

COVID-19 SPECIFIC COMMUNICABLE DISEASE MANAGEMENT 2021 – 22 School Year

This plan is intended to meet the requirements of COVID-19 specific interventions in the school setting as designated by the Oregon Department of Education [Ready Schools Safe Learners](#) guidance. This document addresses district specific processes to comply with the listed interventions. This document also uses guidance from the Centers for Disease Control and Prevention [Reopening Guidance for Public Spaces](#).

Background

COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. Most coronaviruses cause mild illness. Some, like this one, can also cause more severe symptoms. COVID-19 infection often causes fever, cough, and some trouble breathing. COVID-19 additionally has been reported to cause symptoms such as muscle pain, sore throat, lethargy, nausea, vomiting, diarrhea, and loss of taste. Some people have mild symptoms. Other people can get quite sick. Rarely, people die (OHA, 2020)

COVID-19 is spread when people touch or breathe in droplets made when ill people cough, sneeze or talk. This can happen when someone is close to a sick person, within six feet. Rarely, people might catch COVID-19 by touching a surface that a person with the infection coughed or sneezed on, and then touching their own mouth, nose or eyes. Coronaviruses can't survive for long on surfaces, though, so this isn't common (OHA, 2020).

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to a disposition of slowly and incrementally reopening public spaces. Relative to school districts this requires coordinated infection control planning for the upcoming school year with a framework for the specified area of intervention:

- Social distancing
- Identification/screening, isolation, and exclusion of ill students and staff
- Infection control and prevention including Personal Protective Equipment
- Communication
- Education
- Safe Facilities

Guiding Principles

Any setting where people gather poses an increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19 and have not been found to contribute substantially to the spread of the virus, it is essential to note that individuals with mild symptoms and less commonly those who are asymptomatic may transmit the infection to high-risk individuals (NCDHHS, 2020).

It is important to remember that because statewide guidance and requirements are fluid based on the

incidence in the state and communities, that so too will infection control guidance be fluid. The district must be prepared to operate under the premise that guidance will be updated consistently by week until a stable environment of operations and disease transmission is established outside of the school setting.

Required links:



COMMUNICABLE DISEASE MANAGEMENT

This document re-emphasizes some routine or standard precautions and practices, but provides interventions and procedures or processes that are specific to COVID-19.

This section will address

- Routine Measures to Limit Spread of Disease
- Exclusion Criteria
- Designated Personnel and Resources
- Physical Distancing
- Healthy Environments
- Personal Protective Equipment
- Staying Home When Appropriate
- Screening and Identifying Ill Students and Staff
- Staying Home When Appropriate
- Isolation Space
- Surveillance Logs & Contact Tracing
- Communication Systems

Routine Measures to Limit Spread of Disease

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
 - 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).
 - Students should be supervised with the use of hand sanitizer.
 - Hand sanitizer should not be used with students that have a sensitivity or risk of ingesting sanitizer related to developmental or cognitive level.
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues
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- should be thrown in the trash and hands washed immediately 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).
 - Students and staff may also be encouraging to cough into their elbow and away from other individuals when tissues and handwashing is not immediately accessible.

Exclusion Criteria

Exclusion of illness and syndromes in the school setting should continue as per current guidance. As an overview applicable to COVID-19 the following symptoms associated with COVID-19 are excludable in the school setting as per ODE/OHA Communicable Disease Guidelines with the actions as noted.

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a measured oral temperature of 100.4°F, with or without the symptoms below	Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
Difficulty breathing or shortness of breath not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.	Seek medical attention; return to school when advised by a licensed healthcare provider
Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.	Stay home until 72 hours after cough resolves. b) If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so	Stay home until 48 hours after diarrhea resolves
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode
Headache with a stiff neck and fever	Refer to provider, exclusion as per provider or after 72 hours of no fever.

Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes.

Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion.

Student requiring more care than school staff can safely provide

Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started

Refer to healthcare provider

Student should not be at school until health and safety are addressed

School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Designated Personnel

Designated staff for specific roles is important to ensure appropriate control measures are observed in a consistent manner and to ensure that data collection is accurate and appropriate.

