COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

THIS PLAN CONTAINS

Molalla River School District Communicable Disease Plan
Molalla River School District Exposure Control Plan
Molalla River School District Pandemic Plan

COVID-19 Addendum

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Introduction

Students and staff health and safety is a priority of the Molalla River School District. One area of health and wellness in the school setting includes controlling communicable diseases. Providing a safe, comfortable, and healthy environment facilitates the educational process, encourages social development, and allows children to acquire healthy attitudes toward school (NRC, 2020).

Illness and injury are not uncommon in the school setting, and thus, policies, procedures, and guidance in regards to infection control are of the utmost importance. When children are injured or feel unwell, it can create difficulties in the school setting in regards to both risk to others and the ability of a child to participate in class or educational activities fully. Like the Whole School, Whole Community, Whole Child model, staff collaborate for the best outcomes of the student population and individuals. In this regard, staff must be prepared to have accessible resources and materials to identify appropriate measures and interventions for child health issue (ACSD, 2020)

The purpose of this comprehensive guide is to provide infection control guidance and practice standards to the employees of Molalla River School District.

This document combines the district's *Communicable Disease Plan*, Exposure Control Plan, and *Pandemic Plan* with a *COVID-19 Specific Addendum* for a ***Comprehensive Communicable Disease Management Plan***.

This plan was authored by health services, in collaboration with district administration.

Author: Dr. Jan Olson, DNP, MSNEd, BSN, RN, NCSN, MRSD District Nurse
Collaborators: Amanda Bickford, BSN, RN, MRSD District Nurse
Tony Mann, MRSD Superintendent
Rick Gill, MRSD, Business Manager
Dave Luce, MRSD Human Resources Administrator
Michael Salitore, MRSD Director of Supported Education
Kathleen French, MRSD Curriculum Director
Allison Holstein, MRSD Communication Manager
Tony Tiano, MRSD Facilities Manager
Antonia Etzel, MRSD Director of Nutrition Services
Gregory Rants, First Student Transportation Manager
Kristen Rott, MHS Administrator, and Athletic Director
Jennifer James, Mulino Head Secretary
Heather Godsey, BSN, RN, MESD Nurse Consultant, OSNA President

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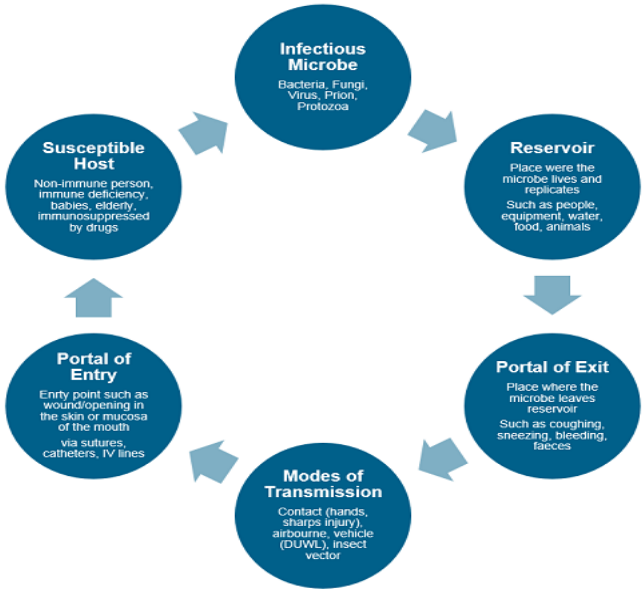
COMMUNICABLE DISEASE PLAN

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff. A communicable disease is an infectious disease transmissible by contact with infected individuals or their bodily discharges or fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors. Although the terms *communicable disease* and *contagious disease* are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors are considered to be "contagious" diseases since they cannot be spread from direct contact with another person (ACPHD, 2013).



[Image: Science Direct]

In the school setting, there is a prevention-oriented approach for communicable disease, which is grounded in education, role modeling, and standard precautions and hygiene. However, the nature of a population-based setting lends to the need to establish practices for measures and interventions associated with exposures or potential exposure. This section focuses on a population-based set of practices for communicable disease prevention. The subsequent *Exposure Control Plan* discusses work practice control measures for staff.

Molalla River School District Board Policies

Communicable Diseases JHC

Communicable Diseases JHCC/GBEB-AR

Student Health Services JHC

Animals in District Facilities ING

Emergency Procedures and Disaster Plan EBC/EBCA

Oregon Legislation

OAR 333-019-0010 Disease-Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions

OAR 581-022-2200 Health Services

ORS 410-133-0000 School-Based Health Services

Oregon Health Authority & Oregon Department of Education

Oregon Communicable Disease Guidelines for School

Communicable Disease Prevention

There is a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, sanitation, and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread.

How these communicable diseases are spread depends on the specific infectious agent. Common ways in which communicable diseases spread include:

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)
- Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria);
- Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and
- Travel through the air, such as measles.

In the school setting, the most frequent risks are associated with direct contact with ill individuals or contamination of surfaces or through airborne transmission. Primary sources of prevention include hand and surface hygiene, isolation, exclusion, and standard precautions.
This section of the plan will provide a brief overview

- Common Childhood Infectious Disease
- Vaccines
- Respiratory/Cough Etiquette

This section will provide procedures for addressing the following communicable disease issues in the school setting.

The district *Exposure Control Plan* in this manual discusses *Standard Precautions* in detail as well as *Transmission Based Precautions,* which include contact, droplet, and airborne precautions. The District *Pandemic Plan* will address measures specific to novel virus response.

Common Childhood Infectious Disease

There are a variety of Common Childhood Infectious Diseases that are regularly encountered in the school setting. Routine childhood respiratory illnesses such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis caused by a variety of bacteria and viruses occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently) and croup (most commonly parainfluenza) and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand-foot, and mouth disease, fifths disease, and staph skin infections. Other, more severe infectious diseases occur sporadically throughout the district throughout the school year (BCDC, 2009).

Vaccines

In the school setting, vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school has a record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine-preventable diseases. Vaccine process is covered in detail in the Molalla River School District School Health Services Manual.

Under the direction of the district nurse:

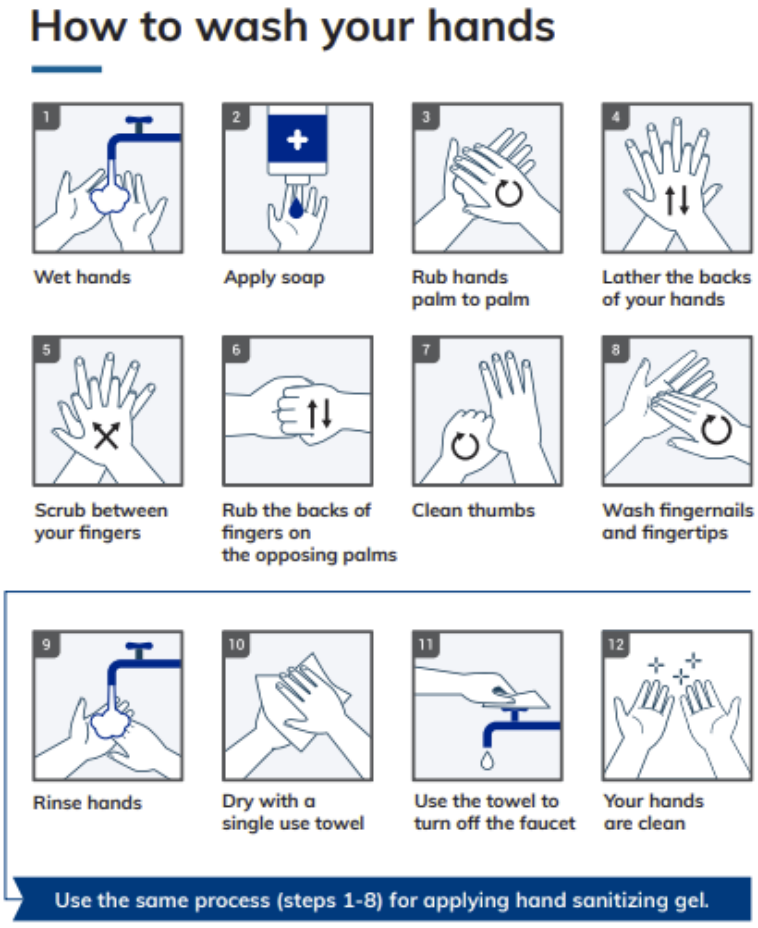
- When a vaccine-preventable disease (varicella, pertussis) is identified in the school setting, designated staff should run immunization reports to identify unvaccinated students in the school setting.
- When the circulation of a vaccine-preventable disease (measles) is increasing in incident in the community identification of students and staff who are not fully immunized is an important measure

Hygiene

Prevention oriented measures are grounded in education of how diseases are transmitted and practice application related to appropriate sanitizing measures and precautions. Hygiene and sanitation are some of the most important methods of disease prevention. Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Appropriate handwashing practices should be taught, role-modeled, and practiced.

