



Dear MCGA Parents, Guardians & Staff,

We realize how challenging these past few months have been and the impact it has had on everyone. The staff at MCGA wants to assure you that we have worked diligently in developing our re-opening plan keeping the health and safety of our students and staff a priority. Our School Safety Pandemic Committee has been highly involved and in discussions over the past two months on how to safely reopen school for the 2020- 2021 school year. The committee members include administration, human resources, custodian, nurses, staff, and stakeholders who examined areas of facilities, curriculum & instruction, operations, health and wellness and technology. Re-opening surveys were completed by parents, students and staff. The New Jersey Department of Education provided guidelines to all school districts in the **Road Back: Restart and Recovery Plan for Education**, which outlines the anticipated minimum standards that MCGA will follow to ensure the safety and wellbeing of our students and staff.

SCHOOL RE-OPENING PLAN

The purpose of this plan is to outline Mount Carmel Guild Academy's return to school guidelines during COVID19. These guidelines were carefully created by our school safety pandemic committee team members to address the safety, health and welfare of staff and students and will be distributed to all stakeholders.

Mount Carmel Guild Academy is scheduled to begin the regular school year for students on Monday, September 14, 2020. The school day will take place between 8:30 AM until 12:30 PM, Monday through Thursday following and A/B rotation schedule. Please remember that this plan is a draft and will change upon updated information from local, state and federal officials.

CDC Issued Guidelines for Phases

Please note that this guidance has been modified to align with pre-COVID-19 NJDOE APSSD regulations. Further, we acknowledge that some of the suggestions will require substantial coordination and collaboration with sending school districts.

- Continue communication with local and state authorities to determine current mitigation levels in community.
- Hand washing with soap and water or alcohol-based hand sanitizer with at least 60% alcohol.
- Cover coughs and sneezes.
- Social distancing and protective equipment.
- Temperature checks.
- Testing, isolating and contact tracing - Written clearance by MD to return to work.
- Sanitation - Use and disinfection of high traffic areas, and frequently touched services.
- Protect and support staff and students who are at a higher risk for severe illness such as providing options for telework and virtual learning:
 - People 65 years and older
 - [People of all ages with underlying medical conditions](#)

Phase 1: Schools that are currently closed, remain closed. E-learning or distance learning opportunities should be provided for all students.

Phase 2: Open with **enhanced** social distancing measures

Phase 3: Remain open with distancing measures. Collaborate with local districts and NJDOH regarding attendance of students from high transmission areas to safeguard wellbeing.

Safety Actions:

- Promote healthy hygiene practices (Phases 1-3)
- Teach and reinforce washing hands and covering coughs and sneezes among children and staff.

- Teach and reinforce use of **cloth face coverings** among all staff. Face coverings are most essential in times when physical distancing is not possible. Staff should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to all staff on proper use, removal, and washing of cloth face coverings. **Face coverings:** All school staff, students and visitors are required to wear face masks. Students will be strongly encouraged to wear face coverings and are required to do so when social distancing cannot be maintained, unless doing so would inhibit the student's health.
- Have adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

Ensure social distancing Phase 1 and 2

- Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (students will travel in **pods** of 6 and remain with same staff members all day)
- Restrict mixing between groups
- Cancel all field trips, inter-group events, assemblies and athletics.
- Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 2; Note: restricting attendance from those in Phase 1 areas).
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time
- Space seating/desks to at least six feet apart.
- Close communal use spaces such as dining (Students will have breakfast and lunch in classrooms until further notice)
- Use of disinfect before and after meals.
- All meals will be served in the classrooms. We will serve individually plated meals and hold activities in separate classrooms.
- Whenever possible, stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible.
- Create social distance between children on school buses where possible.

Intensify cleaning, disinfection, and ventilation (Phases 1-3)

- Clean and disinfect frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) and shared objects (for example, toys, games, art supplies) between uses.
- To clean and disinfect school buses see guidance for bus transit operators.
- Ensure safe and correct application of disinfectants and keep products away from children.

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollen in or exacerbating asthma symptoms) risk to children using the facility.
- 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 and other diseases associated with water.

Phase 3

- Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
- Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Phase 1 or 2 areas).
- Continue to space out seating to six feet apart, if possible.
- Consider keeping communal use spaces closed, such as game rooms or cafeterias, if possible; if this is not possible, stagger use and disinfect in between uses.
- Consider continuing to plate each child's meal, to limit the use of shared serving utensils.
- Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Phase 1 or 2 areas)
- Consider staggering arrival and drop-off times and plan to continue limiting direct contact with parents as much as possible. Continue to stagger arrival and drop--off times and plan to continue limiting contact with parents as much as possible.

Limit sharing (Phases 1-3)

- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single student) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books and other games or learning aids

Train all staff (Phases 1-3)

- Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.