Designated COVID-19 Point of Contact

- Designated staff will be responsible to responding to specific COVID-19 concerns within each school building, as appropriate this may be the principal or school nurse.
 - Talking points will be provided to answer simple and frequent inquiries.
- Designated responsible persons will be assigned per building for screening and isolation of ill persons and appropriate data collection/data entry and data retrieval as needed.
- Designated personnel will be assigned to facilitating tracking documents of individuals entering and leaving schools and classrooms.
- Designated staff will be specifically trained to enforce social distancing during peak hours, such as arrival and departure and transition periods.

Designated Resources

- A laptop/tablet/Chromebook should be designated to and accessible in the health room and isolation areas to appropriately log students complaining of illness or being dismissed to home. It is preferable that these logs compiled in electronic data entry forms.
 - Electronic logs are important for preserving information.
 - Designated materials per space is important in infection control, related to potential contamination of surfaces.

Staff Training

- All staff will be trained on identification of concerning or excludable symptoms to determine when a student should be referred to the office for symptom screening and isolation.
- All staff will be trained and advised on the logistical, operational and physical changes in the building to maintain infection control and appropriate cohorting or physical distancing.
- Designated staff will be trained on appropriate procedures for complete symptom screening, isolation and enforcement of social distancing.
- Custodial staff will be trained, under the direction of facilities management to increase sanitation measures as appropriate in shared spaces and isolation spaces.
- Training will be conducted virtually or ensure that [social distancing](#) is maintained during training periods while social distancing orders are in place.

Physical Distancing

Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. While staying at home and avoiding groups of people are important measures in achieving this, as schools reopen spatial measures must be taken to ensure physical distance between individuals.

Room Capacity

- There will be a minimum of 3 feet between each person in the classroom.

Modified Layouts

- Excess furniture should be removed from classrooms to allow for increased spacing of desks if needed.
- Seating should no less than 3 feet apart.

Physical Barriers and Guides

- Physical barriers, such as sneeze guards and partitions will be installed in areas where it is difficult for individuals to remain at least 3 feet apart (e.g., front office desks, cafeteria).
- Physical guides will be placed to ensure that staff and children remain at least 3 feet apart in lines and at other times

Identifying Small Groups and Keeping Them Together (Cohorting)

- In elementary settings, student and staff groupings will remain as static as possible by having the same group of children stay with the same staff as much as possible.
- Mixing between groups will be limited as much as feasible.
 - When groups will be mixed, we will ensure that this information is appropriately mapped for contact tracing.
- In settings, such as high school that are more difficult to establish cohorts, practices will be re-emphasized to maintain 3 feet distancing during activities and instruction.

Staggered Scheduling

- Arrival and drop-off times will be staggered by location and cohort and direct contact with parents is restricted as much as feasible.

Instruction & Activities

- Practices will be made adopted to maintain a minimum of 3 feet distancing during activities and instruction.

Communal Spaces

- Communal and shared spaces (such as cafeteria and playgrounds) will be restricted as much as feasible. When used, use will be staggered and spaces will be [cleaned and disinfected](#) between use.
 - Increased restrictions may occur if there has been identified cases in the building.

Food Service

Food Service personnel should follow all existing mandates on health and hygiene and food safety. Any specific measures or intervention will be coordination with the Facilities Manager and the Nutrition Manager. Additional measures will be endorsed during response to the COVID-19 outbreak to improve infection control measures around food services.

- Children should wash hands prior to eating.
- Children may be encouraged to bring their own meals as feasible, students using school lunch services will be served individually plated meals.

- Middle school and high school lunch times should be staggered to maintain spatial distancing to the extent feasible.
- Use disposable food service items is promoted when feasible (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.

Transportation

Measures taken on transportation shall follow the processes of school operations to the extent feasible to employ distancing, health and hygiene measures, screening and PPE. Coordination with the District Bus Barn and Facilities Manager will be ongoing.

Bus Drivers

- Transport vehicles (e.g., buses, vans) that are used by the school, require that drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings).
 - Bus drivers shall wear PPE as designated under PPE section.
- All frequently touched surfaces on school buses will be [Clean and disinfected](#) at least daily and between use as much as possible.

Distancing

Create distance between children on school buses to the extent feasible. While maximum spacing (6 feet) should be observed with prolonged contact, minimum spacing (3 feet) may be observed with shorter durations of exposure.