Age appropriate hand hygiene curriculum can be found from a variety of resources and should be provided annually in the fall and as needed during peak illness season or specific increases of disease in the school setting.

Hand sanitizer, while not effective against a large number of pathogens, should be made available for times that handwashing is not immediately accessible. Hand sanitizer should be easily accessible throughout the building, specifically in high contact areas and at entrances and exits as feasible. Hand sanitizers should be accessible in each classroom.



[Image: Multicare.org]

Students and staff should wash their hands when:

- **Before, during,** and **after** preparing food
- **Before** 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
  (CDC, 2020)

When immunocompromised students and staff are present increase in hand hygiene frequency is a necessary prevention intervention.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet, reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like doorknobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are essential components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced, and role-modeled to prevent the spread of disease. Practices and interventions are described under *Respiratory Hygiene* and *Cough Etiquette* and *Transmission Based Measure* in *Exposure Controls Plan*.

[Image: Manitoba Department of Health]

Environmental Surface Cleaning

Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with a reduction in illness include scheduling routine cleaning of each classroom and common areas, ensuring appropriate stock of appropriate sanitizers and disinfectants, ensuring garbage is emptied regularly, and ensuring any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is primarily governed by facilities management and custodial services, there are specific classroom measures that can be practiced to improve cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand sanitizer.

Communicable Disease Exclusion

Communicable diseases are transmitted from person to person by various routes. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis, and adequate isolation or treatment (ODE, 2020). Restriction of some communicable diseases may be imposed by the local public health authority for reportable conditions (Oregon Administrative Rule 333-019-0010), which is addressed in a subsequent section.

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. The Tri-County Exclusion Guidelines are a quick reference for school staff. When in question, the school nurse should be consulted and the Oregon Department of Education Communicable Disease Guidance Document. The following exclusion criteria and actions are excepted from the ODE Guidance Document:

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
Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if the rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage	Stay home until the rash is resolved OR until sores and wounds are dry or can be completed covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider
Difficulty breathing or shortness of breath not explained by a situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly,	Seek medical attention; return to school when advised by a licensed healthcare provider

breathing with extra effort such as using muscles of the stomach, chest, or neck.	
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	Referral to physician and/or 72 hours after fever has resolved.
Jaundice: yellowing of the eyes or skin (new or uncharacteristic)	Must be seen by a licensed prescriber and cleared before return to school
Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities	Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started
Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.	Refer to healthcare provider Student should not be at school until health and safety are addressed
Major health event: may include an illness lasting more than two weeks; a surgical procedure with the potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care	Student should not be at school until health and safety are addressed. School staff should follow the appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws
Student requiring more care than school staff can safely provide	School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Restrictable Diseases

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the

communicability or severity of a disease. Restrictable diseases are reportable to the local health department (LHD). The local health department typically notifies school health services. Although there are occasions when the parent will notify the school first.
Students with diagnoses of disease restrictable by the local public health authority (LPHA) under Oregon Administrative Rule (OAR) 333-019-0010 should return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including:

- Diphtheria,
- Measles,
- Salmonella
- Typhi infection,
- Shigellosis,
- Shiga-toxigenic Escherichia coli (STEC) infection,
- Hepatitis A,
- Tuberculosis,
- Pertussis,
- Rubella
- Acute Hepatitis B.
- COVID-19 is also declared a restrictable condition under OAR 333-018-0900.

- If a report is made to the school office, administration, or other school staff in regards to any communicable disease diagnosis in students or staff, this should immediately be referred to the district RN.
- This should be regarded as an urgent referral to the RN if the disease is regarded as a restrictable condition.
- The District RN and Administrators will identify the need for communication, surveillance or control measures. The interventions and communication are driven by multiple factors, including the diagnosis, student health status, risk of exposure number of individuals infected, and risk to cohort or specific students.
- School staff receiving reports should not inform any other students, staff, or parents of the report.

Isolation Spaces

As per OAR 581-022-2220, The school district is required to maintain a prevention-oriented program which included a health care space that is appropriately supervised and adequately equipped for first aid and isolation of ill or injured child from the student body.

When students are identified with restrictable diseases or excludable symptoms, students should be isolated in an appropriate space until they can be dismissed to home.

Outbreaks & Clusters

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity should be indicators to report to the district RN for consideration of outbreak reports or control measure

implementation. The attention to outbreaks, interventions, and resources are highly dependent on the severity or communicability of the syndrome or pathogen identified. Outbreak response including surveillance, infection control measures, and potentially exclusion are also diagnoses specific and may be indicated when:

- A single significant infectious diagnosis is confirmed in the school setting.
- Clusters of compatible syndromes or diagnoses associated with an infectious condition are identified within the school setting
- Significant absenteeism is identified to be associated with compatible syndromes.
- Community transmission of an infectious disease is significant in the community and the LPHA or the RN has deemed increased surveillance or response to outbreak a necessary measure.

Outbreak investigations will be facilitated through the district RN in collaboration with administration and the local health department with the use of Oregon Health Authority Outbreak Toolkits for Schools.

Respiratory Illness

Respiratory illness or disease refer to the pathological conditions affecting the organs and tissues that make gas exchange possible, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. Respiratory diseases range from mild and self-limiting, such as the common cold, to life-threatening entities like bacterial pneumonia. Respiratory illnesses are often observed on the school setting. The following indicators should be reported to the district RN in regards to respiratory illness:

- Any respiratory illness resulting in hospitalization or death of a student or staff member.
- Diagnosed pneumonia in 3 or more individuals in the same cohort.
- Unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with compatible respiratory symptoms.
- Prolonged illness, lasting longer than three days on average, among ten or more persons of the same
  cohort.
- Any uncommon incidence of illness in more than two students.

In the event of respiratory illnesses related to novel viruses, the *Pandemic Plan* will be deferred to.

Vaccine-Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists. Current VPD routinely immunized for in the United States includes:

1. Diphtheria*
2. Tetanus*
3. Measles*
4. Mumps*
5. Rubella*
6. Haemophilus influenzae type b infections (Hib)*
7. Pneumococcal infections*
8. Meningococcal disease*
9. Pertussis (whooping cough) *
10. Poliomyelitis (polio)*
11. Hepatitis A*
12. Hepatitis B*

13. Varicella
14. Influenza

Most VPD's are also notifiable diseases*, meaning they are reportable to the local health department and are under consistent surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US. These may include cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis, and typhoid. While these conditions are uncommon locally, a diagnosed case would be of interest. Vaccine-Preventable Disease reports should be referred to the school nurse, whether coming from a parent, provider, community member, or the local health department. Indicators for VPD include:

- A single case of a vaccine-preventable disease that is also a notifiable disease* or uncommon locally.
- More than 2 cases of chickenpox from separate households in the same classroom or more than 5 cases in a school.
- More than 3 cases of diagnosed influenza from separate households in the same school setting.

Gastroenteritis

An outbreak of gastroenteritis is defined as more cases than expected for a given population and time period. For example, two children in a 25- person classroom with vomiting or diarrhea within one week could potentially indicate an outbreak. Because the nature of norovirus (viral gastroenteritis) is common, seasonal, and highly infectious, it is unlikely to result in an outbreak investigation unless the number infected, frequency, or duration is unusual. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness. Indicators to report to the district RN include:

- Multiple children with compatible symptoms in 48 hours within the same cohort, but separate households.
- More than 2 cases of diarrhea with bloody stool in the school setting.
- Sudden onset of vomiting in multiple persons in the same cohort.
- Any unusual combination of gastrointestinal symptoms, severity, duration, or incidence.

