptoms (i.e., isolated headache, nasal congestion, or fatigue) may be tested using BinaxNOW and may return to school.

If staff or students have any of these symptoms, they should be tested and must follow the protocols outlined in the following pages.

Every school should have a list of available test sites.²⁵ A [list of test sites is available here](#), and Massachusetts also has an [interactive testing map](#). Staff and students who have symptoms should also contact their primary care physician for further instructions.

²³ Massachusetts DPH, [Testing of Persons with Suspect COVID-19](#). (2020, May 13).

²⁴ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

²⁵ A [list of test sites is available here](#); this is Massachusetts's [interactive testing map](#)

Protocols for possible COVID-19 scenarios

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

- ✓ Evaluate symptoms
- ✓ Separate from others
- ✓ Clean and disinfect spaces visited by the person
- ✓ Test for COVID-19 and stay at home while awaiting results
- ✓ If test is positive:
 - Remain at home at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms
 - Monitor symptoms
 - Notify the school and personal close contacts
 - Answer the call from local board of health or Massachusetts Community Tracing Collaborative to help identify close contacts to help them prevent transmission
 - Secure release from contact tracers (local board of health or Community Tracing Collaborative) for return to school

The following pages outline protocols for the scenarios below.

Section 1: Protocols for individual exposure or individual positive test

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

Section 2: Protocols for potential school shift to remote learning

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

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

Event	Location of Event	Testing Result	Quarantine
Individual is symptomatic	If an individual is symptomatic <u>at home</u> , they should stay home and get tested.	Individual tests <u>negative</u>	Return to school once 24 hours have passed with no fever and improvement in symptoms, without the use of fever reducing medications.
	If an individual student is symptomatic <u>on the bus or at school</u> , they should remain masked and adhere to strict physical distancing. Students will then be met by the nurse and stay in the medical waiting room until they can go home. They should not be sent home on the bus.	Individual tests <u>positive</u>	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days <u>and</u> until at least 24 hours have passed with no fever and improvement in other symptoms.
	If an individual staff member is symptomatic at school, they should find coverage for their duties and then <u>go home and get tested</u> .	Individual <u>is not tested</u>	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.
Individual is exposed to COVID-19 positive individual <u>Please note:</u> Decisions about who needs to quarantine and for how long may be determined in collaboration with the local board of health and/or the contact tracers.	If an individual is <u>at home</u> when they learn they were in close contact with an individual who tested positive for COVID-19, they should stay at home and be tested 5 days after their last exposure. If an individual is <u>at school</u> when they learn they were in close contact with an individual who tested positive for COVID-19, they should be masked for the remainder of the day and adhere to strict physical distancing. At the end of the day, they should go home and should not take the bus home. They should stay at home and be tested 5 days after their last exposure.	Individual tests <u>positive</u>	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days <u>and</u> until at least 24 hours have passed with no fever and improvement in symptoms, without the use of fever reducing medications.
		Individual tests <u>negative or is not tested</u>	<u>Please note:</u> Close contacts who were exposed to a COVID-19 positive individual in the classroom or on the bus while both individuals were masked do not have to quarantine unless they were within 3 feet of distance of the COVID-19 positive individual for a total of 15 minutes during a 24-hour period. Also, individuals who are fully vaccinated or who have had confirmed COVID-19 in the last 90 days do not need to quarantine as long as they do not have symptoms. Remain home and self-quarantine consistent with the guidance below: At least 7 days, provided that all of the following are satisfied: <ul style="list-style-type: none"> • They are tested (either polymerase chain reaction (PCR) or antigen test) on day 5 or later from their last exposure to the positive individual and receive a negative test result • They have not experienced any symptoms up to this point