When student unload from bus, students will be directed to exit bus one at a time. Markers shall be placed on the bus floor 3 feet apart to maintain minimum spatial distancing while exiting the bus.

Screening

Bus monitors shall passively screen students, which could include temperature taking as they enter the bus. In recognition of transportation and safety measures, and the priority of the district to maintain student safety in all areas, buses will not remain stationed in the roadway for prolonged periods of time to assess students. Measures will be taken to isolate students who become ill on bus routes and as soon as students arrive at school.

If...	Then...
Student is visibly ill upon entry into the bus	The bus driver should request the student remain at home, if age appropriate. If child is not of age to remain alone or student or appears too ill to be unsupervised, bus driver should request that parent keep student at home. All efforts should be made to maintain dignity of student and family.
Student is visibly ill and parents are not present	Student should be seated close to the front and as separate from other students as feasible and the bus driver should radio the barn in attempts to reach parents and notify school. Student should be immediately isolated upon arrival if parents or emergency contacts cannot be reached. All efforts should be made to maintain privacy and dignity of students.
Student becomes ill on bus route	Bus driver should contact appropriate school office to notify parents. Student should be immediately isolated upon arrival at school. School staff should report to bus to retrieve student and take to isolation space. All efforts should be made to maintain privacy and dignity of student.
Student is in distress during bus route	Follow existing emergency transportation procedures to contact EMS.

Healthy Environments

Outside of ill students and staff, healthy environments are crucial in providing healthy environments.

Cleaning and Disinfection

Routine sanitation measures will be in full effect, including processes to respond to potentially infectious material as outlined below:

- All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses will be clean and disinfected at least daily and between use as much as possible.
- Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
- A schedule will be designated by the Maintenance Supervisor for increased, routine cleaning and disinfection.
- As necessary, additional custodial staff will be deployed.
- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

Shared Objects

- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.

- Avoid sharing electronic devices, toys, books, and other games or learning aids.
- School designated technology will be wiped down between uses.
- If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised will have their own supplies.

Ventilation

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
- In cases where open doors and windows impact the operational settings of the ventilation system, facilities management will be consulted.

Water Systems

- To minimize the risk of diseases associated with water, take steps to ensure that all water systems and features are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water bottles to minimize use and touching of water fountains.

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk of chemical exposure. PPE includes, gloves, gowns, masks, goggles and like devices or items. The district Communicable Disease Plan should be consulted for necessary and appropriate use of PPE. For the purposes of COVID-19 response, where cloth facial coverings are used in unprecedented frequency, it should be clarified that face coverings are not synonymous with masks. Face coverings may include masks, cloth covers, or two-ply gaiters.

PPE will be advised based on the interaction with students or the risk involved related to frequency and type of interaction, volume and duration of interaction and the developmental stages and health status of the individuals involved.

For the 2021 – 2022 school year until the governor has lifted the mandate, all staff and students will be required to wear **face masks** or **two-layer gaiter** inside district school buildings. Students and staff are able to remove their masks while outside on district property. Face shields are not allowed to be worn, unless there is a medical accommodation on file in the school's front office. All students and staff must wear face coverings while riding on district provided transportation vehicles.

FACE COVERINGS FOR INDIVIDUALS

INDIVIDUALS	REQUIRED PPE
Front office staff or other staff interacting with public	Face covering
Bus Drivers	Face covering
Speech and Language Pathologists Special Education Staff Anyone participating in articulation services. Staff teaching students with hearing impairment	Face shield
Staff providing direct services, such as feeding.	Face Shield or covering
Staff moving in between cohorts and classes. Staff interacting with public	Face covering
Child Nutrition Staff	Face covering , gloves
Music Teacher/ Choir/ Band	Face covering
PE Teacher	Face covering
Any staff interacting with multiple cohorts	Face covering
All education staff	Face covering
Any persons in an environment where physical distancing cannot be maintained	Face covering
Staff of advanced age or with chronic illness	Face covering
Clinical Staff	Appropriate PPE per Transmission Based Precautions
Front line staff screening students with illness	Mask and gloves
Students/Staff that are coughing for other reasons (asthma)	Face covering
Acutely ill student in isolation	Mask until parent picks up

N95 Masks and Surgical Masks

N95 respirators and surgical masks are examples of personal protective equipment that are used to protect the wearer from airborne particles and from liquid contaminating the face.

