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Chief, Division of Occupational Medicine

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District Prevention and Mitigation Planning

The Bangor Area School District's Health and Safety Plan outlines the district's instructional and non-instructional school reopening activities for the 2021-2022 school year. The plan was created in consultation with recommendations and guidance from the Center for Disease Control (CDC), the Pennsylvania Department of Health (DOH), the Pennsylvania Department of Education (PDE), Lehigh Valley Health Network/Coordinated Health, and was posted for a period of public comment. The Health and Safety Plan is developed for each school entity and tailored to the unique needs of each school. The district may need to modify its health and safety plan according to the Centers for Disease Control and Prevention (CDC) or DOH when required by law, rule, or regulations.

Depending upon the public health conditions in our county, there may be actions, orders, or guidance provided by the Pennsylvania Department of Education (PDE) and/or the Pennsylvania Department of Health (DOH). Changes may occur as public health indicators improve or worsen in our local area. The Bangor Area School District Health and Safety Plan accounts for changing conditions to ensure fluid transition from more to less restrictive conditions. The Bangor Area School District Health and Safety Plan follows the strategy of layering protections to reduce the risk of infection for staff and students. Screening prior to coming to the district, cleaning and sanitizing procedures, mitigation strategies and protective equipment will create a safer and viable environment for the education of our students. Pandemic response and recovery of our schools will consider the advice and recommendations of the DOH and local guidelines. The Bangor Area School District will provide reasonable accommodations for staff and students at higher risk for severe illness and incorporate procedures to mitigate the spread of COVID-19. Strategies may include social distancing, hand washing, and the use of face coverings. The Bangor Area School District Health and Safety Plan will be regularly reviewed and updated as necessary to maintain the highest standards of safety and education.

Roles and Responsibilities for Health and Safety Preparedness and Response Planning

- Prevent accidents, injuries, and work/school-related illnesses in the schools.
- Create and implement health and safety policies in accordance with the latest legislation and to ensure that these policies are implemented by staff.
- Create and implement health and safety procedures/protocols/practices in accordance with the latest guidance and recommendations for the Department of Health (DOH) and Center for Disease Control (CDC) and to ensure that these procedures/protocols/practices are implemented by staff.
- Create a Health and Safety Plan and ensure it is regularly updated to reflect any changes to the law and/or guidance from federal, state, and local health officials. It is their responsibility.
- Ensure the school community is aware of and adheres to the Health and Safety Plan.
- Provide regular inspections and risk assessments and ensure that any hazards or defects are rectified immediately.
- Maintain records and thoroughly investigate any accident, community spread illness, and recommend any improvements in health and safety standards if required.
- Provide training to all staff in health and safety issues and advising them on protective clothing and equipment where necessary.
- Serve as the key point of contact for any member of staff who has a query or concern regarding the health and safety of the workplace.
- Work closely with management, as well as health and safety inspectors.

Instructional Plan

The district is prepared to provide educational opportunities that maintain, reinforce, and continue course learning objectives for our students in the event of school closure due to emergency situations. The purpose of this plan is to provide guidance on how to keep students engaged in learning during a period of short term or extended closures. The district is providing access to educational opportunities online through our learning management systems (Schoology and ClassDojo) and email. We will also provide hard-copy packets for those who need it. This plan provides various levels of choice and flexibility in an effort to partner with parents during these unique circumstances.

The district will make every effort to provide all students K-6 with a device and internet for emergency closures. Students in grades 7-12 are 1:1 and will have access to devices at all times. If students do not have access to technology, the school district will provide students with paper copies. Students should write the date and initial each time they complete a task. Parents will sign the completed packet and put and any artifacts in a folder to be returned to the teacher once school resumes if they are not able to submit via Schoology/ClassDojo or email.

Students in grades K-12 will receive their academic program virtually when possible. Teachers will provide the instruction in a variety of ways within the virtual environment.