Monitoring and Preparing

- **Check for CDC signs and symptoms covid (Phases 1-3)**
- Implement screenings safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- School administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.

- Encourage staff to stay home if they are sick and encourage parents to keep sick children home.
- Encourage staff or children who are sick to stay at home.
- Plan for when a staff, child, or visitor becomes sick (Phases 1-3)
- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff members not to return until they have met CDC criteria to discontinue home isolation.
- Inform those exposed to a person with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop. Provide options for virtual learning.

Maintain healthy operations (Phases 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns.
- Employees should know who this person is and how to contact them.
- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.

Closing Phases 1-3

- Check State and local health department notices daily about transmission in the area and adjust operations accordingly.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (1-2 days) for cleaning and disinfection.

Guidelines for All Phases

Please note these guidelines are tentative and subject to change based upon the current circumstances and the associated guidance provided by health officials.

Before Anyone Enters the Building:

- Temperature checks (non-contact infrared thermometers) on all staff and students.
- Sanitize all hands before entering the building.
- Staging area for student and staff arrival: Possible use of tents. One tent/area for temperature check and hand sanitizing and another tent/area for those with signs or symptoms.

Sick Day Guidelines:

Symptoms Requiring Absence:

- Positive COVID-19 test result, even if asymptomatic
- Active vomiting or diarrhea
- Fever
- Fever constitutes 100.0 degrees Fahrenheit or higher. However, evaluate the clinical picture. A temperature of 99.5 with body aches likely indicates acute illness.
- Chills
- Cough and runny nose
- Dry cough
- Tiredness
- Aches and pains
- Sore throat
- Diarrhea
- Conjunctivitis (pink eye)
- Headache
- Loss of taste or smell
- Undiagnosed, new, and/or untreated rash or skin condition (i.e. generalized hives, wound with purulent drainage, etc.)
- Discoloration of fingers or toes
- Difficulty breathing or shortness of breath
- Chest pain or pressure
- Difficulty speaking or new onset of confusion
- The first 24 hours of various antibiotic treatments (i.e. strep throat, pink eye, etc.)
- Doctor's note requiring an individualized plan of care to stay home.

When to return

- If diagnosed with COVID19, with or without positive test and/or symptoms, please refer to [CDC protocol below](#) for return to school or work:

- *The decision to discontinue isolation should be made in the context of local circumstances. Options now include both*
 - *1) a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and*
 - *2) test-based strategy.*
 - *Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)*
 - *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.*
 - *Test-based strategy (simplified from initial protocol) 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. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that only one swab is needed at every sampling.*

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- *Resolution of fever without the use of fever-reducing medications and*
- *Improvement in respiratory symptoms (e.g., cough, shortness of breath) and*
- *Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive upper respiratory swab specimens collected ≥ 24 hours apart (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#) for specimen collection guidance.*

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 10 days have passed since the date of their first positive COVID-19 viral test and have had no subsequent illness provided they remain asymptomatic.

School Support

Staff will be highly encouraged to stay home if they are sick. If an individual presents to school with the abovementioned “Sick Day Guidelines” symptoms, they will need to go home until clearance criteria for school return is met (see above criteria). Re-entry to the school is at the discretion of the school nurse.

Academics

MCGA will continue to support students with acute or chronic health conditions. Short-term absences will be handled on a case-by-case basis with the student in touch with the school nurse. Long term absences will be evaluated if criteria is appropriate for medical leave or other potential medical accommodations.

Adhering to the six feet social distancing rule in classrooms and throughout the school building MCGA will have minimal capacity of students in classrooms and in learning spaces throughout the school building to accommodate our students. Will employ the following A/B weeks across grades schedule:

Students in grades Pre-K – 12 A/B Alternating Week Schedule

Monday – Thursday 8:30 – 12:30

Friday – Remote - 1:1 Virtual Learning

MCGA plans to reopen on a four hour instructional school day (8:30 – 12:30). To minimize the risk of exposure in the school, students receiving instruction on-site will remain in their assigned classrooms the entire day, except to the extent needed to receive specialized related services such as counseling, speech, OT and PT, and for physical education, and to use the bathroom. Students who do not attend in person will receive a live video feed of the classroom teacher providing the instruction. The provision of related services and therapy sessions to full-time remote students will take place by Google meets or Zoom.

Schedules will include a combination of physical face to face instruction and virtual instruction on an alternating schedule. Students on the A schedule will report to school for in- person instruction on “A” weeks, while students on the B schedule will report to school on “B” weeks. Students physically not in school will participate in learning virtually from home through live stream, google meets and zoom. We will be using our normal grading and attendance policies as well as our re-opening learning guidelines (see school website) for the 2020 – 2021 school year. Our curriculum coordinator will continue discussions with administration to adjust the curriculum when necessary.



