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WEST ESSEX REGIONAL SCHOOL DISTRICT

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1648.11 THE ROAD FORWARD COVID-19 - HEALTH AND SAFETY

The Board of Education plans to provide full-day, full-time, in-person instruction and operations for the 2021-2022 school year. In June 2021, the New Jersey Department of Health (NJDOH) and the New Jersey Department of Education (NJDOE) worked collaboratively to develop guidance, The Road Forward – Health and Safety Guidance for the 2021-2022 School Year (The Road Forward).

The Road Forward replaces the mandatory anticipated minimum standards outlined in the NJDOE's "The Road Back – Restart and Recovery Plan for Education" (June 2020) and provides a range of recommendations rather than mandatory standards. These recommendations are meant to assist school districts in implementing protocols to reduce risks to students and staff from COVID-19 while still allowing for full-time learning.

The Board considered many factors as they prepared for the 2021-2022 school year, including the level of COVID-19 transmission in the community at large and in the school community, as well as vaccination coverage rates in both the community at large and the school community.

For the purpose of this Policy, "Order" shall mean any Governor of New Jersey Executive Order, New Jersey State Agency mandate, Centers for Disease Control and Prevention (CDC) guidance, New Jersey statute, or administrative code requiring compliance by the school district.

The Board considered the recommendations outlined in The Road Forward to develop health and safety protocols. The Board will consider all recommended Orders and comply with all mandatory Orders when developing health and safety protocols and reviewing them periodically.

The Board considered the recommendations outlined in The Road Forward to develop the school district's COVID-19 protocols in the following areas and included in corresponding Appendices:

- A. General Health and Safety Concerns of Students, Staff Members, and Visitors
 - 1. Vaccination See Appendix A.;
 - 2. Communication with the Local Health Department See Appendix B.;
 - 3. Mask Wearing Protocol See Appendix C.;



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- 4. Physical Distancing and Cohorting Protocols See Appendix D.;
- 5. Hand Hygiene and Respiratory Etiquette Protocols See Appendix E.;
- 6. Meals See Appendix F.; and
- 7. Transportation Protocols See Appendix G.
- B. Supplies, Equipment, Cleaning, Disinfection, and Airflow See Appendix H.
- C. Screening, Exclusion, and Response to Symptomatic Students and Staff Members See Appendix I.
- D. Contact Tracing See Appendix J.
- E. Testing See Appendix K.
- F. Student and Staff Member Travel See Appendix L.

The absence of one or more of the recommendations outlined in The Road Forward and/or in the school district's health and safety protocols will not prevent the reopening of the school(s) in the district for full-day in-person operation with all enrolled students and staff members present.

Pursuant to N.J.S.A. 18A:7F-9, schools must be in session for 180 days to receive State Aid. The statute requires that school facilities be provided for at least 180 days during the school year. N.J.S.A. 18A:7F-9(b) indicates when a school district is required to close the schools of the district for more than three consecutive school days due to a declared state of emergency, declared public health emergency, or a directive and/or recommendation by the appropriate health agency or officer to institute a public health-related closure, days of virtual or remote instruction commensurate with in-person instruction will count toward the school district's 180-day requirement.

The school district may be confronted with the incidence of COVID-19 positive cases among staff and/or students. If the school district is required to exclude a student, group of students, a class, or multiple classes as a result of possible exposure to COVID-19, while the school itself remains open for in-person instruction, the school district may offer virtual or remote instruction to those students in a manner commensurate with in-person instruction to the extent possible. In circumstances when the school facilities remain open and in-person instruction continues in those classrooms that are not required to quarantine, those days in session will also count toward the school district's 180-day requirement in accordance with N.J.S.A. 18A:7F-9.



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The school district anticipates updates to The Road Forward and as such this Policy is subject to review by the Superintendent to ensure compliance with Orders that may arise after Board adoption of this Policy. All revisions to Orders affecting this Policy and corresponding Appendices shall be reviewed by the Superintendent with the Board Attorney, School Physician, and Board of Education, if appropriate. The Superintendent may revise the health and safety protocols included in any Appendix as necessary and appropriate. All students, parents, and staff members will be notified of any changes to school district-developed protocols implemented as a result of this Policy, as appropriate.

Adopted: 30 August 2021



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Appendices Updated: January 4, 2022 West Essex Regional School District 2021-2022

The Superintendent may revise the health and safety protocols included in any Appendix as necessary and appropriate. All students, parents, and staff members will be notified of any changes to school district-developed protocols implemented as a result of this Policy, as appropriate.

The absence of one or more of the recommendations outlined in <u>The Road Forward</u> and/or in the school district's health and safety protocols will not prevent the reopening of the school(s) in the district for full-day in-person operation with all enrolled students and staff members present.