Classroom Teacher Expectations

These expectations are for all self-contained teachers (core, encore, special education, EL, specials, etc.). Post the lesson plan/s using Schoology or ClassDojo. The plan will include the following:

- 1. Objectives and activities
- 2. Assignment with due dates providing ample time and support, understanding that different students may have different home education situations.
- 3. Each day by 9:00 AM provide the presentation for that day's lesson (video, slides, links to specific sites, documents, etc). Teachers may post presentations ahead of time.
- 4. Be available online to respond to student questions/inquiries (email or Microsoft Teams)
- 5. Share Schoology/ClassDojo, plans, and assignments and collaborate with special education and EL teachers for necessary modifications and/or accommodations.
- 6. Assess assignments and provide feedback to students. Allow opportunities to revise and resubmit.
- 7. The following link provides a large list of online tools which you may want to use when developing virtual presentations: http://www.amazingeducationalresources.com/
- 8. Contact students and parents if you notice students not completing assignments, falling behind, grades dropping, etc. to determine what additional support is needed.
- 9. When developing presentations and assignments, consider the collaborative and creative features in the Microsoft Office Team app.
- 10. When calling home to parents, schedule a time through email that you will call. Let parents know if your number will come through blocked (dial *67 before the number).
- 11. Keep a communication log for all calls, emails, etc.

Special Education and EL Teachers

- 1. Self-contained classes, same expectations as classroom teachers
 - a. Collaborate with core teachers for modifications and accommodations as per IEP or EL level
- 2. Teachers that provide in-class support
 - a. Schedule times to communicate directly with students including those supported by instructional aides (email, Microsoft Teams, phone, etc.) to help support in the online environment.
 - b. Collaborate with core teachers to provide modifications and accommodations as needed per IEP or EL level
 - c. Ensure that the IEP is followed
 - d. When needed provide alternative materials based on needs.

Reading Specialists/Interventionists

- 1. Monitor progress and support students that are Tier 3 in the RTII process
- 2. Serve as a point person at the K-2 level in coordinating the K-2 instructional packets

Speech Therapists

- 1. K-2. Send home packets of activities to help maintain speech skills.
- 2. Grades 3-12.
 - a. Hold regular scheduled speech sessions via Microsoft Teams meetings.
 - b. Therapists will provide activities for maintenance of skills to be practiced at home in the event students are not able to participate in Microsoft Teams sessions.
 - c. Therapists will monitor students' academic progress for their caseload and collaborate with teachers as necessary for speech needs.

IU20 Classrooms

- 1. CIU20 will be communicating plans for those classrooms directly to parents.
- 2. Name of person will get copies of all communication being sent out from CIU20, so if parents have questions, they can contact Name of person.
- 3. CIU20 will provide appropriate devices/technology needed for IU students to access IU virtual lesson planned work.

Guidance Counselors/ School Nurses/ School Psychologists

- 1. Professional staff and administration will be responsible for monitoring progress for students who are currently on their Chapter 15 Section 504 caseload, SAP, and Child Study team lists.
- 2. Check in with Slater Family Network (what is our group-if we have one), and other families of concern, to determine if food, childcare, and shelter are in place for families.
- 3. Refer any families in need to appropriate county offices as needed.
- 4. Keep a communication log of all contacts made.
- 5. Central Office Enrollment will continue to schedule new student enrollments via Sapphire and help ensure students have resources necessary to access virtual classes.

Gifted Education

1. the gifted teacher will follow a typical daily schedule providing activities online and virtually via Schoology/ClassDojo/Microsoft Teams or will be given packets of enrichment material.

Student Expectations (Grades K-12)

- 1. Each day attempt that day's assigned packet for each subject OR sign on to Schoology/ClassDojo to get assignments
- 2. Parents can help their child and or submit questions to the teacher via email or Schoology/ClassDojo.
- 3. Be available to talk with teacher on the phone if struggling with the material.
- 4. Student Packets will be distributed at specific times at each building. Any packet not picked up will be provided to the student upon return to school. The same number of closure days will be provided to the student to complete the packet.

Universal Face Coverings

Depending on the community transmission level, and requirements from the CDC and the DOH, the district may need to implement mitigation that would require face coverings.