Parents and guardians may request full-time remote instruction MCGA will accommodate the request. Students participating in full-time remote learning will be afforded the same quality of education as students receiving in-person or hybrid instruction.



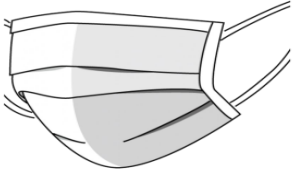
If approved to do so by the NJDOE, MCGA will provide remote/virtual academic and related service programming to students that are absent due to health issues while they are unable to attend school on a physical campus.

However, should future pandemic conditions deteriorate in New Jersey, we will return to providing remote virtual instruction consistent with our School Emergency Closure Plan, see <https://mcgacademy.net>

Mount Carmel Guild Academy Reopening Learning Plan 2020-2021

Academic Guidelines for the 2020-2021 Academic School Year will include the following:

	Full-time online instruction	In- person Instruction with Social Distancing following an A/B Alternate Week Schedule
<p>Schedule</p> 	<p>All Grade Levels: A/B alternate week schedule: Four days of direct/interactive face to face instruction alternating weeks, four days of virtual instruction and one day of supportive independent learning per week. All students receive approximately 4.0 hours per day of direct/interactive/virtual instruction. Students will also receive specialized instruction, as needed, such as English for Speakers of Other Languages (ESOL) or Special Education Services. The amount of special education service will be determined by individualized education program (IEP) teams. Considerations will be given to individualized student needs.</p>	<p>All Grade Levels: Follow an A/B schedule. At least two weeks per month of instruction in person at school two weeks of remote learning and independent work. Specialized instruction will be provided, as appropriate, such as ESOL or special education services required by the IEP for students with disabilities. Students will be engaged in independent remote learning on the days they are not in the school building. In-person instruction will be based on the number of students who choose fulltime online instruction or if community health conditions and guidance change.</p>
<p>Courses</p> 	<p>All courses required by New Jersey Standards of Learning are offered. There is no guarantee that all programs or elective courses will be available. General classroom instruction at all levels will feature whole group, small group, and individual support. Eligible students will receive related services in accordance with their IEP.</p>	<p>All courses required by New Jersey standards of learning are offered. There is no guarantee that all programs or elective courses will be available. General classroom instruction at all levels will feature whole group, small group, and individual support. Eligible students will receive related services in accordance with their IEP.</p>
<p>Food Service</p>	<p>MCGA will inform families of meal service options in their</p>	<p>Breakfast and Lunch Meals will be available during</p>

	<p>districts using Google classroom and Class Dojo/Website platform to communicate weekly school lunch distribution centers information.</p>	<p>the week in the classroom for students receiving face to face instruction. Cafeteria will not be opened for students to eat their meals.</p>
<p>Transportation</p> 	<p>Not applicable</p>	<p>Transportation will be provided by sending districts or by parents.</p> <p>Staff will check students' temperature upon arrival and dismissal.</p>
<p>Health Protocols</p> 	<p>Not applicable</p>	<p>Staff will guide students on health and safety protocols, following Centers for Disease Control (CDC) guidelines. All staff and students must wear face coverings as developmentally appropriate in accordance with CDC guidelines. Schools will provide masks to students unable to provide their own. Six feet of social distancing will be maintained throughout the school building.</p>

The Reopening Plan offers families the option of in-person instruction in MCGA school building with social distancing protocols, per the current CDC and NJHD guidance. In this model, students attend classes at their school a minimum of two weeks per month using an

A/B week rotation schedule, with two weeks of remote learning per months. Additional in person days will be offered as feasible based on health and safety guidelines. Students are automatically enrolled for in-person instruction if their families do not submit their preferred instructional model by the deadline. Students with Disabilities Special education services for students with disabilities will include increased time for synchronous instruction and explicit expectations for greater consistency. Instructional delivery will be designed to ensure the least restrictive environment (LRE) as required by their IEP. As needed based on IEP goals, this will include in-person specialized instruction. Students will continue to receive access to instructional materials for use at home, as needed, including assistive technology tools. The student support model will be complemented by enhanced professional development for staff and training for caregivers. When necessary, virtual meetings will be used to convene special education procedural meetings, such as local screening committee, reevaluation, eligibility, IEP teams, etc.

See MCGA website for Health Protocols, screening and social distancing in accordance with CDC and local health department.

Schedules to ensure students and staff can meet physical distancing requirements; instructional delivery under this model requires a reduced schedule of in-person learning. Students participate in virtual learning on days when they are not present in the school building. This structure involves a rotating week schedule A/B for in-person and virtual instruction with students attending MCGA school during their assigned week. The schedule below illustrates how it might look to serve half of the students at the school on A Schedule week Mondays through Thursdays and the other half B group virtually on Mondays through Thursdays. Students who are not attending in-person on any given day—including Friday—participate in supportive online learning, using digital curriculum resources and instructional tasks assigned by their teachers. Students are assigned to Schedule A or Schedule B based on academic and behavioral levels All students access remote learning on Fridays all teachers, related service providers and paraprofessionals will provide students with on-line support.