Other Circumstances

Less commonly outbreaks of skin infections, novel diseases, or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions, and follow up occur, these other situations should be referred to the school nurse immediately. These circumstances will be handled on a case by case basis. Examples of these circumstances may include:

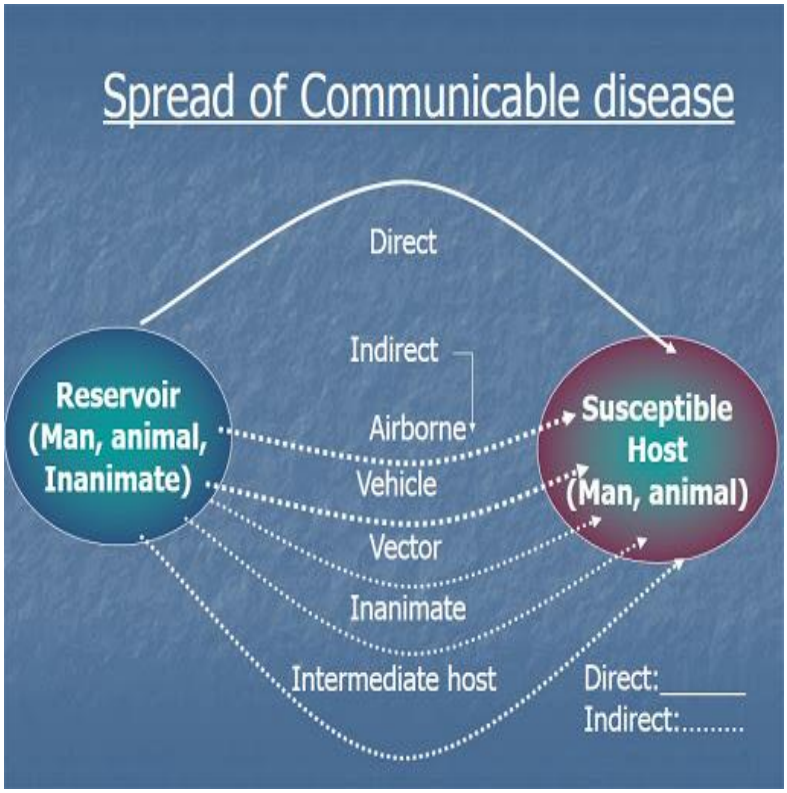
- More than two students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva, or feces from a non-domestic animal.
- Any student or staff coming into contact with blood that is not their own.
- Any combination of illness, symptoms, severity, duration, or frequency that seems unusual as compared to routine seasonal illness.

The school nurse may decide that additional control measures or data collection is necessary and will consult with administration and LHD as needed, in regards to determined outbreaks or novel diagnoses. The school RN should always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak. Any presentation of illness or combination of illnesses as described above should be reported to the district RN and administrator.

Animals in School

Animals in schools can have a positive effect in the school environment, but also may cause infectious disease issues for staff and students. Molalla River School District only allows for schools on district property with specific approval under specific circumstances. School board policies and district applications should be visited for this. Other considerations should be made in regard to controlling spread on infectious disease from animals:

- Wild mammals, alive or recently dead, should not be allowed in school. Bats and skunks have a significant risk of being rabid, and other wild animals may be more prone to causing injury through bites and scratches.
- Dogs, cats, and ferrets allowed in school should have a current rabies vaccine.
- Any animal bites on school premised should be reported to the local health department for follow up.
- Animals who are ill should not be allowed into the school setting.
- Class pets should be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent diseases such as transmission.



[Image: Science Direct]

- Animals should not be present or handled in areas where food and drink are consumed or prepared.
- Children should not kiss high-risk animals such as chicks, ducks, turtles, and other reptiles.
- Children should always be monitor with animal interactions.
- Consider the medical needs of students who may be immunosuppressed or who may have allergies as they may become severely ill when exposed to certain pathogens.

- In the event of an animal bite in the school setting, please ensure standard first aid is followed, and the student/staff is deferred to medical care. Unprovoked bites sustained from canines are reportable to the local health department.
- In the event that a student in a classroom is diagnosed with a disease known to be carried by animals (campylobacteriosis or salmonellosis, for example), the animal should be removed from the classroom setting until the risk is determined to be resolved.

Food Safety

Food safety for kitchen staff is supervised by nutrition services. For the purpose of population-based health and food preparation and consumption within the classroom, general food safety standards and disease prevention principles should be endorsed.

For elementary school classrooms

- Hand hygiene is practiced prior to eating,
- General principles of food safety can be taught that are age-appropriate.
- Food sharing should be avoided
- For classroom and school-sponsored events, only commercially prepared products are permitted. No homemade goods from non-licensed kitchens are permitted.

For middle school or high school culinary classrooms

- Hand hygiene should always be encouraged
- Age-appropriate food safety principles are taught.
- Appropriate food handling processes must be taught, role-modeled, and endorsed. This includes overview of:
    - Hand hygiene and appropriate use of gloves.
    - Clean surfaces and appropriate use of sanitizers.
    - Separating raw and ready to eat foods/ avoidance of cross-contamination.
    - Cooking food to appropriate temperatures.
    - Appropriate storage and refrigeration.
    - Measures to prevent allergic reactions.
    - Abstaining from food preparation when specific symptoms or specific illnesses have been identified.

[Image: Slideserve]

EXPOSURE CONTROL PLAN

This plan provides the employees of Molalla River School District with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements.

Standard precautions shall be observed in Molalla River School District sites in order to prevent contact with all body fluids and other potentially infectious materials. All body fluids or other potentially infectious materials will be considered infectious at all times. Transmission based precautions should be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff.

It is presumed by the nature of the jobs performed in a congregate setting that ALL district employees are reasonably anticipated to have "occupational exposure" to blood or other potentially infectious material.

BOARD POLICIES

Handling and Disposing of Contaminated Fluids EBBA-AR

HBV/ Blood Borne Pathogens GBEBAA/JHCCBA/EBBAB

Communicable Diseases JHCC/GBEB-AR

OSHA

Blood Borne Pathogens 1920.1030

Personal Protective Equipment 1910 Subpart 1

EXPOSURE PREVENTION

In order to reduce risk and promote prevention of infections related to blood or body fluids, the district will provide or promote specific trainings or practices to prepare staff, these include:

- Blood Borne Pathogens (BBP) Training (this is an annual requirement presented electronically by Human Resources).
- Hepatitis B vaccination (Education and Recommendations on Hepatitis B Vaccination is provided each year with BBP training). A waiver may be signed in lieu of immunization if you opt-out AFTER completing BBP training and understand the risk and implications.
- Consistent use of Standard Precautions is expected any time the risk of exposure to body fluids is present.
- Routine training, refreshers, and understanding of appropriate first aid.
- Routine training or refreshers for staff who provide direct care to students or who work with students with specific disabilities.

UNIVERSAL & STANDARD PRECAUTIONS

The premise of universal precautions is to treat all body fluids as potentially infectious. Standard precautions align with this and provides a set of standards for the for hygiene and barrier protection or Personal Protective Equipment with any and all encounters with body fluids.

Standard Precautions are regarded as the minimum infection prevention practices that apply to all direct care or exposure to body fluids, regardless of suspected or confirmed infection status of the individual, in any setting where there is an expected risk of body fluid exposure. In the school setting body fluid exposures most frequently occur with physical injury but may also occur relative to a health related issues or procedure or developmental issue or disability.

[Image: Safety Signs]

Standard precautions endorse the appropriate use of personal protective equipment (PPE) and practices such as hand hygiene and respiratory etiquette as well as work practice controls such as sharps safety and environmental disinfection.
When Standard Precautions alone cannot prevent transmission, they are supplemented with transmission-based Precautions. This second tier of infection prevention is used when there is a specific risk related to an ill student or staff in the school setting that can spread through contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions. While transmission-based Precautions are typically isolated to the health room with specific conditions, the exposure risk is still possible in the school setting and will be addressed as well.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections. In the school setting, hand hygiene is an important infection prevention method as a matter of habit with restroom use and food prep. In the contact of BBP and exposure control, hand hygiene should be endorsing each time a staff member has an interaction with a student for standard first aid or direct care. Hands should be washed prior to dawning gloves, and after care is completed when gloves are removed.

Personal Protective Equipment (1h)

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect staff from exposure to or contact with infectious agents. PPE that is appropriate for various types interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available. These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Examples of appropriate use of PPE for adherence to Standard Precautions include:

- Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.
- Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- Use of mask when respiratory transmission is of concern.

General Principles of PPE:

IF…	THEN…
It's wet (it's infectious)	Wear gloves
It could splash into your face	Wear a face shield
It's airborne	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves, wash hands before and after gloves
You are providing CPR	Use a barrier
There is a blood spill or boy fluid spill	Then have staff trained in appropriate cleanup

Appropriate application and removal of PPE are crucial pieces of infection control.

(Image: CDC)

Respiratory Hygiene/Cough Etiquette

In the school setting, respiratory etiquette and hygiene are important measures to teach to students as developmentally appropriate. Also, visual alerts such as Cover Your Cough signage can be used.

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing.
- Use in the nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing or coughing into an elbow when hand hygiene is not immediately accessible.

Further respiratory hygiene can be endorsed practice controls such as:

- Having available for students who become sick at school with respiratory illness. A mask should only be used if the student can tolerate the mask.
- The person can be placed in a location where risks to others are minimized until dismissed to home.