Definitions

Face covering means covering of the nose and mouth with material that is secured to the head with ties, straps, or loops over the ears or is wrapped around the lower face. A face covering can be made of a variety of synthetic or natural fabrics, including cotton, silk, or linen. A face covering may be factory-made, sewn by hand, or be improvised from household items, including, but not limited to, scarfs, bandanas, t-shirts, sweatshirts, or towels. While procedural and surgical masks intended for healthcare providers and first responders, such as N95 respirators, meet those requirements, these specialized masks should be reserved for appropriate occupational and health care personnel.

Fully Vaccinated Individuals are considered fully vaccinated two (2) weeks after their second dose in a 2-dose series, such as Pfizer or Moderna vaccines, or two (2) weeks after a single-dose vaccine, such as Johnson and Johnson Janssen vaccine.

Face Covering Guidance

Fully Vaccinated Individuals

Fully vaccinated individuals are not required to wear a face covering.

Unvaccinated Individuals

Unvaccinated individuals are encouraged to wear a face covering.

Physical/Social Distancing Requirements

COVID-19 spreads mainly among people who are in close contact for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The Bangor Area School District will implement strategies to minimize the spread of COVID-19.

Definition

Social/Physical distancing means keeping a safe space between yourself and other people who are not from your household.

Physical/Social Distancing Guidance

Depending on the community transmission level, and requirements from the CDC and the DOH, the district may use one or more physical/social distancing strategies to minimize the spread.

In classrooms and other instructional spaces:

- In elementary schools, students will be at least 3 feet apart, regardless of the community transmission level.
- In middle and high schools, students should be at least 3 feet apart in areas of low and moderate community transmission. In areas of substantial community transmission, middle and high school students will be 6 feet apart to the maximum extent feasible, if cohorting is not possible. Cohorting is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school. Limit contact between cohorts. Maintain 6 feet of distance between cohorts where possible.

Maintain 6 feet of distance to the maximum extent feasible in all settings outside of the classroom and other instructional spaces including:

- Between adults in the school building (teachers and staff), and between adults and students. Several studies have found that transmission between staff is more common than transmission between students and staff, and among students, in schools.
- When masks cannot be worn, such as when eating.
- During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated spaces.
- In common areas such as school lobbies and auditoriums.

Additional strategies for physical distancing:

- Staggered scheduling: Stagger school arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts, as well as direct contact with parents.
- Alternate schedules with fixed cohorts of students and staff to decrease class size and promote physical distancing.

Handwashing and Respiratory Etiquette

Handwashing is one of the best ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals. Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch a contaminated surface or objects
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

Key Times to Wash Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before and after eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Five Steps to Wash Your Hands

Follow these five steps.

- 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- 3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- 4. Rinse your hands well under clean, running water.
- 5. Dry your hands using a clean towel or air dry them.

Hand Sanitizer

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to Use Hand Sanitizer

- 1. Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- 2. Rub your hands together.
- 3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

Respiratory Hygiene and Cough Etiquette

Covering coughs and sneezes and keeping hands clean can help prevent the spread of serious respiratory illnesses like influenza, respiratory syncytial virus (RSV), whooping cough, and COVID-19. Germs can be easily spread by:

- Coughing, sneezing, or talking
- Touching your face with unwashed hands after touching contaminated surfaces or objects
- Touching surfaces or objects that may be frequently touched by other people

To help stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough or sneeze
- Throw used tissues in the trash
- If you don't have a tissue, cough, or sneeze into your elbow, not your hands
- Immediately wash your hands after blowing your nose, coughing, or sneezing.

Hand sanitizer will be made available Children are requested to bring individual bottles of hand sanitizer to keep on desk or in a backpack.

Cleaning and Maintaining Healthy Facilities

The virus that causes COVID-19 can land on surfaces. It is possible for people to become infected if they touch those surfaces and then touch their nose, mouth, or eyes. In most situations, the risk of infection from touching a surface is low. The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer. Cleaning and disinfecting surfaces can also reduce the risk of infection.

Cleaning

The district will use cleaning products proven to reduce germs on surfaces by removing contaminants and weaken or damage virus particles, which decreases risk of infection from surfaces. When no one with a confirmed or suspected COVID-19 case is known to have been in a space, cleaning the space once per day is effective. High-touch surfaces and high traffic areas may be cleaned more frequently. Examples of high-touch surfaces include: counters, tables, doorknobs, light switches, handles, stair rails, elevator buttons, desks, keyboards, phones, toilets, faucets, and sinks.