A SCHEDULE In-Person

Monday	Tuesday	Wednesday	Thursday	Friday
--------	---------	-----------	----------	--------

8:30am-12:30pm	8:30am-12:30pm	8:30am - 12:30pm	8:30am-12:30pm	Students work online/teacher-directed lessons, intervention and support. Teacher planning and professional development. Building deep learning
----------------	----------------	------------------	----------------	--

B SCHEDULE Virtual Learning

Monday	Tuesday	Wednesday	Thursday	Friday
Online Home Instruction 4.0 Hours	Online Home Instruction 4.0 Hours	Online Home Instruction 4.0 Hours	Online Home Instruction 4.0 Hours	Student work online/teacher-directed lessons, intervention and support. Teacher planning and professional development. Building deep learning

Schedules

This model involves A/B rotation schedule with two week of teacher-directed/synchronous instruction (Monday through Thursday) and one day per week of independent online learning (Friday). This model involves two weeks of online virtual learning for A/B group. Students taking courses through this full-time online model are likely to have larger class sizes than their peers taking the same course in-person with social distancing at the school. Individual schedules for online instruction will be finalized and communicated in mid-August 2020, as family enrollment forms are collected and processed. MCGA staff provide 4.0 hours per day of direct, synchronous instruction (whole group, small group, and individual) and support. MCGA staff will also provide specialized instruction, as needed, such as ESOL or support services.

Family Commitments

Families are asked to communicate their intent to participate in this model by mid-July and/or commit to continuing with full-time online instruction. Families should be prepared to support their children's active participation in all online learning activities. They will need to ensure their children have adequate space, materials, and technology access for their daily online instruction, requesting school assistance to provide a laptop and internet service, as needed. Families will need to be ready to follow the established daily learning schedule and will need to work with school staff to arrange for their children to participate in standardized assessments and other mandated educational activities.

Support for Special Population

Students with disabilities:

Supports for Special Populations Students with disabilities and English learners will be given special consideration to ensure appropriate instruction while complying with federal and state requirements. Students with Disabilities Special education services for students with disabilities will include increased time for synchronous instruction and explicit expectations for greater consistency. Instructional delivery will be designed to ensure the least restrictive environment (LRE) as required by their IEP. As needed based on IEP goals, this will include in-person specialized instruction. Students will continue to receive access to instructional materials for use at home, as needed, including assistive technology tools. The student support model will be complemented by enhanced professional development for staff and training for caregivers. When necessary, virtual meetings will be used to convene special education procedural meetings, such as local screening committee, reevaluation, eligibility, IEP teams, etc.

English Language Learners

English Learners (ELs) ESOL services for English learners will include a defined minimum time allocation for English language development (ELD) instruction within the student's schedule, with opportunities for extended instructional time provided to recently arrived ELs, students with limited or interrupted formal education (SLIFE), and ELs identified for interventions. Formative ELD assessments will be created to assist monitoring of student progress in development of reading, writing, listening, and speaking skills. Bilingual counseling, social work services, and psychology services will be available to support students' social-emotional needs and academic advising. Family outreach and education will be provided.

The impact of the school closures on student achievement and well-being has been studied by various organizations around the world. Building a reopening plan that takes into account common lessons learned within MCGA and beyond will help create an infrastructure aligned to student, family, and staff needs. Documenting the successes and missteps in the spring 2020

distance learning implementation will inform decisions and planning for the reopening of schools in the fall 2020.

Six key areas of learning have been documented by MCGA staff from analysis of our own experiences and review of recent articles and studies.

Instructional Model

Instructional Model - Consistent implementation of a division wide instructional schedule is needed to promote equity. More synchronous student learning (live, interactive learning) is preferred. Increased access to live teaching experiences is needed to reduce the family burden to support student learning. Increased social emotional learning (SEL) opportunities are needed in a virtual environment.

Equity Concern

Equity Concerns - Technology and connectivity must be provided to all students attending MCGA to ensure that all students can participate equitably in online instruction. Districts must account for the disproportionate health and economic impact of COVID-19 on certain communities, including how this affects students' ability to equitably participate in online learning, potentially widening achievement gaps.

Communication

Communication Opportunities for two-way conversations with all stakeholders is vitally important when generating plans and monitoring implementation. Frequent and consistent messaging from the school division is needed, with safeguards to ensure communication reaches all families. Verbal interpretations and written translations must be available for all families who require them. Return to school success stories should be shared with stakeholders through social media, newsletters, news releases, and media outlets.

