



August 20, 2020

School Building Access Protocol

All students and staff must wear a facial covering and have a Daily Health Check completed prior to arrival to school. Temperature screening will be done at first point of contact. Students who are arriving by bus will have completed the daily health screening prior to boarding the bus. A temperature screening will be done by staff prior to boarding the bus. Temperature checks will be recorded on a daily log.

Facial Covering

- Facial covering will be required for anyone on school grounds.
- Facial covering will be required inside the building at all times.
- Facial covering for students and staff will be required when outside, unless social distancing of 6 feet can be maintained.

Daily Health Check:

- Have you been in close contact with a person who has COVID-19? Yes or No
 - Do you feel unwell with any symptoms consistent with COVID-19? Yes or No
- Symptoms of Covid-19 include: a cough, temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?

Students who answer either of the above questions affirmatively or have a temperature greater or equal to 100.4°F must be returned to their parent/caregiver as soon as possible. Staff will be sent home immediately.

Bus Protocol

- Daily Health Check completed at home, and a "Ticket to Ride" form sent with the student to the bus.
- Parent/Guardian/responsible person must be present at the bus stop for students in PK-5th grade.
- Temperature check will be completed at the bus stop by staff, If students temperature is above 100.4, students will not be allowed on the bus.
- Students will wash hands with sanitizer when boarding the bus.
- All students will have an assigned seat. Siblings will be assigned to sit together.
- Stops must be consistent

Temperature check protocol:

Temperature checks will occur at first point of contact with a non-contact thermometer.

- Wash hands with sanitizer.
- Wear a facial covering, eye protection and a single pair of disposable gloves

- Check each child's/staff temperature
- Follow instructions provided by the manufacturer for any device used

Students/staff will then wash hands using hand sanitizer and report to designated space.

If a student and or staff become unwell after the initial screening, the building nurse will be called to evaluate. School nurse will determine a plan. Each school nurse will have an isolation room in each of the school buildings.

Stay Home When Sick:

- Exclusion/Inclusion Policies for student's cares will be coordinated with the family, school nurse and the family's healthcare provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.
- Students who arrive from out-of-state must follow ACCD and Health Department guidance around quarantine before returning to school, which includes travel out-of-state at any point during the school year.

[More information is available on the Vermont Department of Health's COVID-19 travel site.](#)

Students and staff will be excluded from in-person school activities, if they:

- Failed initial health screening or temperature check upon arrival to school.
- Show symptoms of COVID-19, such as a cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell
- Have a fever (temperature higher than 100.4°F)
- Have a significant new rash, particularly when other symptoms are present
- Have large amounts of nasal discharge in the absence of allergy diagnosis If above signs and symptoms begin while at school, the student (or staff member) must be sent home as soon as possible.
- Students and staff should be excluded from school and school activities until they are no longer considered contagious.
- Students and staff with fever greater than 100.4°F should remain at home until they have had no fever for 24 hours without the use of fever reducing medications (e.g., Advil, Tylenol).

Healthy students and staff with the following symptoms/conditions are not excluded from inperson school activities:

- Allergy symptoms (with no fever) that cause coughing and clear runny nose may stay if they have medically diagnosed allergies and follow medical treatment plans.
- Well-controlled asthma

Infection Prevention

Handwashing with soap and water or hand sanitizer will be done:

- Upon entering and leaving the school building.
- Upon entering a classroom and leaving a classroom.
- Before and after bathroom use.
- Before and after eating.

Facial covering will be required inside the building at all times. Facial covering will be required when outside, unless social distancing of 6 feet can be maintained.



Please complete this Ticket To Ride and present to the bus driver each day

Student Name: _____ Date _____

Symptoms of COVID-19 include:

a cough, temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?

1. Have you been in close contact with a person who has COVID-19? Yes or No
2. Do you feel unwell with any symptoms consistent with COVID-19? Yes or No

Parent/Guardian Signature: _____



Please complete this Ticket To Ride and present to the bus driver each day

Student Name: _____ Date _____

Symptoms of COVID-19 include:

a cough, temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?

1. Have you been in close contact with a person who has COVID-19? Yes or No
2. Do you feel unwell with any symptoms consistent with COVID-19? Yes or No

Parent/Guardian Signature: _____



Please complete this Ticket To Ride and present to the bus driver each day

Student Name: _____ Date _____

Symptoms of COVID-19 include:

a cough, temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?

1. Have you been in close contact with a person who has COVID-19? Yes or No
2. Do you feel unwell with any symptoms consistent with COVID-19? Yes or No

Parent/Guardian Signature: _____