Cleaning staff will be properly trained on proper use of cleaning and disinfecting products. Cleaning staff will:

- Wear gloves for all tasks in the cleaning process.
- Wash hands with soap and water for 20 seconds after cleaning. Be sure to wash your hands immediately after removing gloves.
 - o If hands are visibly dirty, always wash hands with soap and water.
 - o 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, and wash with soap and water as soon as you can.

Disinfecting

Disinfecting (using U. S. Environmental Protection Agency (EPA) List) kills any remaining germs or surfaces after cleaning, which further reduces any risk of spreading infection. A space may be disinfected when:

- High transmission of COVID-19 in your community,
- Low number of people wearing masks,
- Infrequent hand hygiene,
- The space is occupied by certain populations, such as people at increased risk for severe illness from COVID-19
- If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean and disinfect the space.

When it is determined a space needs disinfection, cleaning staff follow these steps:

- 1. Check that the product is EPA approved. Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at: epa.gov/listn
- 2. Read the directions. Follow the product's directions. Check "use sites" and "surface types" to see when you can use the product. Read the "precautionary statements".
- 3. Pre-clean the surface. Make sure to wash the surface with soap and water if the directions mention pre-cleaning of if the surface is visibly dirty.
- 4. Follow the contact time. You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.
- 5. Take safety precautions. Ensure adequate ventilation, wear gloves, and wash your hands. For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair for disinfecting COVID-19. Wash your hands after removing the gloves.
- 6. Lock it up. Secure lids tightly and store out of reach of children.

Cleaning and disinfecting when someone is positive for COVID-19

- If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the space.
- If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning the space. Disinfecting the space is optional.
- If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

Cleaning and disinfecting specific types of surfaces

Soft surfaces such as carpet, rugs, and drapes

- Clean the surface using a product containing soap, detergent, or other type of cleaner appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- If you need to disinfect, use a product from EPA List N approved for use on soft surfaces.
- Vacuum as usual.

Electronics such as tablets, touch screens, keyboards, and remote controls

- Consider putting a wipeable cover on electronics, where practical, which makes cleaning and disinfecting easier.
- Follow the manufacturer's instructions and recommendations for cleaning the electronic device.
- For electronic surfaces that need to be disinfected, use a product on EPA List N that meets manufacturer's recommendations. Many of the products for electronics contain alcohol because it dries quickly.

Outdoor areas

- Spraying cleaning products or disinfectants in outdoor areas such as on sidewalks, roads, or groundcover is not necessary, effective, or recommended.
- High-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly.
- Cleaning and disinfection of wooden surfaces (such as wood play structures, benches, tables) or groundcovers (such as mulch and sand) is not recommended.

Ventilation

Ventilation is a component of maintaining healthy environments and is an important COVID-19 prevention strategy. Effective ventilation is a step that can help reduce virus particles and the spreading of disease.

- Bring in as much outdoor air as possible.
 - Where appropriate, open windows and doors. Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms).
 - Consider having activities or classes outdoors when circumstances allow.
- Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
 - Ventilation systems will be serviced appropriately. They should provide acceptable indoor air quality, as defined by ASHRAE Standard
 62.1, for the current occupancy level for each space.
 - Set HVAC systems to bring in as much outdoor air as your system will safely allow. Reduce or eliminate HVAC air recirculation, when
 practical.
 - o Increase the HVAC system's total airflow supply to occupied spaces as appropriate.
 - o Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature.
 - For simple HVAC systems controlled by a thermostat, setting the fan control switch from "Auto" to "On" will ensure the HVAC system
 provides continuous air filtration and distribution.
- Filter and/or clean the air in your school or childcare program.
 - o Maximize the level of air filtration without significantly reducing airflow.
 - o Filters will be sized, installed, and replaced appropriately.
- Use exhaust fans in restrooms and kitchens.
 - Inspect and maintain exhaust ventilation systems in restrooms and kitchens.
 - o Ensure restroom and kitchen exhaust fans are on and operating at full capacity while school is in session and for 2 hours afterward.