- Spatial separation of the person with a respiratory infection from others is important in some cases. Since droplets travel through the air for 3-6 feet, separating an ill person from others by more than 3 feet decreases the risk of transmission.
- Stressing hand hygiene after every contact with respiratory secretions is important.

To ensure these practices, each school should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in shared areas.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently-located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- When tissues and hand hygiene are not accessible, individuals should be encouraged to cough into their elbow, away from others, and not directly into their hands, where they may subsequently cross-contaminate other items or surfaces.

Further respiratory hygiene can be developed by masking ill individuals during periods of increased respiratory infection activity in the community, specifically those who are ill enough to be dismissed to home. This is described further in transmission-based controls.

Sharps safety (engineering and work practice controls).

Needle sticks are a potential risk in any work environment where medications may be delivered via syringe or compatible device or where lancets are used. In the school setting this is most often associated with care of students with specific medical conditions, such as type 1 diabetes, for example. It is preferred that students provide self-care whenever feasible, however if this is not safe developmentally or cognitively or in relationship to specific emergency medications. Staff should be appropriately trained to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.

Specific control must be endorsed in any situation sharps are present to reduce the risk of needle stick:

1. Avoid using needles that must be taken apart or manipulated after use.
2. Do not recap needles.
3. Always dispose of used needles in a sharps container appropriate labeled with a biohazard sign.
4. Know and understand that needles should only be used a single time.
5. Participate in specific training related to injectable medications

Contaminated sharps stored in closed puncture-resistant containers (sharp boxes) with appropriate biohazard

Clean and Disinfected Environmental Surfaces.

The cleanliness of the district facilities at the professional level is the responsibilities of facility and custodial services who have specific expertise in the appropriate formulations to use for specific circumstances. For this reason, anybody fluid exposure should be immediately referred to custodial services.

In the event of a blood spill, blood spill kits should be readily accessible throughout campuses. This should be deferred to custodial services, if custodial services are not immediately available the area should be isolated and appropriate sanitizer designated by facilities applied. PPE should be used with anybody fluid clean up.

All schools setting should be equipped with a biohazardous waste container to dispose of materials coming into contact containing body fluids.

All disposal of biohazard waste will be in accordance with Environmental Protection Agency (EPA). The directives from appropriate sanitizing and waste should come from facilities.

TRANSMISSION-BASED PRECAUTIONS

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for individuals in certain infectious circumstances to prevent the potential spread of infectious agents for which additional precautions are needed to prevent infection transmission beyond standard precautions.

Contact Precautions

Use Contact Precautions are limited in the school setting but may be required when an open and draining lesion is identified at school. When and open and draining lesion, such as a cyst, boil or abscess are identified in the school setting the following precautions should be taken:

- **Ensure appropriate student placement** The student should be removed from the classroom setting and placed in the health room while awaiting parent arrival. Open and draining skin wounds are an excludable condition.
- **Use personal protective equipment (PPE) appropriately,** if the student requires care. This means that gloves must be worn. Unlike a clinical setting it is unlikely that gowns or masks will need to be used for contact precautions because staff should not be providing wound care or procedures**.**
- **Limit transport and movement of student** once an open and draining lesion is identified, the student's activity should be limited to reduce additional opportunity for contamination of surfaces.
- **Prioritize cleaning and disinfection** once the student has been dismissed to home, ensure the area the student was located during direct care in appropriately sanitized. If there was a risk of contamination in other settings such as the classroom, cafeteria, or playground, for example, ensure areas are appropriately addressed**.** Launder supplies in the health room as warranted**.**

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. In the school setting, this may be relevant during influenza season and specifically during the circulation of novel viruses.

- **Source control** for droplet precautions includes putting a mask on the sick individual.
- **Ensure appropriate student placement** as feasible, a student who become symptomatic when the risk of specific viruses in increased, should be placed in a room individually, if possible. Students may routinely be located in the health room with acute respiratory illness in typical seasons. However, during severe respiratory illness seasons and when the circulation of novel viruses has been identified, isolation rooms should be identified.
- **Use personal protective equipment (PPE) appropriately.** For staff screening ill students, masks should be donned upon entry into the isolation space.
- **Limit transport and movement of ill person** outside of isolation room, the student or staff's activity should be restricted, except travel as needed to dismiss to home.

Airborne Precautions

Use of Airborne Precautions for individuals known or suspected to be infected with pathogens transmitted by the airborne route (e.g., measles, chickenpox)**.** Airborne precautions will rarely be used in the school setting; however, it is important to identified control measures as increases of vaccine-preventable respiratory diseases are on the rise related to increase in vaccine hesitancy.

- **Source control** for airborne precaution include putting a mask on the ill individual.
- **Ensure appropriate patient placement in isolation room as feasible.** If an isolation room is not available, ensure the student is isolated from other students and staff.
- **Use personal protective equipment (PPE) appropriately**, including a fit-tested NIOSH-approved N95 or higher level respirator for individuals having direct care contact with the student. If these masks are not available, routine surgical masks should be worn.
- **Limit transport and movement of student aside from travel to be dismissed to home.**
- **Immunization of susceptible persons** as soon as possible. Following contact with an individual identified as having a vaccine preventable disease, individuals susceptible to any diagnosed infection, such as measles or varicella should be advised immunize against infection (school nurse). It is important to note that the school district cannot compel anyone to immunize their children, but students and staff who are unvaccinated can be excluded for the maximum incubation period of a vaccine-preventable disease (up to 21 days) from their last exposure.

EXPOSURE INCIDENT

An exposure incident is regarded as an event where the potential or risk of exposure to infectious disease has occurred. This can occur through variety of ways; in the school setting, this primarily occurs through contact of body fluids through mucous membranes, through a human or animal bite or through a needle stick.

When an exposure has occurred, the affected staff should immediately attend to the injury and report to administration.

Needle-stick

If a staff members skin is pierced or punctured with a needle that has been used to deliver medication to a student, immediate first aid should occur including:

- Encouraging the wound to bleed, ideally by holding it under running water.
- Wash the wound with plenty of soap and running water.
- Do not use cold water as that encourage restriction of blood vessels.
- Do not scrub the wound
- Do not suck the wound
- Dry the wound and cover it with a waterproof dressing.
- Immediately notify your administrator and seek medical attention.
- It is highly recommended that the source of the exposure be tested for blood borne pathogens immediately following the incident as well. The nurse or district administrator should make this communication to families. Confidentially will be exercised with exposures regarding both the individual and the source to the fullest extent feasible.
- As soon as feasible, complete an incident report and report to Human Resources
- Staff may be required to report back for subsequent blood tests.
- Staff may be required to take prophylactic medication.
- In the nature of being a high stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

Any potential body fluid exposure to the nose, mouth, or skin with water should be immediately followed by flushing with warm water. For splashes in eyes, irrigate eyes with clean water, saline, or sterile irrigants. Report incident to administrator immediately and consult with provider (CDC, 2016a)

Blood Spill

Blood spills frequently occur in small volumes in the school setting. Cleaning up minor spills require the use standard precautions apply, including use of personal protective equipment (PPE), as applicable. Spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided), and generation of aerosols from spilled material should be avoided.

Using these basic principles, the management of spills should be flexible enough to cope with different types of spills, taking into account the following factors:

- the nature (type) of the spill (for example, sputum, vomit, feces, urine, blood or laboratory items)
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens,
- the size of the spill – for example, spot (few drops), small (<10 cm) ="" or="" large="">10cm)
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as a science laboratory), or in a common area or in a restroom
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

Cleaning spills

Standard cleaning equipment, including a mop, cleaning bucket, and cleaning agents, should be readily available for spills management. While these spills should be deferred to custodial services for their expertise in sanitation, supplies It should also be stored in an area known to all in case custodial services are unavailable.

To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' should be available. PPE should also be accessible, including disposable rubber gloves suitable for cleaning (vinyl gloves are not recommended for handling blood), eye protection, and apron. a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process) (VSG, 2020).

Bites

For a bite that has broken skin, immediate medical attention is required. As above, encourage bleeding and provide first aid. While bloodborne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Staff may be directed to take antibiotic prophylaxis as deemed necessary for bites, specifically those from non-human sources.

If the bite occurred from a canine, this is reportable to the local health department.

PANDEMIC PLAN

A pandemic occurs when an infectious disease has spread globally. Most pandemics occur from novel viruses associated with influenza. Other viruses, such as coronaviruses, are routinely surveyed due to the propensity for mutations, human to animal transmission, and potential for pandemic events.

