



# HOLYOKE PUBLIC SCHOOLS

## A PATHWAY FOR EVERY STUDENT

### **Personal Responsibility Policy for HPS Employees**

We must work together to keep ourselves, children, families, staff, and community as safe and healthy as possible. A combination of actions will reduce the risk of COVID-19 transmission. We must also work together to ensure that all Holyoke children receive a high-quality education.

#### ***If/when I am teaching or working remotely, I understand that I am expected to:***

- Work with every student and family to help ensure they are set up well for learning at home: a dedicated space if possible, instructional materials, and internet access as needed.
- Partner with the student, family and school to ensure every student is engaged in remote learning. Work with the school team to contact families when a child is absent or may be struggling.
- Learn the best practices to promote blended learning, if relevant to my position, and commit to asking for help when needed.
- Follow the expectations outlined by my school/office in regards to responding to family questions/concerns/emails promptly.

#### ***If/when I am teaching or working at school, central office, or central supply in-person, I understand that I am expected to:***

- Conduct a health and [symptom screening](#) ([CDC](#), [MA DPH](#)) before I go to school/work daily.
- Stay home from school/work when I am sick. If I have any of the following symptoms, I must **CONTACT MY HEALTH CARE PROVIDER AND SCHOOL NURSE and get a COVID-19 virus test prior to returning to school or remain at home until I am approved to return to work (typically 14 days)**. Here are MA [test sites](#). ([DESE Protocols for Responding to COVID-19 Protocols](#))
  - 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*
  - Muscle aches or body aches
  - Nausea, vomiting, or diarrhea
  - Fatigue, when in combination with other symptoms
  - Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*
- Wear an appropriate face covering/mask anytime I am in a space with more than one person or moving around the building. In accordance with [CDC guidance](#), face coverings/masks that have an exhalation valve are prohibited as they could increase the risk of spread of COVID-19.
- If a family member or I test positive for COVID-19, I will remain at home until cleared to return to school/work.
- Partner with the student, family and school to ensure every student is engaged in remote learning. Work with the school team to contact families when a child is absent or may be struggling.



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- Adhere to and support the guidelines outlined in Holyoke’s [return-to-school plan](#) and stay current on the most recent guidance that the district provides to the HPS community.

*Please note: Employees are expected to call to notify their supervisor and school nurse if they are unable to report to work due to personal illness or being a known close contact of someone who has tested positive for COVID-19. Employees should not report to the building to notify the nurse and/or supervisor in order to reduce the chance of exposure.*

***When I am in the community, I understand that I am expected to:***

- Be a responsible citizen and do my best to follow the [health and safety guidelines](#) in MA.
  - Wear a face covering/mask that covers my mouth and nose.
  - Social distance from others who are not in my immediate circle.
  - Wash hands and use hand sanitizer frequently.
  - Avoid large gatherings and adhere to the travel order requirements outlined by MA.
  - Keep my immunizations current and strongly consider a flu vaccine.
- Follow the district travel policy and [state travel order](#) including but not limited to all quarantine, isolation, and testing guidance.
- Address any concern that I have through the appropriate HPS channels and will follow all expectations outlined in the [Social Media Policy](#).

I \_\_\_\_\_ (*Print Full Name*) further understand that following the guidance set forth in this document and all other related guidance is critical to the health and safety of our community. Therefore, all violations of this policy may cause significant disruption to the business of Holyoke Public Schools and are seen as offenses which may result in disciplinary action up to and including termination. I understand that this is a rapidly changing situation which may require the district to update this policy with little notice. I further understand that it is my responsibility to read HPS communications and to stay current on the most recent updates district policies and guidance.

**\*\*\*Contact your health care provider and [school nurse](#) (or Director of Health, Wellness and Nursing for Central Office/Central Supply) if you or a household member has or may have COVID-19. \*\*\***

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_