The Board considered the recommendations outlined in <u>The Road Forward</u> to develop the school district's COVID-19 protocols in the following areas and included in corresponding Appendices:

Appendix A

Vaccination

- <u>Executive Order No. 253</u> 2021-2022 school year requires all preschool to Grade 12 school personnel to be fully vaccinated against COVID-19 by October 18 or be subject to COVID-19 testing at minimum one to two times per week.
- Not all school-aged children are currently eligible to be vaccinated. Most K-12 schools will have a mixed population of fully vaccinated, partially vaccinated, and unvaccinated individuals.
- Layering of preventive measures to protect individuals who are not fully vaccinated.
- Local Education Agencies (LEAs) are encouraged to have a system in place to determine the vaccination status of students and staff.
- If an LEA is unable to determine the vaccination status of individual students or staff, those individuals should be considered not fully vaccinated.
- Essex County conducted vaccination clinics exclusively for employees and teachers of Essex County, in addition to residents: essexcovid.org

• Essex County has partnered with Saint Barnabas Medical Center/RWJ Barnabas Health and are committed to providing onsite mobile vaccine clinics at schools with interested participants.

Appendix B

Communication with the Local Health Department

School officials and local health departments should maintain close communication with each other to provide information and share resources on COVID-19 transmission, prevention, and control measures and to establish procedures for Local Health Department (LHD) notification and response to COVID-19 illness in school settings.

- Health Department West Orange (Serves Essex Fells):
- Health Department West Caldwell (Serves Fairfield and North Caldwell):
- Health Department East Hanover (Serves Roseland):

Appendix C

Mask Wearing Protocol

- Executive Order No. 251 Effective Monday, August 9
- Requires all students, educators, staff, and visitors to wear face masks indoors (including school buses) for the start of the 2021-2022 school year.
- While masks will be broadly required in school buildings for the coming school year, exceptions will remain unchanged from the 2020-2021 school year, and include:
 - When doing so would inhibit the individual's health, such as when the individual is exposed to extreme heat indoors;
 - When the individual has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance;
 - When a student's documented medical condition or disability, as reflected in an Individualized Education Program (IEP) or Educational Plan pursuant to Section 504 of the Rehabilitation Act of 1973, precludes use of a face covering;
 - When the individual is under two (2) years of age;
 - When an individual is engaged in an activity that cannot be performed while wearing a mask, such as eating and drinking or playing an instrument that would be obstructed by the face covering;

- When the individual is engaged in high-intensity aerobic or anaerobic activity;
- When a student is participating in high-intensity physical activities during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals; or
- When wearing a face covering creates an unsafe condition in which to operate equipment or execute a task
- Individuals seeking a medical exemption from mask wearing pursuant to certain
 exceptions outlined in <u>Executive Order No. 251</u> for all public, private, and
 parochial preschool programs and elementary and secondary schools, including
 charter and renaissance schools, will be required to produce written
 documentation from a medical professional to support that exemption.
 Self-attestations and parental attestations are not sufficient.
- Outdoors: In general, people do not need to wear masks when outdoors. The CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.

Appendix D

Physical Distancing and Cohorting Protocols

Though physical distancing recommendations must not prevent a school from offering full-day, full-time, in person learning to all students for the 2021-2022 school year, LEAs should implement physical distancing measures as an effective COVID-19 prevention strategy to the extent they are equipped to do so while still providing regular school operations to all students and staff in-person.

- Consider maintaining three feet of distance between students in classroom settings to the extent possible.
- Consider structural interventions within classrooms to aid with social distancing including: Facing desks in the same direction and avoiding grouped seating arrangements.
- Consider approaches to implement physical distancing in spaces where students may gather such as hallways and auditoriums, during outdoor activities, and during indoor activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise.

 Consider maintaining cohorts or groups of students with dedicated staff who remain together throughout the day, including at recess, lunchtimes, and while participating in extracurricular activities.

Appendix E

Hand Hygiene and Respiratory Etiquette Protocols

LEAs should teach and reinforce handwashing with soap and water for at least 20 seconds If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).

- Encourage students and staff to cover coughs and sneezes with a tissue during those limited instances when the individual may be unmasked.
- Used tissues should be thrown in the trash and hand hygiene as outlined above should be performed immediately.
- Maintain adequate supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- Assist/observe young children to ensure proper hand washing.

Appendix F

Meals

For meals offered in cafeterias or other group dining areas, where masks may not be worn, schools should consider implementing other layered prevention strategies to help mitigate the spread of COVID-19. These strategies include:

- Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors).
- Considering alternatives to use of group dining areas such as eating in classrooms or outdoors.
- Staggering eating times to allow for greater physical distancing.
- Maintaining student cohorts and limiting mixing between groups, if possible.
 Avoiding offering self-serve food options.
- Discouraging students from sharing meals.
- Encouraging routine cleaning between groups.
- Frequently touched surfaces should be cleaned.

Additional areas within each building will be utilized to the maximum extent possible during lunch to allow for greater physical distancing, including indoor and outdoor locations.

Appendix G

Transportation Protocols

School buses should be considered school property for the purpose of determining the need for prevention strategies.