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

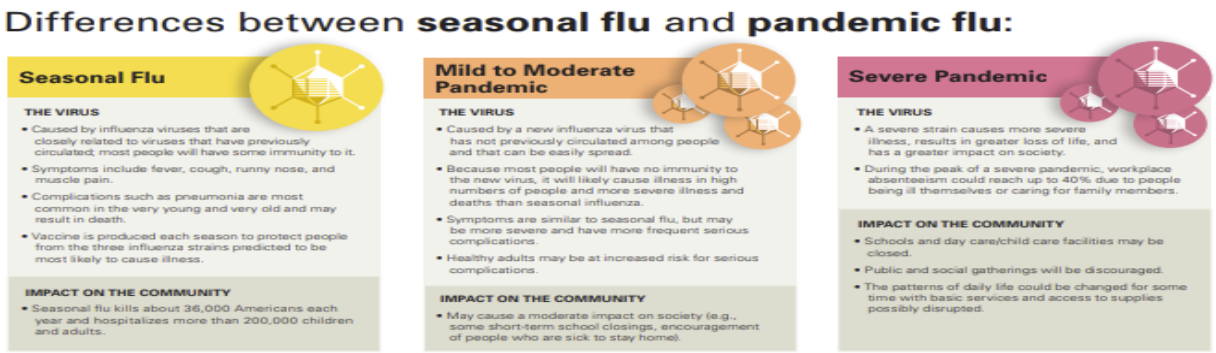
There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The "common cold" is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in severity but include cough, low-grade fever, sore throat (SDDH, 2019; Weatherspoon, 2019).

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people with underlying health conditions or weak immune systems, are at high risk of severe flu complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and sometimes vomiting (CDC, 2020).

Novel, Variant and Pandemic Viruses

Novel viruses refer to those not previously identified. A novel virus may a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans, this is referred to as a variant virus. Pandemic refers to the global circulation of a novel or variant strain of respiratory viruses. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (CDC, 2016b).



[Image: CDC]

Purpose

The purpose of this document is to provide a guidance process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help slow the spread of respiratory illnesses such as pandemic flu or novel coronaviruses. NPI's, specifically in regards to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document should be used as a contingency plan that is modified with a response planning team based on the current level of pandemic threat.

Control Measures

While prophylactic vaccine and antiviral medication are appropriate interventions in some viral respiratory conditions, specifically seasonal influenza. These are not always accessible for novel strains. Non-pharmaceutical interventions (NPI's) are essential actions that can aid in the reduction of disease transmission. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPI's in the school setting and at school-sponsored events (CDC, 2017).

[Image: CDC]

Everyday Measures

Control measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health services plan. Routine control measures include:

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 72 hours fever free, without the use of fever-reducing medication.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity and incident of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively.

That being said, historical pandemic responses have provided a baseline set of evidence-based guide to create a framework for response plan for such events in the school setting.

Control measures are incremental based on the current situation. The current situation will be defined by the public health official based on the severity, the incidence and the proximity to the school setting lending to level based responses. Level based responses are defined in many ways, generally using a mild, moderate and severe category, or for the purposes of this document level 1, 2, and 3 categories.

When cases of novel viruses are identified globally

When the novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel by students or staff, which may result in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent's responsibility to communicate this restriction to the school district. Routine infection control and communication should continue.

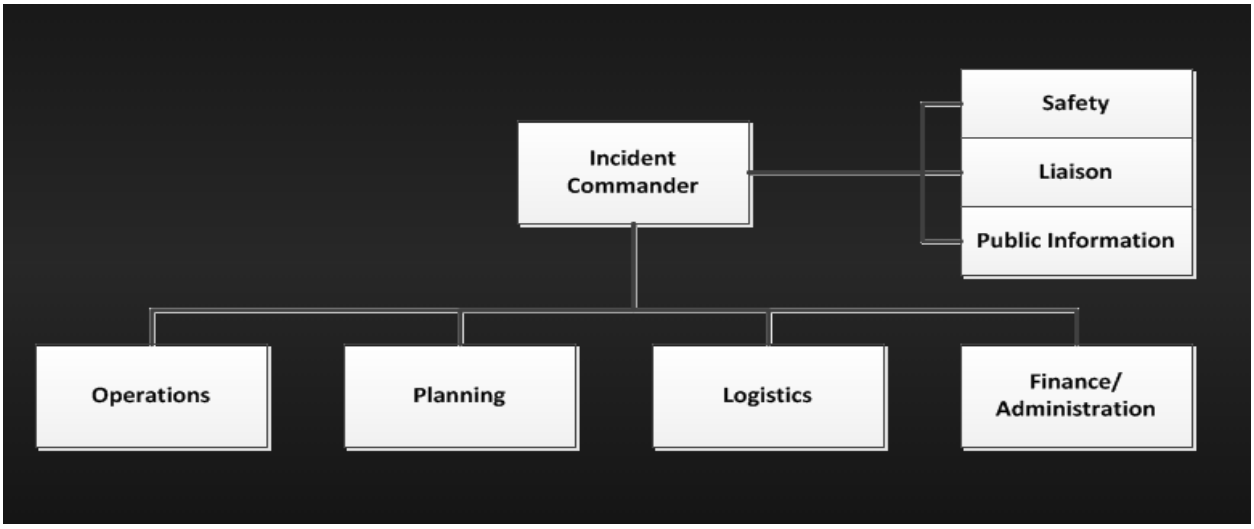
ROUTINE PRACTICES

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene. • Respiratory Etiquette. • Stay home when ill.	• Routine illness exclusion (as noted in *Communicable Disease Plan*).	• Routine and regular sanitizing or disinfection.	• Routine seasonal illness prevention and exclusion communication. • Routine communication on flu vaccine clinics.

When cases of novel viruses are identified regionally or nationally

When the novel disease is identified in the U.S., It is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the district should be subscribed to this alert to keep the team updated. If the region impacted is in Clackamas County, the Local Health Department (LHD) will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the school district.

Response team should consist of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities at minimum to meet the general structure of Incident Command.



[Image: prepare.gov]

When public health has deemed a novel virus a pandemic threat, defer to the CDC checklist for schools in order to establish a specific emergency response framework with key stakeholders. During this time, preparedness planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

LEVEL ONE ACTIONS: VIRUS DETECTED IN THE REGION-PREVENTION FOCUSED

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing is not an option. • Cover coughs/sneezes, throw away tissues at each use, wash your hands. • Stay home when ill for at least 24 hours after fever free without the use of fever-reducing medication.	• Identify baseline absentee rates to determine if rates have increased by 20% or more. • Increase communication and education on respiratory etiquette and hand hygiene in the classroom. • Teachers can provide age-appropriate education. • Communicable Disease surveillance - monitoring and reporting student illness. • Increase space between students in the classroom. • Instruct students in small groups as feasible.	• Increase sanitizing of flat surfaces and shared surfaces • Devise prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school with febrile respiratory illness until parents can pick up. • Discourage the use of shared utensils in the classroom.	• Provide communications to families based on the current situation, general information, and public health guidance. • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal providers in regards to attendance.

When cases of novel viruses are identified in the community or incidence is increasing.

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. Increased public health guidance will also ensue if the overall incidence is increasing despite the proximity to the school. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings are responsible to follow local public health guidance as well.

When the local transmission is detected, planning for cancellation of events and potential for dismissal and academic continuity should be prioritized. As well, plans for potential prolonged staff absences should be prioritized.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED [INCLUDES LEVEL 1 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Public health-specific guidance • Be prepared to allow your staff and students to stay home if someone in their house is sick.	• Public health guidance • Increase space between people at school to at least 3 feet, as much as possible. • Temporarily dismiss students attending childcare facilities, K-12 schools (Teachers report to work, students do not report to school).	• Public health-specific guidance. • Modify, postpone, or cancel large school events as coordinated with or advised by state or local officials.	• Work with LHD to establish timely communication with staff and families about specific exposures. • Provide communication to staff about the use of sick time and a reminder to stay home when sick. • Advise parents to report actual symptoms when calling students in sick as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the LHD will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the man power to impose individual restrictions and may create public statements that the school district should reiterate.