- The Centers for Disease Control and Prevention (CDC) does not recommend that the general public wear N95 respirators to protect themselves from respiratory diseases, including coronavirus (COVID-19). Those are critical supplies that must continue to be reserved for health care workers and other medical first responders, as recommended by current CDC guidance. Please note that N95 masks should be fit tested and trained for appropriate use.
- Surgical masks are appropriate for cases where direct face to face interactions will occur in order to create a physical barrier of protection. If worn properly, a surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical masks may also help reduce exposure of your saliva and respiratory secretions to others.

Cloth Face Coverings

[Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Cloth face coverings](#) are not surgical masks, respirators, or other medical personal protective equipment.

- When in use, teach and reinforce use of [cloth face coverings](#). Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school.
- Face coverings should be worn by staff and students as feasible, and are **most** essential in times when physical distancing is difficult, i.e. inside a building.
- Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to staff, students, and students' families on [proper use, removal, and washing of cloth face coverings](#).

Adequate Supplies

Support [healthy hygiene](#) behaviors by providing adequate supplies of PPE and hygiene items such as soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.

Staying Home When Appropriate

It is crucial that school staff and families understand when individuals must stay home. It is important for all staff to role model appropriate behaviors. Communication will be made to regularly to advise families not to send children to school ill and remind staff not to report to work ill. Strict stay at home policies will be endorsed:

IF...	THEN...
Staff/ Student has tested positive for COVID-19, is awaiting test results or have signs and symptoms of COVID-19	Individuals should stay at home as directed by their physician and/or the local health department. This should be a minimum of 10 days since the onset of illness and 24 hours symptom free without the use of fever reducing medication.
Individuals have Recently had close contact with a person with COVID-19	Unvaccinated individuals should stay home until 10 days after the last exposure and monitor for symptoms of illness. Vaccinated individuals do not have to quarantine UNLESS they show symptoms of COVID – 19.
If there has been COVID-19 currently identified in the school setting.	Follow public health guidance. Encourage cohorts to monitor for signs and symptoms regularly. Increase sanitizing of high touch surfaces in the affected cohort and

Screening for and Identifying & Isolating Ill Students and Staff

Identification of ill students and staff is crucial in illness prevention in school buildings. All staff and students should have education provided on symptoms in order to self-identify when developmentally possible.

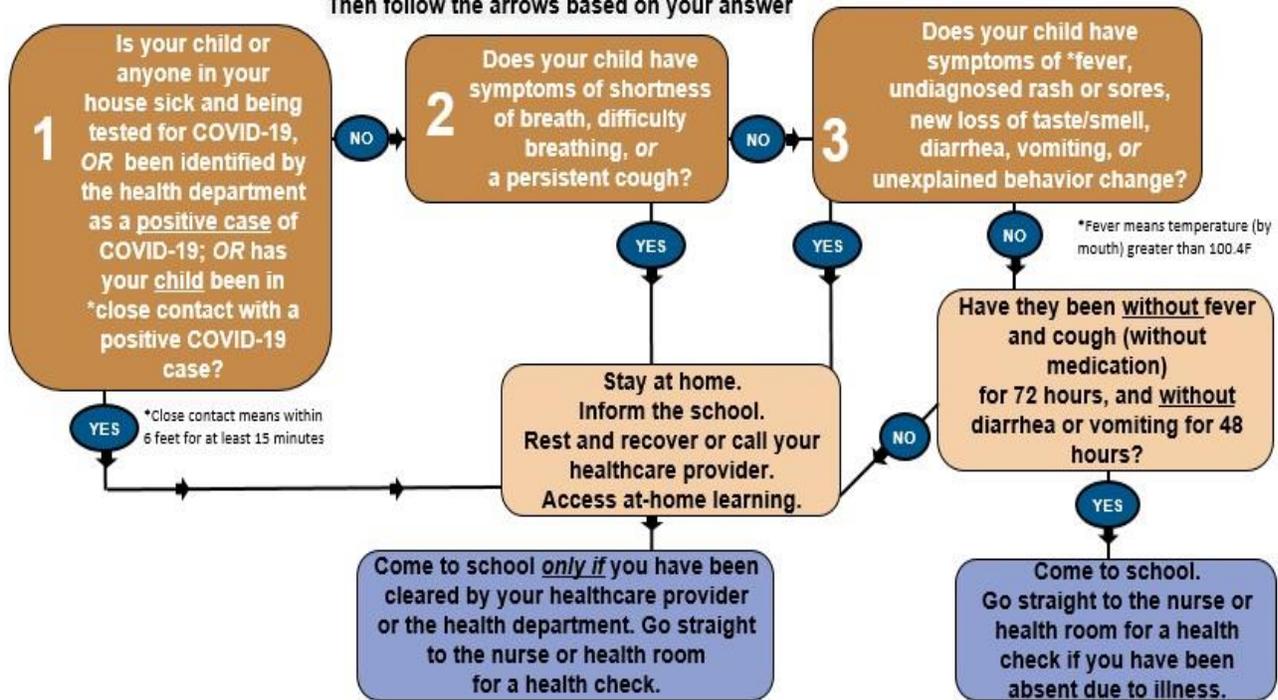
Health Promotion, Prevention and at Home Screening