Instructional Practice

Instructional Practices - Staff need dedicated time to plan and work in collaborative teams. Ongoing professional development is needed to strengthen virtual teaching strategies. Digital citizenship concepts and skills should be integrated into lessons. Consistent inclusion of "specials" classes in elementary school and electives in middle schools is needed to support the whole child. Grading policies should be carefully crafted to appropriately motivate student engagement.

Technology and Infrastructure

Technology and Infrastructure - Timely distribution of laptops and WiFi devices must be further strengthened to support student access to online instruction. Learning platforms and video conferencing must be able to support consistent access by MCGA students and staff. Students must have secure ways to access synchronous learning. Honoring students' individuality while maintaining security is critical, such as by reflecting preferred names within digital platforms.

Staff Support

Support to Staff is needed to meet the demands of virtual instruction and telework.

Administrators, teachers, and support staff should receive sustained professional development on a range of crisis-related issues, self-care, and productivity tools. The division must ensure that all staff have consistent access to internet connectivity so they may effectively support students, families, and the school system.

MCGA School Nurse Responsibilities Related to COVID-19 Pandemic

1. Continuous review and update of CDC and New Jersey Department of Education guidelines to ensure compliance.
2. Participate in MCGA Pandemic Response Team
3. Update Nurse's Policy and Procedures
4. Assess and monitor all cleaning and disinfecting protocols.
5. Educate staff/students in community mitigation strategies:
 - a. Hand washing
 - b. Covering coughs and sneezes
 - c. Face coverings/masks
 - d. Social distancing
6. Teach and reinforce healthy hygiene for staff and students
 - a. Train staff and students on healthy hygiene practices. Staff should reinforce these teachings to students.
 - b. Reinforce handwashing strategies that include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing and at least every 1 ½ to 2 hours throughout the school day. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - c. Encourage custodians to maintain adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
7. Educate staff in daily cleaning and disinfecting procedures
8. Provide appropriate PPE for staff (masks, face shields, gloves, disposable gowns) as needed when working with students
9. Reorder PPE supplies as needed
10. Encourage all staff and students to wear masks in school, with "breaks" as appropriate.
11. Assess and encourage social distancing in classrooms and other gathering spaces (gym, cafeteria, music room, speech, etc.) frequently during the school day. Report concerns to principal.
12. Assess health status of staff and students daily
 - a. Temperature taking, monitoring for symptoms and signing off every morning
 - b. Students checked as they exit bus
 - c. Daily nursing rounds of classrooms
 - d. Monitor daily wellness surveys as reported by staff and parents/guardians

- e. Train staff responsible for temperature taking on the parameters and procedures for when students and staff present with an increased temperature.
- 13. Maintain safe environment for well and sick visits to the health office
- 14. Review and update isolation policy according to DOH and CDC guidelines
- 15. Monitor for absenteeism
 - a. Staff documenting student/staff attendance must report student and staff absenteeism to nurse
 - b. Staff and students must give reason for absence
 - c. Follow up with any suspicious absence
- 16. Require sick students/staff to stay home (doctor's note to return if sent home with fever greater than 100.0)
- 17. Notify local health department immediately of a positive case of COVID-19 in the school building (student, staff, or visitor). In consultation with principal, follow CDC guidelines for confirmed cases in the school.
- 18. Frequent communication with parents, in consultation with principal.
- 19. Implement CDC policy regarding absenteeism:
 - a. **Require sick students and staff to stay home.**
 - b. Maintain and review procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible.
 - c. Keep sick students and staff, particularly those with symptoms of respiratory illness, separate from well students and staff in isolation room.
- 20. Review, update and ensure compliance of Return to School policy following a COVID positive test or exposure
- 21. Share resources with the school community to help families understand when to quarantine and isolate (keep children and staff home).
- 22. Ensure that each district has provided a plan for PPE, social distancing and bus cleaning and disinfecting during school transport. Consult with vice principal/principal regarding district bussing issues.

Procedures for Health Office

NURSE'S OFFICE must remain a CLEAN area for daily medications, screenings, injuries, and students who do NOT HAVE communicable illness symptoms

DO NOT bring the student to the Nurse's Office for the following symptoms,

Call nurse and report symptoms:

- Confusion/ “doesn't seem to be themselves”/disorientation
- Decreased level of consciousness
- Shortness of Breath/Respiratory Distress
- Dizziness/Lightheadedness
- Spinal Cord Injury/Head Injury complaining of neck pain - DO NOT MOVE POSITION
- Vision impairment
- Diabetic “Lows” or “Highs”
- Hemodynamic compromise
- Seizure activity suspected

Isolation Room

In order to prevent potential exposure to infectious diseases, promote isolation, and decrease office congestion please note for minor injuries, please call the office before sending to verify no ill students are present.