			<ul style="list-style-type: none"> • They conduct active monitoring for symptoms through day 14 and self-isolate if new symptoms develop <p>At least 10 days, provided that all of the following are satisfied:</p> <ul style="list-style-type: none"> • They have not experienced any symptoms up to this point • They conduct active monitoring through day 14 and self-isolate if new symptoms develop • No test is necessary under this option <p>At least 14 days after the last exposure to the person who tested positive, if:</p> <ul style="list-style-type: none"> • They have experienced any symptoms during the quarantine period, even if they have a negative COVID-19 test; or • They are unable to conduct active monitoring of symptoms <p><u>Active monitoring requires individuals to actively monitor their 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, and contact the public health authority overseeing their quarantine, and be tested.</u></p>
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Section 1: Protocols for individual exposure or individual positive test

Protocol: Student or staff tests positive for COVID-19

1. The student or staff member must remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. For most people who have relatively mild illness, they will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms.
2. The student’s parent/caregiver or the staff member informs the proper school official (e.g. a designated person that is the COVID-19 school lead) that the individual has tested positive for COVID-19. The designated COVID-19 school lead in turn notifies others as pre-determined by the school (e.g., school leadership, school nurse or school medical point of contact, building management, maintenance).
3. Determine whether the student or staff member was on the premises during the time frame that started two days prior to symptom onset (or testing positive if not symptomatic) until the time of isolation.

- a. If so, promptly close off areas visited by the COVID-19 positive individual until such areas can be cleaned and disinfected, if they have not been cleaned and disinfected already.
 - b. Promptly clean and disinfect the student's or staff member's classroom and any other facilities (e.g., extracurricular facilities) visited by the individual, if that has not been done already.
 - c. Promptly clean and disinfect the bus(es) the student or staff member was on, if any, and if not already done.
4. Communicate with families and staff of close contacts:
- a. The school should identify the student's or staff member's possible "close contacts" based on the assigned seating charts and proximity related to class activities. Close contacts will be defined as only those who have been within 6 feet of distance of the individual for at least fifteen minutes during a day while the person was infectious. This definition is for students, teachers and other staff. The infectious period begins two days before symptom onset (or two days prior to the date of the positive test if asymptomatic) and includes up until the time the student/staff/teacher was isolated. Consider students and staff members who were close contacts in class, other school spaces including the lunchroom, on the school bus, or at extracurricular activities.
 - b. Send a communication to the staff/teachers and families of students of close contacts that there has been a positive test without naming the individual student or staff member who tested positive.
 - c. Communications sent to families/staff should:
 - i. Inform them there was a positive test (not the specific individual) in the student's class/bus or other activity.
 - ii. Explain that the student/staff is considered a "close contact" and therefore should be tested. Having assigned seating and keeping up-to-date seating charts will help identify who should be instructed to be tested.
 - iii. Instruct close contacts to isolate prior to their test and while waiting for the results. Testing is highest yield a few days after the exposure. Ideally, the test should occur no sooner than day 5 after the last exposure. (In other words, if an exposure lasted several days, the best time to test is 5 days after the end of the exposure period.) Close contacts should be tested individually for COVID-19 at one of Massachusetts's test sites.²⁶ Sites may require pre-screening, a referral, and/or an appointment.
 - iv. Close contacts are asked to communicate their test results to the school.
 - v. Close contacts should not return to school until after they have self-quarantined consistent with the guidance below:
 - At least 7 days after the last exposure, provided that all of the following are satisfied:
 - a. They are tested (either polymerase chain reaction (PCR) or antigen test) on day 5 or later from their last exposure to the positive individual and receive a negative test result