Parents will be provided Exclusion Criteria and advised to screen their students prior to sending to school. Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school.

Can my child go to school today?

Start with the 3 questions below

Then follow the arrows based on your answer



[Image adapted from: Multnomah ESD]

Families and staff will additionally be provided with COVID-19 symptom checkers to use as tools to determine follow up. School staff should not provide medical advice.

- [Johns Hopkins Symptom Checker](#)
- [CDC Self-Checker](#)

Recognize Signs and Symptoms

- Ensure that all staff are aware of symptoms associated with COVID-19.
- Students should be visually screened each day during attendance to determine if illness is present. If students are positive for any items listed in *Visual Screening*, they should be sent to the office to be screened by designated staff.

Visual Screening

- Unusual coloration (flushed, pale)
- Unusual behavior (lethargy, fatigue)
- New or significant coughing
- Shortness of breath
- Chills

- Any student ill during the course of the day with respiratory illness or fever should be deferred to designated staff for screening.
- Designated staff will specifically screen students as per the *Symptom Screening Criteria* to determine if symptoms are present that require isolation and dismissal as per *Communicable Disease Plan* and previously listed *Exclusion Criteria*.
- Students meeting exclusion criteria should be dismissed to home.
- Ill students must be placed in separate isolation space until picked up by parents.
- Students presenting to the office should be logged into the health room log.
- Health checks will be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations.

Symptom Screening Criteria

- Check temperature to assess for fever
- Identify if the following symptoms are present:
 - Chills
 - New onset of cough
 - Shortness of breath (not explained by an underlying condition such as asthma)
 - New onset of loss of smell or taste

SUMMARY STUDENT SCREENING PROCESS

1. Parents screen students prior to sending to school.
2. Students are passively screened for changes in color, energy, coughing or general illness during attendance.
3. Students identified as potentially ill in the classroom setting are sent to health room for complete screening.
4. Students are screened completely by designated staff to identify if they need to be isolated and dismissed.

Isolate Those Who Are Sick

Each school must have a designated personnel and designated isolation space. Available PPE must be available for. School nurses and designated staff to use [Standard and Transmission-Based Precautions](#). Students who are determined to require exclusion based on current rules and guidelines will be isolated under the following circumstances pending parent pick up:

- Identification of students meeting exclusion criteria based on screening.
- Children identified as having been ill and having a pending test for COVID-19, OR having tested positive for COVID-19, OR having been exposed to someone with COVID-19 symptoms.

ISOLATION MEASURES

- Immediately separate students who are determined to have symptoms meeting exclusion criteria to the designated isolation area.
- Remain calm and practice measures to maintain student privacy, confidentiality and dignity to the highest extent feasible.
- Student will be provided a facial mask (if they can safely wear one).
- Staff should wear a facial mask and gloves and maintain physical distancing.
- Do not leave student unattended.
- If more than one student is in an isolation space, appropriate distance or barriers and privacy must be maintained between students.
- Ensure students are appropriately logged into *Communicable Disease Surveillance Logs*.
- Reinforce appropriate exclusion action with parents (e.g. if student has fever they must remain home until 72 hours symptom free without use of anti-fever medications or 48 hours without vomiting and diarrhea, or/and until released by provider or LPHA)

Isolation Space

An appropriate isolation space as described in the *Communicable Disease Plan* and consistent with state legislation, should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.