Students with symptoms of communicable illness must report to an ISOLATION room **NOT THE NURSE'S OFFICE**. Please call the nurses office to have the nurse meet you in an isolation room. Nurse's office must remain clean. Use the designated isolation room for any staff or student with symptoms.

Sanitation Stations:

All MCGA classrooms and offices will have an area set-up called “**Sanitation Station**” which will include the following PPE items:

- Gloves
- Masks
- Tissues
- Hand Sanitizer
- Disinfectant Spray
- Paper Towels
- Wipes

Nonpharmacological Intervention (NPI) Recommendations for Communicable Disease Individual:

- Avoid close contact with people who are sick.
- Stay home when you are sick.

- Cover your cough or sneeze into your elbow or a tissue, then throw the tissue in the trash. Follow with hand hygiene.
- Avoid touching your eyes, nose, and mouth. If you do, wash your hands afterwards.
- Wash hands often with soap and water (20 seconds).
- If you don't have soap, use hand sanitizer (60–95% alcohol based).
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Ensure all vaccines are up to date of self and household members.
- Promote non-contact methods of greeting

Community:

- Promote up-to-date vaccinations, including the flu vaccine, in accordance with New Jersey state law.
- Plan interventions proactively for communicable disease outbreaks.
- Social distancing measures when there is a communicable disease outbreak.
- In a multidisciplinary approach, evaluate ways to decrease community congestion. i.e. classes outside when appropriate
- Screening—Utilizing screening measures at work and school sites. This could include temperature-taking, if still recommended as an effective screening measure by the CDC. Clear protocols for communicating with students, parents and staff who have come into close/sustained contact with confirmed cases;
- Alternative plans for after-school programs, sports, recreation and physical fitness. These activities may need to be adjusted using the above protocols.
- We must be prepared for the trauma, the transition and the many instructional issues—including the effects of learning loss and the digital divide.
- Mental Health Supports for Students. Our collective response to COVID-19 requires much more than limiting the spread of the virus. Prolonged physical distancing, death and illness in our families and communities, and economic dislocations, will leave many students and faculty with ongoing trauma and mental health issues, and it is incumbent on us to meet their needs now more than ever. We know from brain science that lack of psychological safety and the impact of adverse childhood experiences impede and even prevent learning. These impacts will be widespread. This will require additional staff with expertise in mental health, to provide trauma and sensitivity training for all staff, students and parents. All staff should be trained on how to identify students struggling with trauma and refer them to mental health professionals for additional support.

Environmental (Subject to change based upon guidance):

- Routine environmental cleaning - Daily cleaning throughout the day of bathrooms, hallways, kitchen areas, staff lounges, entrance doors/knobs/glass doors touched, High touch surface cleaning etc.
- Plexiglass barriers- Erect plexiglass barriers in portions of the building such as reception and main offices.
- Posting - Signs throughout campus encouraging frequent handwashing, directional color coded arrows, One- way signs and staying safe and healthy reminders.

- Hand sanitizer - dispensing units at each building entrances and outside of classrooms
- Food – Breakfast and lunch will be served in classrooms. Meals will be served in individually wrapped trays. No food-sharing activities
- Increase ventilation
- School-based programming and organization - redistributing work responsibilities to reduce contact between people.
- Backpacks/Personal Devices: Backpacks should be placed in assigned bins within the building. Brown bag disposable lunch if a student brings a lunch. Students should be the only ones touching their backpacks. If teachers or other staff touch a student's personal belongings they need to wash their hands or use hand sanitizer after doing so.
- Physical Education: Need to incorporate alternate gym activities, where equipment sharing is minimal. Wipe down area and all equipment before and after each use.
- Clutter: Empty classrooms, OT, Speech, specialist, counseling of clutter, (legos, blocks, board games, books, etc.) that multiple kids can all play and touch.
- Desk 6 feet apart (see what DOE, DOH and CDC guidelines will instruct this guideline maybe subject to change).
- Spacing Throughout the Building: Taping marks of 6 feet spacing coming in the building, in classrooms (including OT, speech, counseling, reading areas), in halls and PE at all times.

Isolation and Personal Protective Equipment (PPE) Standards:

- Appropriate PPE must be utilized in conjunction with universal precautions and proper hand hygiene.
- Personal protective equipment and sanitization - Providing medical-grade masks for health professionals and nonmedical-grade masks and/or face shields for all others, and disinfecting schools on a regular basis, in addition to providing sanitizing stations.
- Availability of and training on how to effectively use PPE. Educators and support staff need appropriate PPE and training on how to properly put on, use, take off and dispose of it.
- Hand hygiene is required before and after each office encounter and after each intervention.
- Soap and water scrubbing for 20 seconds is the preferred method. Hand sanitizer is also acceptable if unable to access sinks.
- Soap and water handwashing must be used in the case of gross soiling.
- Daily sanitizing. School facilities should be thoroughly sanitized on a daily basis to prevent transmission of the virus, increasing staff as necessary.