LEVEL THREE ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Follow public health or government direction.	• Follow exclusion guidance designated by the Local Public Health Authority, and interventions which may include social distancing, revised gathering requirements, or student dismissal.	• Follow local public health direction on environmental cleaning, which may include school closure and canceling major events, based on public health metrics.	• Coordinate Communication with the Local Public Health Authority. • Identify potentially immediately impacted student populations such as seniors and graduation track. • Establish communication for continued education provisions and continued meal service.
RE-ENTRY DURING PANDEMIC			
Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Follow LPHA guidance	• Follow exclusion guidance, and intervention guidance designated by the LPHA for re-entry	• Follow LPHA guidance on bringing students back to school based on public health metrics.	• Coordinate communication with LPHA on re-entry, restrictions, and potentially impacted populations.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
• Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. • Stay home when ill and until 24 hours fever free without the use of fever-reducing medications.	• Routine illness exclusion when LPHA deems processes may return to baseline.	• Routine sanitizing when LPHA deems processes may return to baseline.	• Routine illness prevention and exclusion communication. • Participate in post-event evaluation to determine what worked in a response plan and what needs to be revised. • Determine the plans needed to make up lost academic time.

Special Considerations

Employee Sick Leave

Administration and human resources should work together to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regards to lost work, such as maximum incubation period exclusion (10-14 days). Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised or who are identified as potential cases. Accommodation of staff leave shall be consistent with laws associated with state and federal leave acts and union contracts.

School Closures

If school closure is ordered by the state, the district will abide by executive order. If closure is advised by the local public health department, consultation should occur between legal, union, and district administration to ensure processes are consistent with legal preparedness processes.

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their provider. This change in placement should be accommodated as appropriate under IDEA and FAPE.

GLOSSARY OF TERMS

Administrative controls: Administrative controls are measures used in conjunction with engineering controls that eliminate or reduce the hazard. By following established safe work practices and procedures for accomplishing a task safely

Airborne precautions: Precautions that are required to protect against airborne transmission of infectious agents. Diseases requiring airborne precautions include, but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), and Mycobacterium tuberculosis

Antibody: A protein produced as an immune response against a specific antigen.

Antigen: A substance that produces an immune response.

Bacteria: Microscopic living organisms. Some bacteria are beneficial, and some are harmless, but some can pathogenic (cause disease).

Biological Hazard: Any viable infectious agent that presents a potential risk to human health.

Bloodborne pathogens: Microorganisms which are spread through contact with infected blood, that can cause diseases such as human immunodeficiency virus (HIV) and hepatitis B (HBV).

Communicable Disease: Illness that spreads from one person to another through contact with the infected person or their bodily fluids, or through contaminated food/water or disease vectors, such as mosquitos or mice.

Contact Tracing: Working with an infected person to determine who they have had contact with and potentially exposed, to an illness.

Disinfection: High level cleaning intended to kill germs on surfaces

Droplet precautions: Safety measures used for diseases or germs that are spread in tiny **droplets** caused by coughing and sneezing (examples: pneumonia, influenza, whooping cough, bacterial meningitis).

Epidemic: A disease affecting a large number of people in a community or region.

Exclusion: Preventing someone from entering a place or participating in an activity

Engineering Controls: Measures to protect individuals through engineering interventions that can be used to eliminate or reduce hazard.

Immunocompromised: Having a weakened immune system that cannot respond normally to an infectious agent. This limits the body's ability to fight disease.

Isolation: Being kept separate from others. A method of controlling the spread of a disease.

Medical Wastes/Infectious Wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts.

Novel: New—in medical terms, previously unidentified, as in, novel coronavirus

Other Potentially Infectious Materials (OPIM): Human bodily fluid or tissue that can harbor or spread bloodborne pathogens, including but not limited to: saliva, cerebrospinal fluid, semen, vaginal secretions.

Pandemic: An epidemic that spreads over countries or continents.

Pathogen: A microorganism that can cause disease.

Personal Protective Equipment (PPE): Physical barriers used when exposure to hazards cannot be engineered completely out of normal operations and when safe work practices and administrative controls cannot provide sufficient protection from exposure to infectious or hazardous conditions. PPE includes such items as gloves, gowns, and masks

Restrictable Diseases: Diseases that require exclusion from work, school, childcare facilities, for the protection of public health. According to the Oregon Health Authority, restrictable disease include: diphtheria, measles, Salmonella enterica serotype Typhi infection, shigellosis, Shiga-toxigenic Escherichia coli (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, chickenpox, mumps, pertussis, rubella, scabies, and any illness accompanied by diarrhea or vomiting.

Sanitize: Reduce contaminants (viruses, bacteria) on an object or surface.

Seasonal Illness: Illnesses whose occurrence appears to be associated with environmental factors (temperature and humidity changes). For example, colds, and other upper respiratory illness are more common during the winter months when people are more often indoors.

Sharps: Any devices that can be used to cut or puncture skin. Examples include: needles, syringes, and lancets (used for checking blood sugar). Sharps must be disposed of in an approved container, to avoid bloodborne pathogen exposure.

Standard Precautions: A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Surveillance: Collecting and analyzing data related to a disease in order to implement and evaluate control measures

Transmission: How a disease spreads. There are four modes of transmission:

- Direct—physical contact with infected host or vector
- Indirect—contact with infected fluids or tissues
- Droplet—contact with respiratory particles sprayed into the air (sneezed or coughed)
- Droplet Nuclei—dried droplets that can remain suspended in the air for long periods of time (e.g., tuberculosis)

The mode of transmission of a disease will determine what PPE is required.

Universal Precautions: Preventing exposure to blood borne pathogens by assuming all blood and bodily fluids to be potentially infectious, and taking appropriate protective measures.

Vaccine: A preparation containing a weakened or killed germ. Vaccines stimulate the immune system to produce antibodies to prevent a person from contracting the illness.

Variant: A difference in the DNA sequence, a mutation. Viruses can change and mutate, and these variant forms can be intractable to established treatments.

Vector: A carrier of a pathogen (germ) that can transmit the pathogen to a living host. Mosquitoes, fleas, ticks, and rodents are examples of vectors.

Work practice controls: Measures intended to reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for handwashing, sharps disposal, lab specimen handling, laundry handling, and contaminated material cleaning.

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Images:

- CDC.gov
- Manitoba Department of Health
- Multicare.org
- Open University
- Prepare.gov
- Safety Signs
- Slideserve
- Science Direct

COVID-19 SPECIFIC COMMUNICABLE DISEASE MANAGEMENT ADDENDUM

This plan is intended to be used in conjunction with the districts School Health Services Manual, Communicable Disease Plan, Pandemic Plan, and Exposure Control Plan 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*.

As of July 28, 2020 the Oregon Health Authority has released evidence based public health metrics to guide school reopening to in-person learning.

REOPENING METRICS

Specifically, these metrics detail the following:

- For a school district that draws substantial numbers of students or staff from multiple counties, the case rate and test positivity rate should be considered in each of those counties.
- Schools must be in a county that is no longer in baseline phase to consider in-person instructional models.

County Metrics - metrics to be met three weeks in a row:

- Case rate: ≤10 cases per 100,000 population in the preceding 7 days*
- Test positivity: ≤5% in the preceding 7 days

- and –

State Metric - metric to be met three weeks in a row

- Test positivity: ≤5% in the preceding 7 days

When these metrics cannot be met, school will instead open to Comprehensive Distance Learning. In some situations school may open to Limited In-Person Learning. In addition to reopening metrics, metrics are established to identify when an open school should return to Comprehensive Distance Learning, based on incidence of disease

Planning for Comprehensive Distance Learning

For schools that have in-person instruction occurring, if one or more of the following metrics are met for more than one week in a row, planning for Comprehensive Distance Learning should occur, including training of all staff and communication with school communities.

County Metrics:

- Case rate: ≥20 cases per 100,000 population in the preceding 7 days*
- Test positivity: ≥7.5% in the preceding 7 days

Initiation of Comprehensive Distance Learning For schools having in-person instruction, if one or more of the following metrics are met for more than one week in a row, Comprehensive Distance Learning should be initiated.

County Metrics:

- Case rate: ≥30 cases per 100,000 population in the preceding 7 days*
- Test positivity: ≥10% in the preceding 7 days

(OHA, 2020)

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 under the state's guidelines for the upcoming school year with a framework for the specified area of interventions for reopening.

The American Academy of Pediatrics (2020) stresses the fundamental role of schools in providing academic instruction, social and emotional skills, safety, nutrition, physical activity, and mental health therapy. "Schools are critical to addressing racial and social inequity and strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school," according to the guidance. These coordinated interventions intend 'to mitigate, not eliminate, risk' of SARS-CoV-2."

