



COVID CODE OF CONDUCT

Updated: March 2022

In an effort to ensure the continued health and safety for all members of the Pope Francis Preparatory School community and to ensure personal responsibility to mitigate the spread of COVID-19, **ALL students and parents/guardians are required to READ/REVIEW this COVID Code of Conduct.** A signed acknowledgement is not necessary.

For the purpose of this agreement, "I" refers to the PFPS student and "we" refers to the student's parent/guardian(s). By rule of enrollment at PFPS, it is expected and assumed that every student/family understands and agrees with each item within the COVID Code of Conduct. Specific updates have been noted below. Should you have any questions regarding these items, please contact Nurse Jackson or Dr. Harrington.

BEFORE EVERY SCHOOL DAY:

Complete the COVID-19 assessment tool each morning. If you experience any of the following COVID-19 symptoms, you are expected to stay home and your absence needs to be reported to the school office by 9:00am (833-999-7673).

- Fever (100.0° Fahrenheit or higher), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache, when in combination with other symptoms listed
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms listed
- Nasal congestion or runny nose (not due to other known causes, such as allergies) and when in combination with other symptoms.
- Had "close contact" (defined for the general public as only those who have been within 6 feet of distance of the individual for at least fifteen minutes during a day while the person was infectious even if masked) with someone who has tested positive for COVID-19.

COVID Code of Conduct

Please READ/REVIEW each statement below

A. GENERAL INFORMATION AND POLICIES:

I/We understand that **a face mask is not required on campus. However, I will have a mask with me at all times.** Wearing a mask is required when visiting the health office to see the nurse. I may also be asked to wear a mask in a 1:1 setting, for example: treatment from the athletic trainer, tutoring with a teacher or peer, a meeting in close quarters, etc. **I am welcome to, and will be supported to, wear a mask at any and all times should I choose.**

I/We understand and **agree to complete the above daily COVID-19 self-assessment tool (above) each morning.** If I experience any of the COVID-19 symptoms, I am expected to stay home and my absence needs to be reported to the school office by 9:00am (833-999-7673). If I experience any of these symptoms, I must test for COVID, STAY HOME, contact the Nurse for instruction, and complete the REENTRY FORM prior to returning to school.

I/We understand and will do my part off-campus in an effort to protect others in our school community. I will stay home if I am exhibiting any COVID symptoms and follow the protocols outlined.

I/We understand that when determining and counting the days for return to school/activities, the date of the positive or negative COVID test is considered “day zero”.

I/We understand that ANY positive test for COVID must be reported to the school nurse. This requirement stands whether school is in session or on break.

I/We understand that if I have COVID-like symptoms, I may return to school after I have tested negative for COVID, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If my provider makes an alternative diagnosis for the COVID-like symptoms, I may return to school based on the recommendations for that alternative diagnosis (i.e. influenza or strep pharyngitis). I must complete/submit the REENTRY FORM.

I/We understand that some COVID testing, quarantine, and isolation procedures may vary for those VACCINATED vs UNVACCINATED. If my COVID vaccination record is not on file in the nurse's office, I understand the school will assume I am unvaccinated and will follow the procedures above. The school defines fully VACCINATED as two-weeks after the completion of the primary series vaccination - either 2 doses of Pfizer or Moderna or the one-dose of Johnson & Johnson. The CDC does recommend booster vaccines for those eligible, defined as 5-months after the primary series.

I/We understand that there is a **Continuity of Instruction plan in place ONLY for students who are required to be out of school for a COVID-related reason**. Placement on this list for temporary remote access to classes will be assessed and determined by the school nurse.

I/We understand that failure to comply with the items within this COVID Code of Conduct may result in temporary or permanent dismissal from Pope Francis Preparatory School.

B. HOME & PCR COVID TESTS:

I/We understand that **THE SCHOOL ACCEPTS:**

- AT-HOME COVID TESTS ONLY WHEN I AM SYMPTOMATIC AND TEST POSITIVE FOR COVID. If I test positive from a home/antigen test, I **MUST complete the “AT-HOME COVID TEST ATTESTATION FORM”** (located on the school website’s Reopening Page). The date of the at-home test will determine the start date (day zero) for isolation.
- A positive test result will follow the procedures outlined in the section titled “Individuals Testing Positive for COVID.”
- A **PCR follow-up test IS RECOMMENDED within 5-days of testing positive** on a home/antigen test for the purpose of confirming the at-home test and for 90-day immunity to apply. The PCR results should be submitted to the nurse.
- I will complete the REENTRY FORM before returning to school.

I/We understand that **at-home and/or antigen tests are NOT acceptable for:**

- Documentation of a NEGATIVE COVID test per the school.
- If I am symptomatic and/or sent home from school by the nurse because of COVID-like symptoms, I may use a home/antigen COVID test but I **MUST immediately seek a PCR test if the home/antigen COVID test is NEGATIVE.**

C. CLOSE CONTACTS:

I/We understand that if I am identified or self-identify as a **CLOSE CONTACT**, I must:

- Contact the school nurse.
- Monitor symptoms daily.
- It is recommended that I wear a mask at all times when around others for 10 days.
- A PCR COVID test is strongly recommended on day 5 following the last exposure to the positive individual.
- Test sooner than day 5 if I develop symptoms. If my COVID test is negative, I will conduct active monitoring through day 14 and test again for COVID if symptoms develop.
- **If POSITIVE FOR COVID, I will follow the protocols in Section “D”.**
- I will complete the REENTRY FORM online if I am out of school.

D. INDIVIDUALS TESTING POSITIVE FOR COVID:

I/We understand that if I **TEST POSITIVE** for COVID, **regardless of vaccination status**, I **MUST**:

- Contact the school nurse immediately.
- Identify to the school nurse any close contacts and inform those individuals personally as well.
- Submit the “**AT-HOME COVID TEST ATTESTATION FORM**” **ONLY** if I tested positive using a home/antigen test.
- Submit only the PCR test results if I did not use a home/antigen test first.
- Stay home for 5 more days from the date of the positive test.
- **Because I am returning to a mask-optional environment, I may return to school on day 6 OR LATER WITH A NEGATIVE PCR TEST provided I am also asymptomatic.**
- I will complete the REENTRY FORM online.

E. ACKNOWLEDGEMENT:

I/We acknowledge that we have read and understand each statement above. I/We will continue to do our part as a family, both on and off campus, to ensure the health, safety, and well-being of the Pope Francis Prep community. I/We understand that updates to these policies may need to occur and will be communicated by the school when deemed appropriate.