The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per COVID-19 guidance correctly.

CDC guidelines in the chart below should be visited with the following four requirements in mind:

1. Isolation spaced must be separate from routine health room
2. Students must be supervised while in isolation space
3. Staff must have appropriate PPE while in isolation space
4. Appropriate physical distancing, barriers and confidentiality must be maintained in the isolation space.

District isolation spaces will be in private spaces within each school building that will allow for the student to be supervised by an adult who is properly outfitted, while providing the student privacy until they can be picked up from the building.

Isolation Space	CDC Guidelines
Physical distance	Maintain a distance of 6 feet or more between isolated individuals. Establish a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals, such as plastic sheeting. A barrier should be high and long enough to prevent direct transfer of air between spaces, i.e. 6 feet or more in all directions from isolated individuals.
Cleaning and sanitizing	To limit the risk of exposure to aerosolized particles, plan disinfection after space has been empty 4 hours; or, disinfect while wearing full PPE (medical grade mask, gloves, isolation gown). After dismissal of ill student, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting . Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
Ventilation	Designated isolation space should have adequate ventilation, i.e. exterior windows and/or ventilation fans. Ensure fans do not re-circulate into air supply; vent to exterior or into non-communicating space (wall voids, attic).
Hand hygiene	Care providers should wash hands frequently and thoroughly before and after providing care. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with 60% or greater alcohol content and wash hands with soap and water as soon as possible.
Face covering or mask; other PPE	Staff tending to symptomatic individuals should wear, at a minimum, a medical-grade face mask. Additional PPE may be needed, such as N-95 mask, gloves, face shield, etc. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space, and hands washed after removing PPE.
Student safety and well-being	Consult district nurse for direct care provision. Adjust protocols to age and developmental abilities. Ensure line of sight; keep ill student visible. To reduce fear, anxiety, or shame related to isolation, provide clear explanation of procedures, including use of PPE and handwashing.

Surveillance, Logs and Contact Tracing

Surveillance

Surveillance is systematic collection of data to analyze specific diseases or trends within a population. In the school setting it is an important measure to identify trends of illness such as increased absenteeism or reports of syndromic illness. Increased surveillance occurs through two primary mechanisms within the school setting:

- School staff identifies and increase in illness or absenteeism, and reports to the district nurse
- The district nurse identifies a cohort, building, or the entire population to actively survey based on community trends or report from LPHA. Surveillance may include:
 - Logging symptom specific complaints of ill students and staff
 - Collecting information on specific diagnoses and syndromes in the school community
 - Communication to families and staff asking for specific symptom information for absent students.

In these situations, school staff will respond as directed by the district nurse.

Contact Tracing

The purpose of contact tracing is to be able to identify those with the potential exposure risk of a communicable disease. This occurs on a small scale readily throughout the year with specific communicable disease exposures. In regards to COVID-19 schools are required to report data on close contacts to the local health department.

OAR 333-003-0050 authorizes school districts release individually identifiable information relative to and Impending Public Health Crisis which includes a declared public health emergency, anyone exposed to a communicable disease, a reportable disease or a condition of public health importance. COVID-19 response meets all of these categories.

A close contact is regarded as: Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated (CDC, 2020).

To be able to provide necessary information for the LPHA, each school must plan in advance by:

- Having easily accessible rosters of each stable cohort. This can be accomplished through accurate student rosters of each classroom and each intervention group.
 - If the roster is not prepopulated in Synergy, a roster must be created.
- Having accurate attendance collected to determine who was present during potential exposures.
 - Reinforcing accurate attendance is crucial in provision of accurate information to the LPHA in regards to exposures.
 - This includes logging late arrivals and early departures.
- Having a mechanism for sign in at the front office and in each classroom is necessary to track itinerant staff or essential visitors.

In relationship to LPHA request and in order to align with ODE/OHA guidance, each individual school must be able to produce:

- A list of students and staff that would have encountered a confirmed case if a member of the education community is diagnosed, this includes:
 - Classroom cohorts
 - Intervention and student support cohorts (SLP groups)
 - Lunchtime and recess cohorts (if these students overlap)
 - Transportation roster
- A list of all staff that encountered confirmed case.