Symptomatic PPE guidelines

Non-Respiratory Condition:

GI:

- Consider the use of gowns
- Mask/facial shield
- Protective eye wear and shoe covers in the case of active or impending emesis
- Move the student to a separate isolation area in the case of active emesis.

Integumentary:

- Standard precautions and evaluate the need of escalation of PPE dependent on clinical picture, i.e. draining wounds, potential exposure to blood borne pathogens.

Miscellaneous:

- Use clinical judgement to evaluate the risk of exposure and implement appropriate PPE.

Upper Respiratory Condition:

Respiratory Condition and Afebrile:

- Carefully consider mask use during assessment to prevent droplet transmission during close contact.
- If lung sounds auscultated clear, secretions are clear or absent, and cough is intermittent or absent in nature teach students proper respiratory hygiene etiquette. Evaluate clinical picture if appropriate to remain in school.
- If lungs sounds are auscultated other than clear and/or secretions are yellow or green, and cough is persistent - use a mask and refer a student out for further evaluation. Move the student to an isolation room.

Respiratory Condition and Febrile:

- Per the CDC and NASN, “The use of facemasks for persons with respiratory symptoms and fever over 100.4 is recommended if available and tolerated by the person and developmentally appropriate.”
- Depending on the clinical picture, consider use of protective eyewear, facial shield, gown, and shoe covers if assessing within close proximity and risk of droplet transmission.
- Isolate the student in a separate area.
- Must be sent home and follow up with a medical provider with a clearance note prior to returning to school.
- Have the parent/guardian call DOH Hotline 609-588-7500 for guidance regarding presenting symptoms if testing for COVID-19 is warranted.
- Encourage tele-visits and telephone calls first to prevent potential community transmission of infectious disease if stable and clinically appropriate referral at time of assessment.
- Schools are not expected to test students or staff to identify cases of COVID-19.
- Ensure adequate education has been provided to recognize symptoms. Although symptoms are individualized and variable, sometimes even asymptomatic, the

CDC has recognized that the primary symptoms are FEVER, COUGH, and SHORTNESS OF BREATH.

- Consider presenting at common times, etc. to educate symptoms, disease transmission, and separate fact from fiction.
- If MCGA has direct cases of COVID-19, local health officials will help identify those individuals and we will collaborate to follow up on next steps.
- Call DOH Hotline 609-588-7500 for healthcare providers for further guidance.
- Send home until “Return to School” guidelines are met.
- Educate parents on recognizing warning signs about when to consult a higher level of care.

Internal: Communicable Disease Monitoring:

- Collaborate with secretaries to record symptoms when students are called in for sick days.
- Students and staff who are absent more than 3 days are required to submit a doctor’s note to return to school on admission to school to the school nurse
- Health Office to contact student’s with an unverified absence.
- Health Office will monitor community illness for communicable disease trends.
- If a significant amount of the school, staff and students, call out sick for similar symptoms it must be reported to the DOH.
- If a Covid-19 case is positive in our school, this is a reportable condition. (Although likely reported by the healthcare provider, call DOH for guidance.)

External: Method of Reporting and content of report N.J.A.C.8:57 - 1.6

(a) Health care providers and administrators shall immediately report by telephone the information set forth at (c) and (d) below on confirmed and suspected cases of immediately reportable communicable diseases set forth in N.J.A.C. 8:57-1.5(a) to the health officer of the jurisdiction where the ill or infected person lives, or if unknown, wherein the diagnosis is made, except that health care providers and administrators shall report ill or infected persons in State-owned institutions, such as State correctional facilities, directly to the Department.

1. If the health officer is unavailable, the health care provider or administrator shall make the report to the Department by telephone to 609-588-7500, between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to 609-392-2020 during all other days and hours.

2. Health care providers and administrators may use the Directory of Local Health Departments in New Jersey to locate health officers and local health departments in New Jersey.

i. The Directory of Local Health Departments in New Jersey is written and published by the New Jersey Department of Health and Senior Services, Office of Public Health Infrastructure and is available by written request to the Office of Public Health Infrastructure, New Jersey Department of Health and Senior Services, PO Box 360,

Trenton, NJ 08625-0360 or online through the Department's web page at <http://www.state.nj.us/health/lh/lhdirectory.pdf>.

(b) Health care providers and administrators shall report by mail or by electronic reporting within 24 hours of diagnosis, the information set forth in (c) below on confirmed cases of reportable communicable diseases set forth in N.J.A.C. 8:57-1.5(b) to the health officer of the jurisdiction where the ill or infected person lives, or if unknown, wherein the diagnosis is made, except that health care providers and administrators shall report persons with hepatitis C, sexually transmitted diseases and tuberculosis and all persons in State-owned institutions, such as State correctional facilities, directly to the Department.