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

- b. They have not experienced any symptoms up to this point
 - c. They conduct active monitoring for symptoms through day 14 and self-isolate if new symptoms develop.
- At least 10 days after the last exposure, provided that all of the following are satisfied:
 - a. They have not experienced any symptoms up to this point
 - b. They conduct active monitoring through day 14 and self-isolate if new symptoms develop.
 - c. No test is necessary under this option
- At least 14 days after the last exposure to the person who tested positive, if:
 - a. They have experienced any symptoms during the quarantine period, even if they have a negative COVID-19 test; or
 - b. They are unable to conduct active monitoring of symptoms
- Please note: Close contacts who were exposed to a COVID-19 positive individual in the classroom or on the bus while both individuals were masked do not have to quarantine unless they were within 3 feet of distance of the COVID-19 positive individual for a total of 15 minutes during a 24-hour period. Also, individuals who are fully vaccinated or who have had confirmed COVID-19 in the last 90 days do not need to quarantine as long as they do not have symptoms.
- vi. Remind families and/or staff of the importance of not having contact with higher-risk individuals (e.g., grandparents and those with underlying medical conditions).
- vii. Remind families and/or staff of the list of COVID-19 symptoms for which to monitor.
- d. If the school finds out about the original COVID-19 positive test in the middle of a school day:
 - i. The school should quickly identify the individuals who may be “close contacts” of the student and notify students and their families.
 - ii. Make sure the students who could be considered close contacts are wearing masks. Extra masks as may be needed should be provided by the school. Enforce strict physical distancing. Require students to wash their hands.
 - iii. Caregivers of close contacts may pick students up prior to the end of the day. Caregivers must wear a mask/face covering when picking up their student. Students who are close contacts and students with any symptoms should not ride the school bus to get home. Caregivers and students, as well as staff, should wash their hands upon arriving at home and change their clothes as a precaution.
- e. As feasible, to assist with contact tracing in the event the contact later tests positive, make a list including phone number and email of any other close contacts the student or staff member had, beginning two days before the onset of

symptoms (or positive test if asymptomatic) until individual was isolated. Close contacts must follow the protocols outlined in this document.

6. IF OTHERS IN THE SCHOOL TEST POSITIVE: Perform all steps under this protocol for that person. **ALSO FOLLOW:** “Protocol: Presence of multiple cases in the school.”

7. IF NO OTHERS IN THE SCHOOL TEST POSITIVE: Close contacts are asked to communicate their test results to the school. Close contacts should not return to school until after they have self-quarantined consistent with the guidance below:

Please note: Close contacts who were exposed to a COVID-19 positive individual in the classroom or on the bus while both individuals were masked do not have to quarantine unless they were within 3 feet of distance of the COVID-19 positive individual for a total of 15 minutes during a 24-hour period. Also, individuals who are fully vaccinated or who have had confirmed COVID-19 in the last 90 days do not need to quarantine as long as they do not have symptoms.

- At least 7 days after the last exposure, provided that all of the following are satisfied:
 - a. They are tested (either PCR or antigen test) on day 5 or later from their last exposure to the positive individual and receive a negative test result
 - b. They have not experienced any symptoms up to this point
 - c. They conduct active monitoring for symptoms through day 14 and self-isolate if new symptoms develop.
- At least 10 days after the last exposure, provided that all of the following are satisfied:
 - a. They have not experienced any symptoms up to this point
 - b. They conduct active monitoring through day 14 and self-isolate if new symptoms develop
 - c. No test is necessary under this option
- At least 14 days after the last exposure to the person who tested positive, if:
 - a. They have experienced any symptoms during the quarantine period, even if they have a negative COVID-19 test; or
 - b. They are unable to conduct active monitoring of symptoms

Protocol: Close contact of student or staff tests positive for COVID-19

1. Current Massachusetts DPH guidance is that close contacts of someone who has tested positive for COVID-19 should be tested unless fully vaccinated or within 90 days of a confirmed COVID-19 infection.²⁷ Decisions about who needs to quarantine or test may be determined in collaboration with the local board of health and/or the contact tracers.
2. The student or staff member who was in close contact with someone who tested positive for COVID-19 should be tested.²⁸ Sites may require pre-screening, a referral, and/or an appointment.

²⁷ <https://www.mass.gov/doc/covid-19-testing-guidance/download>

²⁸ <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

3. Close contacts should isolate at home prior to testing and while awaiting test results.

Close contacts are asked to communicate their test results to the school. Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 5 days after the last contact with the person who tested positive. Close contacts should not return to school until after they have self-quarantined consistent with the guidance below:

- a. At least 7 days after the last exposure, provided that all of the following are satisfied:
 - i. They are tested (either PCR or antigen test) on day 5 or later from their last exposure to the positive individual and receive a negative test result
 - ii. They have not experienced any symptoms up to this point
 - iii. They conduct active monitoring for symptoms through day 14 and self-isolate if new symptoms develop.
- b. At least 10 days after the last exposure, provided that all of the following are satisfied:
 - i. They have not experienced any symptoms up to this point
 - ii. They conduct active monitoring through day 14 and self-isolate if new symptoms develop
 - iii. No test is necessary under this option
- c. At least 14 days after the last exposure to the person who tested positive, if:
 - i. They have experienced any symptoms during the quarantine period, even if they have a negative COVID-19 test; or
 - ii. They are unable to conduct active monitoring of symptoms

Please note: Close contacts who were exposed to a COVID-19 positive individual in the classroom or on the bus while both individuals were masked do not have to quarantine unless they were within 3 feet of distance of the COVID-19 positive individual for a total of 15 minutes during a 24-hour period. Also, individuals who are fully vaccinated or who have had confirmed COVID-19 in the last 90 days do not need to quarantine as long as they do not have symptoms.

4. **IF POSITIVE TEST:** The student or staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have mild illness will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms. **FOLLOW STEPS UNDER:** “Protocol: Student / staff tests positive for COVID-19.”

Protocol: Student is symptomatic at home

1. Family should monitor students at home each morning for the most common symptoms of COVID-19 (see list above).
 - a. **IF NO SYMPTOMS:**
 - i. Send student to school.
 - b. **IF ANY SYMPTOM:**
 - i. Do not send the student to school.
 - ii. Call the school's COVID-19 point of contact and inform them student is staying home due to symptoms.
 - iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.²⁹ An individual who does not wish to be tested may return to school 10 days³⁰ 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.
 - iv. The student should get tested at one of Massachusetts's test sites.³¹ Sites may require pre-screening, a referral, and/or an appointment.
 - v. Isolate at home until test results are returned.
 - vi. Proceed as follows according to test results:
 1. **IF NEGATIVE:** Students 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).
 2. **IF POSITIVE:** Student should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have mild illness will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms.³² **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

²⁹ <https://www.mass.gov/doc/covid-19-testing-guidance/download>

³⁰ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

³¹ <https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?>

³² <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

Protocol: Student is symptomatic on the bus

1. Although families are the most important first line of defense for monitoring symptoms, bus drivers and bus monitors also play an important role in flagging possible symptomatic students. Note: This will require training for bus drivers (and bus monitors, if applicable).
2. If symptoms are noticed as the student is getting on the bus and if there is a caregiver present, do not allow student to board the bus. Caregiver should then **FOLLOW:** “Protocol: Student is symptomatic at home.”
3. If student is already on the bus, ensure student is masked and the student keeps mask on covering nose and mouth at all times. If the student does not have a mask, the bus driver should be equipped to provide one. Ensure other students keep their masks on covering their nose and mouth at all times. Ensure student keeps required physical distance from other students (at least three feet and ideally six feet apart).
4. If not already open, windows should be opened as fully as possible, weather permitting.
5. Bus driver/monitor should call ahead to the bus service dispatch. The bus service dispatch should be equipped with appropriate cell phone numbers for school and district personnel (nurse or other medical personnel). The dispatch should contact the school to inform the school nurse (or school medical point of contact) of a possible symptomatic child.
6. School nurse (or school medical point of contact) should meet the bus as it arrives, wearing a mask. As practical, student with possible symptoms should exit the bus first.
7. Bus should be cleaned / disinfected.
8. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Most common symptoms of COVID-19”).
 - a. **IF ANY SYMPTOM:**
 - i. Place the student in the designated medical waiting room. 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.³³ 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. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room.