Positive or Presumed Positive COVID-19 Case Response and Contact Tracing

When a COVID-19 Case or Exposure Event Occurs the district will:

- 1. Facilitate the isolation of students, staff, educators, contractors, or volunteers with suspected or confirmed COVID-19 and report according to DOH guidance.
- 2. Assesses risk of exposure to COVID-19 and conduct contact tracing according to the DOH guidelines.
- 3. Examine testing and vaccine strategies to reduce the risk of further transmission, and protect students, educators, and staff from COVID-19.

When a COVID-19 Case is identified the district will:

- 1. Assign the COVID-19 case to the appropriate school nurse and administrator assigned to the building.
- 2. The school nurse or administrator will interview the COVID-19 case. During the interview, the school nurse or administrator will:
 - a. Confirm the individual knows the test result.
 - b. Direct the individual to immediately self-isolate.
 - c. Refer the individual to a medical provider.
 - d. If necessary, identify close contacts.
- 3. At the conclusion of the interview the district will report according to DOH guidelines.
- 4. The school nurse or administrator will follow up with the individual, recommend medical attention if severe symptoms develop and discuss the isolation end date.

Contact tracing protocol

When the District is notified of a positive COVID-19 case that exposed members of the school community, it may initiate contact tracing protocols. If contact tracing is initiated, appropriate school personnel shall be trained in contact tracing protocols. The following steps outlines the district's contact tracing protocol.

- 1. Trained appropriate school personnel will interview the positive or presumed positive COVID-19 case and if necessary, identify close contacts. Close contacts are individuals who have been exposed (within 6 feet distance for at least 15 consecutive minutes) to someone who is a confirmed or presumed positive case during their infectious period.
- 2. The school nurse or administrator will then notify all identified close contacts and provide the recommendations from the DOH.

Depending on the community transmission level, and requirements from the CDC and/or the DOH, the district may modify contact tracing.

Isolation and Quarantine Requirements

Definitions

Cases are people who have been infected with the virus that causes COVID-19.

Suspected cases are people who have 1 or more symptoms from Group A or 2 or more symptoms from Group B.

Column A If you checked 1 or more symptoms, staff/student should stay home from school/work	Column B If you checked 2 or more symptoms, staff/ student should stay home from school/work	
□Cough	☐ Fever (100.4°F or higher)	□Headache
☐ Shortness of breath	\square Sore throat	☐Congestion or runny nose
☐ Difficulty breathing	□Chills	☐ Diarrhea
☐ Lack of smell or taste	\square Muscle pain	☐ Nausea or vomiting

Isolation is when the public health staff direct cases to stay home, in a hospital, or in a care facility to ensure they do not expose others with COVID-19. Individuals who are experiencing symptoms of COVID-19 should be immediately isolated while waiting for test results.

Quarantine separates and restricts the movement of people who were exposed to COVID-19 to see if they become sick. Quarantine for the close contact would begin on the last date of exposed contact. For example, a student is exposed on April 4, 2021. April 4, 2021 is day 0, April 5, 2021 is day one (1), April 9, 2021 is day five (5), April 14, 2021 is day ten (10) and April 18, 2021 is day fourteen (14).

For Staff and Students Who Are a Positive COVID-19 Case

- > Isolate at home for five (5) days.
- Notify the school of the positive COVID-19 case.
- > If you have no symptoms or your symptoms are resolving after five (5) days when symptoms first appeared or the date of the positive test (whichever is earlier) you may return to school on day 6.
- The individual must continue to wear a mask for an additional 5 days (days 6-10).

For Staff and Students Who Are Suspected of Having COVID-19

- > Staff and Students should be tested for COVID-19 and remain home.
- > Staff and students need to develop a list of people who were in close contact (defined as being within 6 feet for a period of 15 minutes) with them from the period 48 hours before the start of symptom(s) or the date of the COVID-19 test if asymptomatic.
- If the individual lives with others, self-isolate in a private room and use a private bathroom if possible. Wear a mask when entering general living areas and interacting with others.
- > If test is negative, staff or student may return to school when they are asymptomatic and fever free for 24 hours without medication.
- > If test is positive, follow guidance for staff and students who are a positive COVID-19 case.
- If individual is not tested and they are not a close contact of someone with COVID, return to school when fever free (without medication) and symptom free for 3 days.