Required information for LPHA includes:

1. Student name
2. Arrival and departure time
3. Parent contact and emergency contact information

Items 1-3 can be produced via TylerSIS.

It is also important to consider whether or not this student visited the health room while ill. In this case, logs should be reviewed to determine at risk students.

A designated staff member should coordinate and ensure rosters and sign-ins are developed and maintained for minimum of 4 weeks.

Logs

As per OAR 166-400-0010 any student reporting to the health room should be logged into the student *health room log*. During this period, all students should be accounted for whether injured or ill or visiting the health room for alternate reasons. It is important to be able to determine potential exposures in the health room, thus all students visiting the health room must be logged in.

Communicable Disease logs will be maintained for students who:

- Are absent due to COVID-19
- Have been any symptoms and have been in contact with a confirmed case
- Have compatible illness or symptoms associated with COVID-19
- Have been dismissed to home for symptoms associated with COVID-19

In the event of an outbreak of cluster *respiratory outbreak lines listings* will be used for case investigations.

Communication Systems

The district will implement and provide communications for multiple areas including health promotion, communication of policies and restrictions and communication regarding potential exposures or exclusions.

School Communication

Signs and Messages

- Post [signs](#) in highly visible locations (e.g., school entrances, restrooms) that promote [everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#) where applicable).
- Broadcast regular [announcements](#) on reducing the spread of COVID-19.
- Messages will be included on websites, on school signage near roads, in newsletters and social media.

Direct Communication

- In addition to posting exclusion criteria on webpages, school social media accounts, and in newsletters, families will be advised on policies related to sick students, potential, home isolation criteria, and student exclusion criteria.
- Families and staff will have communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors.
- Families will be advised to report if:
 - Their student has symptoms of COVID-19,
 - Their student has had a positive test for COVID-19,
 - Their student was exposed to someone with COVID-19 within the last 14 days.
 - The point of contact, to the best of their ability should attempt to obtain:
 - Date of onset of illness
 - Date of positive test, if applicable
 - Last day of exposure to confirmed case (for case contacts)
 - For students, list of household contacts in the district.
 - Last day present in the school building.
 - Staff should not advise other staff or families of potential exposures.
 - Confidentiality should be strictly observed.

Staff Communication

Staff will be advised to report to school administration if they:

- Have symptoms of COVID-19,
- Have had a positive test for COVID-19,
- Were exposed to someone with COVID-19 within the last 14 days.
- Sick staff members or students should not return until they have met [criteria to discontinue home isolation](#).

Communication Regarding Confirmed Cases

- District specific protocols and practices will be communicated by the superintendent
- Building specific protocols will be communicated by the building administrator
- The district nurse will inform building administration of confirmed cases. The building administration will inform staff of exposures.
- The district nurse, Local Health Department, or District administration will inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home and [self-monitor for symptoms](#).