³³ <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks#s2>

- ii. Contact caregiver for pick-up.
 1. **IF CAREGIVER CAN PICK UP DURING THE DAY:** Student waits to be picked up in the medical waiting room. Caregivers must wear a mask/face covering when picking up their student. Students should not ride the school bus to get home. Caregivers and students should wash their hands upon arriving at home and change their clothes, as a precaution.
 2. **IF CAREGIVER CANNOT PICK UP DURING THE DAY:** The student should wait in the medical waiting room until the end of the day to be picked up by caregiver. The student should not go home on a school bus with other students.
 - iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.³⁴ An individual who does not wish to be tested may return to school 10 days³⁵ 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.
 - iv. Student should get tested at one of Massachusetts’s test sites.³⁶ Sites may require pre-screening, a referral, and/or an appointment.
 - v. Isolate at home until test results are returned.
 - vi. Proceed as follows according to test results:
 1. **IF NEGATIVE:** Students 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).
 2. **IF POSITIVE:** Student should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms.³⁷ **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19.”
- b. **IF NO SYMPTOMS:**
- i. If the evaluation shows the student does not have symptoms, send the student to class.

³⁴ <https://www.mass.gov/doc/covid-19-testing-guidance/download>

³⁵ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

³⁶ [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

³⁷ <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

Protocol: Student is symptomatic at school

1. Although families are the most important first line of defense for monitoring symptoms, teachers will play an important role in referring possible symptomatic students to the school nurse or other medical point of contact. (Note: This will require training for teachers.)
2. Teacher ensures the student is wearing a mask that fully covers nose and mouth at all times.
3. Teacher calls the nurse or school medical point of contact to inform them that they have a possible case. Nurse or school medical point of contact comes to get the student from class.
4. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Most common symptoms of COVID-19”).
 - a. **IF ANY SYMPTOM:**
 - i. Place the student in the designated medical waiting room. 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.³⁸ 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. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room.
 - ii. Contact caregiver for pick-up.
 1. **IF CAREGIVER CAN PICK UP DURING THE DAY:** Student waits to be picked up in the medical waiting room. Caregivers must wear a mask/face covering when picking up their student. Students should not ride the school bus to get home. Caregivers and students should wash their hands upon arriving at home and change their clothes as a precaution.
 2. **IF CAREGIVER CANNOT PICK UP DURING THE DAY:** The student should wait in the medical waiting room until the end of the day to be picked up by caregiver. The student should not go home on a school bus with other students.
 - iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.³⁹ An

³⁸ <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks#s2>

³⁹ <https://www.mass.gov/doc/covid-19-testing-guidance/download>

individual who does not wish to be tested may return to school 10 days⁴⁰ 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.

iv. Student should get tested at one of Massachusetts's test sites.⁴¹ Sites may require pre-screening, a referral, and/or appointment.

v. Isolate at home until test results are returned.

vi. Proceed as follows according to test results:

1. **IF NEGATIVE:** Students 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).

2. **IF POSITIVE:** Student remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms.⁴² **FOLLOW STEPS UNDER:** "Protocol: Student or staff tests positive for COVID-19."

b. **IF NO SYMPTOMS:**

i. If the evaluation shows the student does not have symptoms, send the student back to class.

⁴⁰ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

⁴¹ [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

⁴² <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

Protocol: Staff is symptomatic at home

1. Staff should monitor themselves at home each morning for the most common symptoms of COVID-19 (see list above: “Most common symptoms of COVID-19”).
 - a. **IF NO SYMPTOMS:**
 - i. Come to work.
 - b. **IF ANY SYMPTOM:**
 - i. Do not come to work.
 - ii. Contact the COVID-19 point of contact and/or other absence reporting mechanism established by the school.
 - iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.⁴³ An individual who does not wish to be tested may return to school 10 days⁴⁴ 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. The staff member should get tested at one of Massachusetts’ test sites.⁴⁵ Sites may require pre-screening, a referral, and/or an appointment.
 - iv. Isolate at home until test results are returned.
 - v. Proceed as follows according to test results:
 1. **IF NEGATIVE:** Staff member 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).
 2. **IF POSITIVE:** Staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms.⁴⁶ **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19”.