- Masks must be worn by all passengers on buses, regardless of vaccination status per CDC's Federal Order.
- If occupancy allows, maximize physical distance between students.
- Open windows to increase airflow in buses and other transportation, if possible.
- Regularly clean high touch surfaces on school buses at least daily.

For more information about cleaning and disinfecting school buses or other transport vehicles, read <u>CDC's quidance</u> for bus transit operators.

Appendix H

Supplies, Equipment, Cleaning, Disinfection, and Airflow

Supplies and Equipment

- Ensure adequate supplies (i.e. classroom supplies, equipment) to minimize sharing of high-touch materials or limit use of supplies and equipment by one group of students at a time and clean and disinfect routinely and preferably between use.
- Encourage hand hygiene practices between use of shared items.
- Discourage use of shared items that cannot be cleaned and disinfected

Cleaning and Disinfection

Schools should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product for use against SARS-CoV-2. This means at least daily cleaning and disinfecting surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys.

- If a person exhibits COVID-19 compatible symptoms or tests positive for COVID-19 within 24 hours of being in the school building, school staff should clean and disinfect the spaces occupied by the person.
- Close off areas used by the person who is sick or positive and do not use those areas until after cleaning and disinfecting.

Airflow

Improve airflow to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several strategies:

- Bring in as much outdoor air as possible.
- If safe to do so, open windows and doors.
- Use child-safe fans to increase the effectiveness of open windows.
- Use exhaust fans in restrooms and kitchens.
- Consider having activities, classes, or lunches outdoors when circumstances allow.
- Open windows in buses and other transportation, if doing so does not pose a safety risk.

Appendix I

Screening, Exclusion, and Response to Symptomatic Students and Staff Members

Screening

Parents/caregivers should be strongly encouraged to monitor their children for signs of illness every day as they are the front line for assessing illness in their children. For 2021-2022:

- Yearly Screening Form (students and employees) administered through Genesis
- Signs/Symptoms/Protocols
- Directions to parents/caregivers, students, and employees for reporting symptoms and reasons for absences

The screening form is subject to change as governing health authorities may issue new guidelines.

Exclusion

- Parents should not send students to school when sick. For school settings,
 NJDOH recommends that students with the following symptoms be promptly isolated from others and excluded from school:
- At least two of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose; OR
- At least one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder (smell), or new taste disorder.
- A written medical clearance for readmittance to school is required for any student who has been diagnosed with COVID-19 that is involved in a school activity that requires a sports physical for participation.

Response to Symptomatic Students and Staff Members

Schools should ensure that procedures are in place to identify and respond to a student or staff member who becomes ill with COVID-19 symptoms.

- Designate an area or room away from others to isolate individuals who become ill with COVID-19 symptoms while at school.
- Consider an area separate from the nurse's office to be used for routine visits such as medication administration, injuries, and non-COVID-19 related visits.

The school nurse will examine the pupil or staff member and, in consultation with the school medical inspector if the individual's condition so indicates, recommend to the Principal their exclusion from school for medical reasons.

- In the event neither the school nurse or the school medical inspector is available to be consulted about the pupil's condition, the Principal may determine to exclude the individual from school.
- The parent, adult family member, or other responsible adult designated by the parent will be promptly notified by telephone of the pupils' exclusion and requested to come to school and pick up the pupil.
- Until the adult arrives to remove the pupil, the pupil will be kept in an isolated location in the school and will be made as comfortable as possible.
- The pupil will be supervised at all times by a school staff member (employees can leave work at the direction of the School Nurse and Principal).

Appendix J

Contact Tracing

- Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts of a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.
- School and local health officials work together.
- Per the CDC, close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period.
- In certain situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed.

Exception: In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) where both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time. This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

School staff should identify school-based close contacts of positive COVID-19 cases in the school.

- As with any other communicable disease outbreak, schools will assist in identifying the close contacts within the school and communicating this information back to the LHD.
- With guidance from the LHD, schools will be responsible for notifying parents and staff of the close contact exposure and exclusion requirements while maintaining confidentiality.

The LHD contact tracing team will notify and interview the close contacts identified by the school and reinforce the exclusion requirements.

Appendix K

Testing

In some schools, school-based healthcare professionals (school nurses) may perform SARS-CoV-2 antigen testing in school-based health centers if they are trained in specimen collection, conducting the test per manufacturer's instructions, and after obtaining a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver.

West Essex has partnered with <u>Concentric by Ginkgo</u> to provide COVID-19 testing in our school district. This program is fully funded by the State of New Jersey and coordinated through the New Jersey Department of Health. At this time, as per <u>Executive Order No. 253</u>, our District will conduct COVID-19 testing for our unvaccinated employees twice per week (while in high/very high community transmission level). The testing is also available to all employees and students, regardless of vaccination status.

Appendix L

Student and Staff Member Travel

The West Essex Regional School District will follow the New Jersey Department of Health travel guidelines for students and staff. School officials will maintain communication with the LHD to establish protocols and procedures for travel based on the latest guidance from governing health authorities.