1. If the health officer is unavailable, the health care provider or administrator shall make the report to the Department by telephone to 609-588-7500, between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to 609-392-2020 during all other days and hours.

2. Health care providers and administrators may use the Directory of Local Health Departments in New Jersey to locate health officers and local health departments in New Jersey.

3. Health care providers and administrators may mail reports to the Department at the following address: Communicable Disease Service, New Jersey Department of Health and Senior Services, PO Box 369, Trenton, NJ 08625-0369.

(c) The disease report set forth at (a) and (b) above shall include:

- 1. The name of the disease;*
- 2. The name, age, date of birth, gender, race, ethnicity, home address and telephone number of the person who is ill or infected with such disease;*
- 3. The date of onset of illness;*
- 4. The name, address, institution, and telephone number of the reporting health care provider or administrator;*
- 5. Clinical laboratory data, which support the diagnosis;*
- 6. Any treatment provided (for sexually transmitted diseases only); and*
- 7. Such other information as the Department requires concerning a specific disease.*

(d) In addition to the information set forth at (c) above, outbreak reports shall include:

- 1. The name, municipality, and telephone number of the location where the outbreak occurred;*
- 2. The number ill;*
- 3. A description of symptoms;*
- 4. Pertinent medical history and available diagnostic confirmation; and*
- 5. Such other information as may be requested by the health officer or the Department concerning a specific disease.*

(e) Health care providers and administrators shall immediately report to the Department all cases of persons who harbor or are suspected of harboring any illness or health condition that

may be reasonably believed to be a potential cause of a public health emergency as set forth in the Emergency Health Powers Act, N.J.S.A. 26:13-4.

1. Health care providers and administrators shall make reports to the Department by telephone to 609-588-7500, between 8:00 A.M. and 5:00 P.M. on non-holiday weekdays or to 609-392-2020 during all other days and hours.

Additional External Recommendations:

- Refer to above “Community NPI Recommendations”
- Continue monitoring local, national, and global health trends.
- Continue to follow up-to-date communications from the DOH.
- CDC, WHO, Office of the Governor, and American Association of Pediatrics regarding community-specific communicable disease concerns, planning, and interventions
- Coordinate with the communications department and scenario planning group for community support and guidance. This may include updating available hotlines, websites, local food shelters, day care options, and more.
- Traveling: staff advise of any travel both domestic and international. (Will be part of daily entry screenings).

Guidelines for Buses/Vans:

- Use a CDC-approved disinfectant when wiping down surfaces. Each school bus should be wiped down after each run, including the morning run, afternoon run and any special runs. Items to be wiped down include the entry handrail, the fronts and backs of seats and any hardware or accessories, windows, window handles and walls. In addition, wipe the exterior surfaces and hardware of the entry door as well as driver controls of the bus such as the steering wheel, mirrors, etc.
- Hand Sanitizer should be available for students & staff on bus.
- All bus occupants (students and driver) should utilize hand sanitizer upon entry to the school bus and again upon exiting the vehicle. Train all drivers on proper use of hand sanitizer, for themselves and their students.

Signage and Student Education on Buses

Prominently post signage indicating the proper method to protect others when coughing or sneezing on the school bus. In addition, all students should be properly educated in these procedures utilizing CDC guidelines.

Supplies on Bus (Transportation provided by sending school districts)

- Each bus should be equipped with tissues, gloves, hand sanitizer, disinfecting wipes and a garbage receptacle.
- Each school bus should have tissues available for students who cough or sneeze. In addition, a trash disposal station should be readily available. Students should be

educated in proper disposal of used tissues. Dispose of tissues after each run as part of disinfecting the bus.

Driver Training (Transportation provided by sending school districts)

- All drivers should receive training on proper disinfecting procedures for the school bus. These procedures should follow CDC recommendations. This training should be properly documented similar to other district provided training. The training should include the following at a minimum,
- Proper cleaning and disinfecting techniques.
- Proper use and disposal of Personal Protective Equipment (PPE). Safe product usage guidelines (chemical safety). Proper methods to empty and dispose of trash.

Considerations for Closure of School:

- Correspond with DOH and CDC guidelines regarding interventions when considering school closure and guidance.
- Ensure communication with parents of medications in school about retrieval, storage, or destruction options. Chart communications in student health record.

Resources

Readiness and Emergency Management for Schools <https://bit.ly/2ztuhmp>

World Health Organization rolling updates on COVID-19
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19)
<https://www.cdc.gov/coronavirus/2019ncov/about/transmission.html>.

Handwashing and Hand Sanitizer Use at Home, at Play, and Out and About,
<https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf>

Return to Work/School after COVID19 diagnosis with/without test an/or symptoms:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dispositionin-home-patients.html>