⁴³ <https://www.mass.gov/doc/covid-19-testing-guidance/download>

⁴⁴ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

⁴⁵ [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

⁴⁶ <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

Protocol: Staff is symptomatic at school

1. As noted above, staff should be encouraged not to come to school if they are experiencing any symptoms of COVID-19.
2. If a staff member suspects any symptoms during the day, they should follow the school's protocols for getting another adult to cover their class mid-day, if needed, and see the school nurse (or school medical point of contact) to be evaluated for symptoms.
 - a. **IF NO SYMPTOMS:** The staff member should follow the school's standard protocols for being excused due to illness.
 - b. **IF ANY SYMPTOM:**
 - i. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.⁴⁷ An individual who does not wish to be tested may return to school 10 days⁴⁸ 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.
 - ii. The staff member should get tested at one of Massachusetts's test sites.⁴⁹ Sites may require pre-screening, a referral, and/or appointment.
 - iii. Isolate at home until test results are returned.
 - iv. Proceed as follows according to test results:
 1. **IF NEGATIVE:** Staff member 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).
 2. **IF POSITIVE:** Staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms.⁵⁰ **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19".

⁴⁷ <https://www.mass.gov/doc/covid-19-testing-guidance/download>

⁴⁸ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

⁴⁹ [https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?-](https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?)

⁵⁰ <https://www.mass.gov/doc/information-sheet-how-to-self-quarantine-and-self-isolate/download>

Section 2: Protocols for potential school shift to remote learning

Protocol: Presence of multiple cases in the school or district

1. If there are multiple cases of confirmed COVID-19 cases in a classroom, school, or district when a district or school is required to be full in-person, **the superintendent must contact DESE’s Rapid Response Help Center for support in determining the best path for the school’s unique situation.**
2. For each individual case, **FOLLOW STEPS UNDER:** “Protocol: Student or staff tests positive for COVID-19.” Note that when there is one isolated case, the student’s close contacts will need to stay home and be tested, not the whole school. In addition to identifying close contacts, the school administration should consult with the local board of health and request a Mobile Rapid Response Unit for asymptomatic individuals with the classroom, grade, cohort or school in order to determine if there is a cluster or potential in-school transmission. More information on the Mobile Rapid Response Units can be found [here](#).
3. If there is suspected in-school transmission beyond one cohort or a small number of cohorts, school and district leaders must consult with the local board of health as to proposed next steps. These could lead to, for example, making a decision to shift to remote for a single classroom, grade(s), or school and determining the duration of a remote shift. Whenever possible, schools should prioritize keeping as many students in in-person learning as they safely can, in alignment with state and CDC recommendations.
4. **Before a final decision is made on a classroom, grade, or school shifting to remote learning, the superintendent must consult with DESE.**

Contact the DESE Rapid Response Help Center at 781.338.3500

5. If the decision is made to shift to remote learning for some number of days, the school and/or district should send clear information and instructions to families and staff:
 - a. Informing them that it is possible COVID-19 is being transmitted in the school and/or district
 - b. Noting that there may be more potential cases that are not yet symptomatic
 - c. Recommending students quarantine and not have contact with others
 - d. Reminding families of the importance of not having contact with higher-risk individuals (e.g., grandparents)
 - e. Reminding families of the list of COVID-19 symptoms for which to monitor
 - f. Ensuring that remote learning is immediately provided to all students
6. Before bringing students back to school:
 - a. Check inventory levels of needed supplies (e.g., disposable masks, soap, hand sanitizer, cleaning products); re-order replacement inventory
 - b. Consider a school-wide refresher training on the importance of correct hygiene procedures (masks, physical distance, handwashing)

- c. Reiterate the critical nature of masks, physical distancing, and hand hygiene when students return to school

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

1. Provided there is not evidence of in-school transmission and adherence to safety measures is continued, schools do not need to close when case rates increase in the community.
2. **If there are extenuating circumstances where a district is concerned about continuing in-person learning due to a significant number of new cases in a municipality, the superintendent must consult with DESE for further guidance.**

Contact the DESE Rapid Response Help Center at 781.338.3500

Protocol: State-wide changes to reopening phases

1. If Massachusetts moves back into a prior phase, DESE (in consultation with the Massachusetts COVID-19 Command Center) will communicate with school districts and schools to determine whether in-person school should continue. As the transmission of the virus can vary due to local circumstances and actions, these potential recommendations may vary by locality, region or statewide.