For Staff or Students Who Have Been Identified as a Close Contact to a Positive COVID-19 Case

- > If you have been boosted, completed the primary series of Pfizer or Moderna vaccine within the last six (6) months or completed the primary series of J&J vaccine within the last two (2) months then
 - o You are required to wear a mask in school for ten (10) days
 - Test on day 5, if possible.
- If you have completed the primary series of Pfizer or Moderna vaccine over six (6) months ago and are not boosted, completed the primary series of J&J over two (2) months ago and are not boosted, or are unvaccinated then
 - o You are recommended to quarantine for 5 days after the last date of exposure.
 - o Test on day five (5) if possible.
 - o Required to wear a face covering for an additional 5 days after quarantine (days 6-10 after exposure).
- > If a 5-day quarantine is not feasible, the close contact is required to wear a well-fitting face covering at all times when in school for 10 days after exposure.
- > If symptoms occur, individuals must immediately quarantine and follow guidance for someone suspected of having COVID-19.

For Students or Staff Who Are Suspected of Having COVID-19 or Are Being Tested for COVID-19

> Student and Staff who are being evaluated and tested for COVID-19 infection must isolate at home while awaiting test results.

Depending on the community transmission level, and requirements from the CDC and/or the DOH, the district may modify isolation and quarantine requirements.

COVID-19 Screening and Diagnostic testing

Symptom screening will be completed by all parents/guardians and district employees at home each morning before the school day. Children who fail the screening are not permitted to board district transportation or dropped off to school. District employees will complete the screening prior to leaving for work and shall stay home if they fail the screening. The district may participate in a COVID-19 school testing program.

Screening protocol

District employees or students who have 1 or more symptoms from Group A or 2 or more symptoms from Group B fail the screening and may not report to work or school.

Column A If you checked 1 or more symptoms, staff/student should stay home from school/work	Column B If you checked 2 or more symptoms, staff/ student should stay home from school/work	
□Cough	☐ Fever (100.4°F or higher)	□Headache
☐ Shortness of breath	\square Sore throat	☐Congestion or runny nose
☐ Difficulty breathing	□Chills	☐ Diarrhea
☐ Lack of smell or taste	☐ Muscle pain	☐ Nausea or vomiting

Diagnostic protocol

District employees or students who have 1 or more symptoms from Group A or 2 or more symptoms from Group B fail the screening and are considered a suspected case of COVID-19. The school nurse or administrator will recommend the individual contact their health care provider and further diagnostic COVID-19 testing.

Depending on the community transmission level, and requirements from the CDC and/or the DOH, the district may modify COVID-19 screening and diagnostic testing.

COVID-19 Vaccination Clinics

The district has partnered with Lehigh Valley Health Network (LVHN) to provide COVID-19 vaccination clinics to our school community. The clinics offered individuals 5 and older the vaccine, as well as booster shots to faculty and staff. The district will continue to work with LVHN and local providers to offer the vaccine to the school community.

Accommodations for Individuals with Disabilities

The district will follow all IEP and 504 accommodations as documented. Individuals who may need modified or additional accommodations with respect to health and safety policies will convene an IEP or 504 meeting.

Coordination with State and Local Health Officials

In the development of the Health and Safety Plan, the District consulted guidance from both state and local health officials. The district will consult the Pennsylvania Department of Health (DOH) for assistance with interpretating guidance. The district will also report to the DOH according to state requirements.

Health and Safety Plan Governing Body Affirmation Statement

The Board of Directors for the Bangor Area School District reviewed and approved the Health and Safety Plan on
The plan was approved by a vote of:
Yes
No
Affirmed on: (Date)
Ву:
(Signature* of Board President)
Mr. Michael Goffredo
(Print Name of Board President)

Option A: The use of actual signatures is encouraged whenever possible. This method requires that the document be printed, signed, scanned, and then submitted.

Option B: If printing and scanning are not possible, add an electronic signature using the resident Microsoft Office product signature option, which is free to everyone, no installation or purchase needed.

^{*}Electronic signatures on this document are acceptable using one of the two methods detailed below.