Guiding Principles

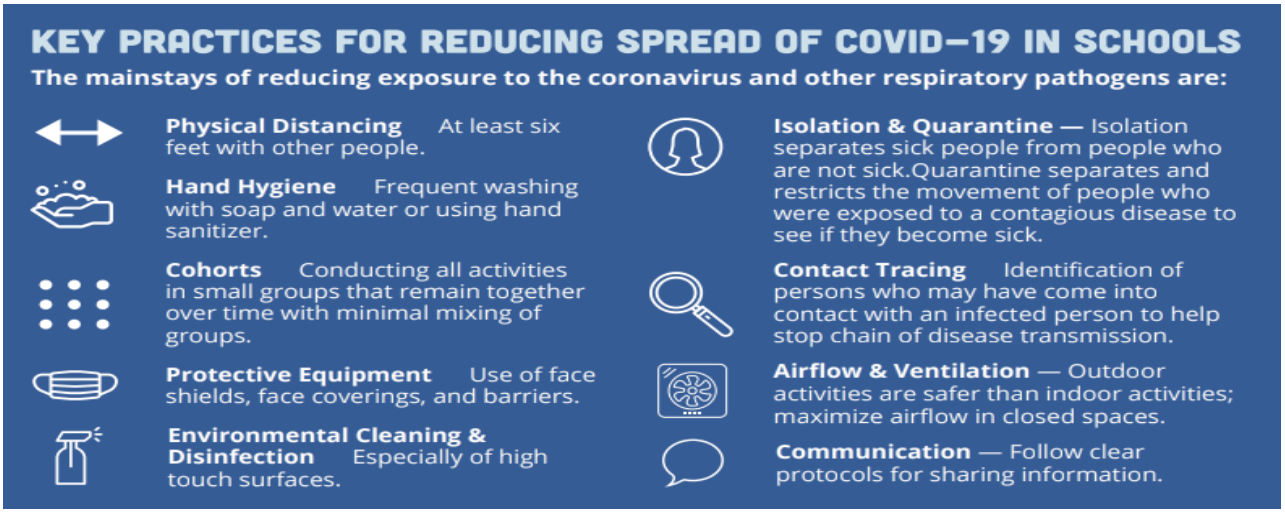
Any setting where people gather poses an increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19 and have not been found to contribute substantially to the spread of the virus, it is essential to note that individuals with mild symptoms and less commonly those who are asymptomatic may transmit the infection to high-risk individuals (NCDHHS, 2020). In regards to schools and reopening, the CDC (2020) identifies three categories of exposure risk for students and staff as it related to the risk of COVID-19 transmission. The risk of COVID-19 spread increases in school settings as follows:

Lowest Risk	More Risk	Highest Risk
Students and teachers engage in virtual-only classes, activities, and events.	Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days, and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).	Full-sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

The risk level category will be systematically approached as the state and county lift restrictions. Public health guidance will provide information on recommendations in the school setting, which will be used to revise interventions as they are delivered. Public Health Guidance will determine school's ability, capacity, and safety to reopen.

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.

ODE offers Key Practices For Reducing Spread of COVID-19 In Schools:



Required links:

Oregon Department of Education | Oregon Health Authority | Local Public Health Authority | Centers for Disease Control & Prevention

Important Contacts:

Corrina Brower: Oregon School Nurse Consultant (Oregon Health Authority)
Sasha Grenier: Oregon School Health Specialist (Oregon Department of Education)
Jan Olson: District Nurse (Molalla River School District)
Amanda Bickford: District Nurse (Molalla River School District)
Sara Present: Deputy Health Officer (Clackamas County)
Carolee Asher: Communicable Disease Nurse (Clackamas County)
Renee Jenkins: Communicable Disease Nurse (Clackamas County)

Applicable Legislation

Emergency Rules Related to COVID-19

The Oregon Health Authority (OHA), Public Health Division, is temporarily adopting OAR 333-017-0800 and OAR 333-018-900, which adds a definition of COVID-19 and adds COVID-19 to the list of diseases reportable to public health authorities within 24 hours.

In addition, OHA is also adopting OAR 333-19-1000 related to exclusion from schools, children's facilities, food service facilities, and health care facilities.

Existing Rules and Statutes

School Centered

OAR 581-022-2220 Standards for Public Elementary and Secondary Schools: Health Services
OAR 581-022-2225 Emergency Plan and Safety Programs
OAR 166-400-0010 Educational Service Districts, School Districts, And Individual School Records
ORS 433.255[1] Persons with or exposed to restrictable disease excluded from school or children's facility
ORS 336.201[1] Nursing services provided by district

Occupational Centered

1910-1030 OSHA Bloodborne Pathogens

Public Health Centered

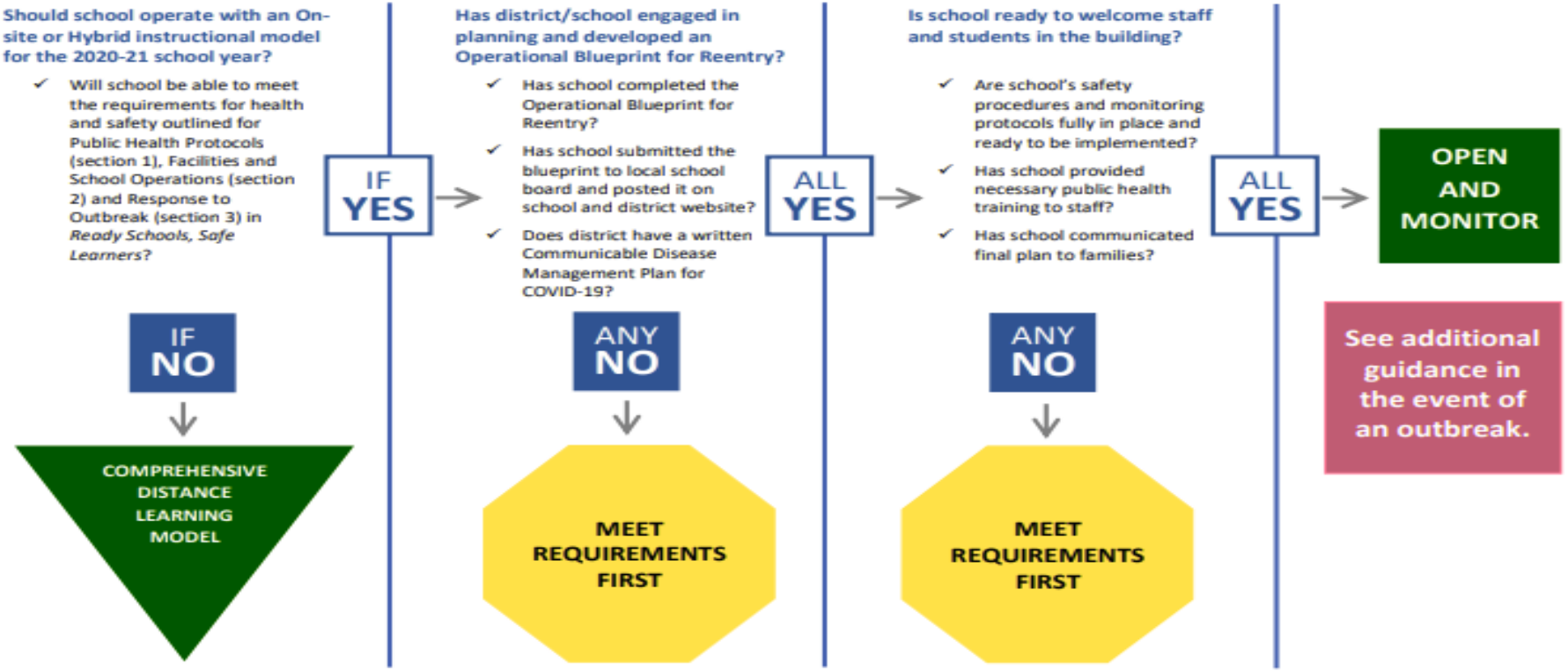
OAR 333-019-0015 Investigation and Control Of Diseases: General Powers And Responsibilities
OAR 333-003-0050 Impending Public Health Crisis: Access to Individually Identifiable Health Information
ORS 431A.015[1] Authority of Public Health Director to take public health actions

READY SCHOOLS, SAFE LEARNERS – PUBLIC HEALTH AND SCHOOL REENTRY DECISION TOOL

OREGON DEPARTMENT OF EDUCATION
Oregon achieves . . . together!