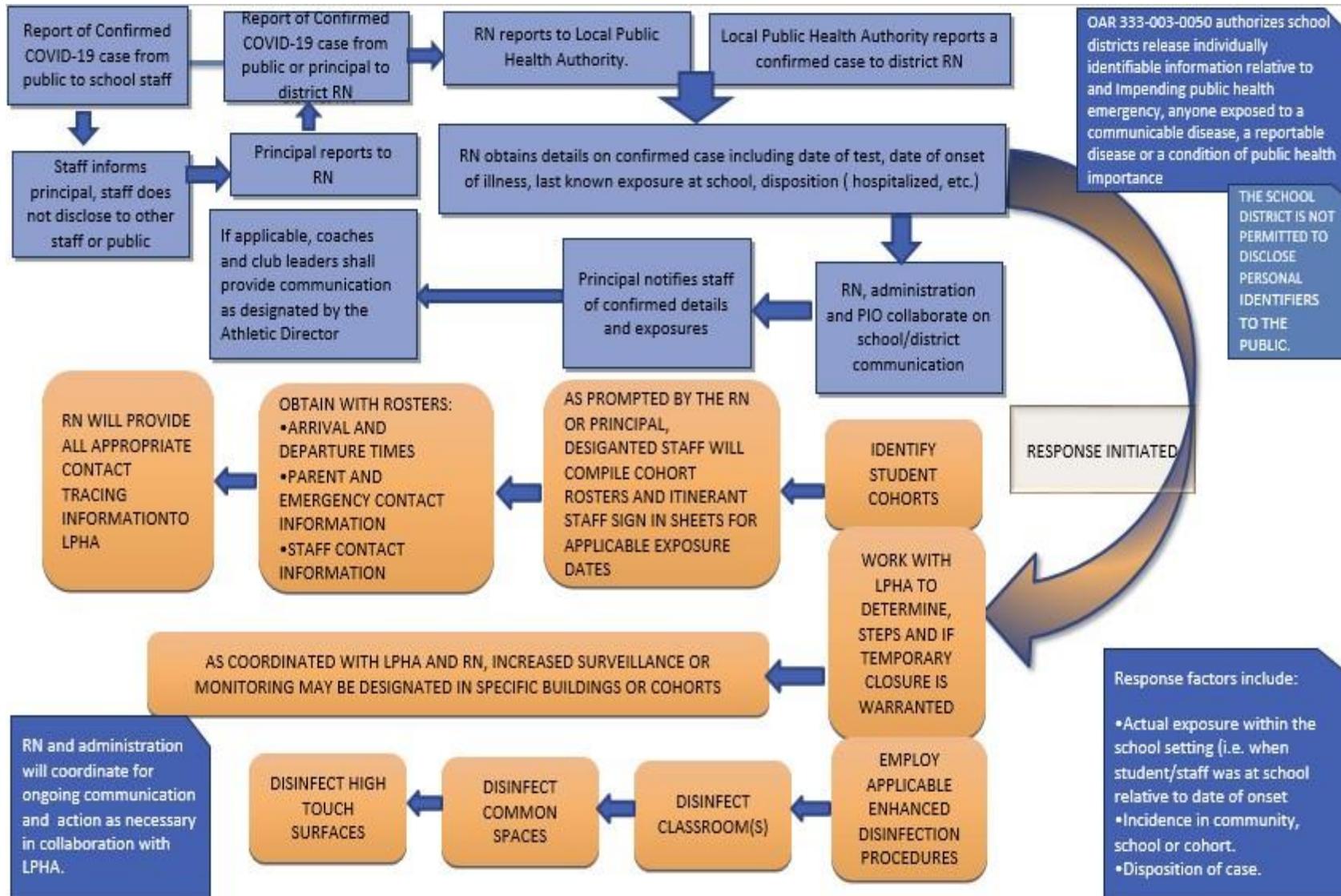
Letters produced to the families will be revised to reflect potential exposure dates and interventions advised by the LPHA.



Public Health Communication

- The district nurse is the point of contact from the Local Public Health Authority (LPHA) Communicable Disease (CD) Division and the Deputy Health Officer.
- The district nurse is subscribed to daily COVID-19 updates via [Oregon Health Authority](#) that reports the daily incident of disease and provides routine updates by region.
- The district nurse has established connection with the LPHA School Reopening Coordinator

Communication & Response



Maintaining Healthy Operations

Schools may consider implementing several strategies to maintain healthy operations.

Regulatory Awareness

- Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

Visitors and Volunteers

- Communication will be made to essential visitors to indicate that they cannot report to buildings if they have been sick or in contact with sick persons in the past 14 days.
- Visitors will be restricted.
- Physical Distancing will be maintained for essential visitors.
- Visitors will be required to wash hands or use hand sanitizer upon arrival
- Visitors will be required to sign and out in at the front office and in any classroom entered.
 - Front office sign in should have an acknowledgement indicating the visitor has not been symptomatic or in contact with ill persons the past 14 days.
- Face coverings are required until further notice

Gatherings and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 3 feet between people if events are held. Limit group size to the extent possible.
- Limit activities involving external groups or organizations as possible and under executive orders – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible. Holding events outside should be prioritized as well.
- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Participation in Community Response Efforts

- Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

Sharing Facilities

- Encourage any organizations that share or use the school facilities to also follow these considerations.
- Facility use will be in accordance with public health recommendations.

Support Coping and Resilience

- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.

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