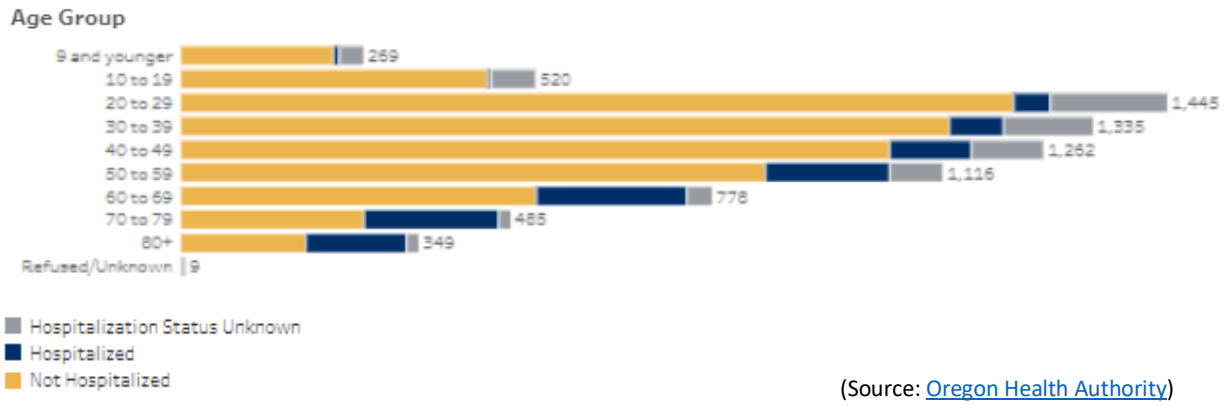
The purpose of this tool is to assist educational leaders in planning essential reentry steps to protect the health and safety of students, staff, and families. Use this tool when choosing an instructional model and determining readiness to welcome staff and students back into the building.

Oregon Health Authority



Pediatric Populations

In Oregon, as of 07/28/2020, more than 17,000 individuals have been infected with COVID-19, and more than 300 lives have been lost (OHA, 2020). A small population of those infected has been children. It is important to note that increased risk of complications from COVID-19 is well documented in elderly and fragile populations. Likewise, individuals testing positive for COVID-19 are more frequently recognized in older individuals with chronic health conditions. Current research shows that children most frequently resolve mild to moderate illness with symptomatic care and rarely encounter severe disease or critical complication (Hasan, A., Mehmood, & Fergie, 2020). To that end, the pediatric population has been cited as a population of low incidence and low transmission of COVID-19 (NIPH, 2020). Specifically, children 10 and under are regarded as very low risk for symptomatic illness and high incidence of transmission.



(Source: Oregon Health Authority)

Although the risk of infection and complication is not high in student groups, students that are chronically ill or immunocompromised or who live with fragile or high-risk household's members must be accounted for. In addition, some staff members may be at increased risk of severe disease or complications. Measures to mitigate transmission in the school setting, reduce transmission in the community. [Image: OHA]

Vulnerable Populations

Students and staff with specific underlying conditions may be at increased risk of complications from COVID-19.

Communication & Planning for High-Risk Students

Due to specific risks associated with certain underlying health conditions, it may be necessary to provide changes in schedule or placement for these individuals to ensure safety. Medically complex, medically fragile, and nurse dependent students fall under the purview of nurse clinical case management within the school setting. The following stepwise communication measures will be taken for high-risk populations:

Vulnerable Individuals (CDC, 2020)

- People 65 years and older
- Individuals with underlying medical conditions, specifically those not well controlled including:
- Asthma and other lung diseases
- Heart Conditions
- Diabetes
- Chronic Kidney Disease
- Liver disease
- Hypertension
- Blood disorders
- Obesity (BMI >40)
- Individuals considered to be immunocompromised which includes
    - Cancer treatments
    - Smoking
    - Bone marrow or organ transplants
    - Immune deficiencies
    - Poorly controlled HIV/AIDS
    - Use of corticosteroids
    - Immunosuppressive therapy

1. Health promotion communication will be provided to encourage measures and education on communicable disease prevention and consultation with physician as needed on individualized measures.
2. The district nurse will communicate with each family of children who are known to be immunocompromised to request consultation with their physician and specialists in regards to school attendance. Families of students who are high risk may produce physician's orders indicating when they must stay home beyond that of a general student.
3. Students who are immunocompromised will be served remotely at the discretion of the physician specialist for the duration of the pandemic or duration of high community incidence.
4. Broad communication will be made to district families requesting students with chronic diagnoses, specifically in high risk categories to consult with their physicians' prior to school opening in regards to perceived risk associated with return to school and obtain updated restrictions, accommodations, and prescriptions.
    a. As needed, the RN will update IHP's.
    b. As needed, the multidisciplinary teams will be convened to update 504's and IEP's.
5. District Nurses will provide appropriate communications and notifications on student-specific needs to applicable staff.
6. 1:1 Nurse case managers will consult with physicians and family in advance of school year to determine appropriate measures.
7. Families will have the option of a full-time online academy.

High-Risk Staff

Staff will have the option to self-identify as high risk and provide concerns or physician's recommendations to Human Resources. Due to the nature of health privacy, staff do not have to provide a diagnosis to the district, documentation from the physician in regards to restrictions may be necessary.

High-Risk Household Members

In addition to high-risk students and staff, it is also important to remember in regards to community-centered health that many students may have fragile family or household members, and changes in placement may be necessary for those situations. While the district cannot compel families to disclose protected health information of a family member, a family physician or specialist can write a note expressing that the student requires homebound instruction due to high-risk household members.

In any of these circumstances, specific measures may be put in place to reduce the risk of transmission to vulnerable populations:

Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19

- Alternative options for students and staff at higher risk for severe illness may be offered that limit exposure risk.
    - Staff: telework, modified job responsibilities that limit exposure risk, accessible PPE.
    - Students: virtual learning opportunities for students who cannot attend school.

Back-Up Staffing Plan

- A roster of trained staff for key positons will be created in advance in each school for essential roles in the event that these individuals must be out for prolonged periods of time.

COMMUNICABLE DISEASE MANAGEMENT

Existing *Communicable Disease Plan* and *Exposure Control Plan* should be referred to for standards in disease control and prevention. This document re-emphasizes some routine or standard precautions and practices but provides interventions and procedures or processes that are specific to COVID-19 as an addendum to existing plans.

This section of the COVID-19 Specific *Communicable Disease Addendum* will address specific communicable disease control measures outlined in the *Ready Schools, Safe Learners* guidance.

Bear in mind all measures in this addendum are in addition to the existing communicable disease, exposure control and pandemic plans that precede this addendum.

Routine Measures to Limit Spread of Disease

There ae some infection control measures that should be consistently practiced, taught, modeled and reinforced in the school setting, even outside of pandemic spread. These primary principles include Hand Hygiene and Respiratory Etiquette.

Oregon Ready Schools Safe Learners Hand Hygiene content will be used to guide required practices in the school setting

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff upon entry to the building, prior to eating, after restroom use and before and after recess.
    - 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.
  - Associated Resources
    - CDC's Clean Hands Save Lives Campaign
    - CDC printable resources for schools
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues 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.

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 for communicable disease response. The following outline designated personnel in addition to existing staff.

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 staff will be trained on appropriate procedures for complete symptom screening, isolation,
- Designated staff will monitor appropriate hygiene measures at designated times, as needed.
- Designated staff will be trained to appropriately sanitize shared spaces in between cohorts to provide support to custodial staff.

Designated Resources

- Designated technology will be accessible in the health room and isolation areas to appropriately log students complaining of illness or being dismissed to home.
- Designated resources will also be made available to track sign-in information for each school and classroom for itinerant staff.
- Designated hand hygiene equipment will be located in key areas mapped throughout each building.
- Designated sanitizer will be accessible to each classroom space.

All Staff Communication and Training

Staff Communication

- All staff will receive communication on *when to stay home* and when they will be required to leave work based on illness or contact history with a COVID-19 case.
- All staff will receive information on when to return to school based on public health guidance.
- All staff will receive ongoing communication in regards to logistical and operational changes as they are finalized or change for the district and for each school. Staff will be regarded as stakeholders in these decisions.
- Staff will receive communication in regards to scheduling changes and staggering processes. Custodial staff will be trained under the direction of facilities management to increase sanitation measures as appropriate in shared spaces and isolation spaces.
- Staff will be informed of confirmed cases within their cohorts or buildings.
- Staff will be informed of isolation space location and process for referral.
- Staff will be informed on infection control procedures.

General Staff Training

- All staff will be trained and advised on the logistical, operational, and physical changes in each building to maintain infection control and appropriate operational practices associated with cohorting or physical distancing.
- All staff who interact with students will be trained on passive and visual screening and identification of excludable symptoms to determine when a student should be referred for symptom screening and isolation.
- Staff will be trained on appropriate use, care, application and removal of PPE.

- Staff who are have specific responsibilities assigned will participate in additional trainings associated with screening, isolation, exclusion and sanitizing.
- Staff who will have to assist on cohort tracking will be trained in retrieving appropriate reports and roster.
- Clinical staff will be trained in surveillance and outbreak response.

Communication and Training Methods

- Formal communications to staff will occur electronically.
- Communication and training will utilize virtual connections to ensure that social distancing is maintained .

Training Sources

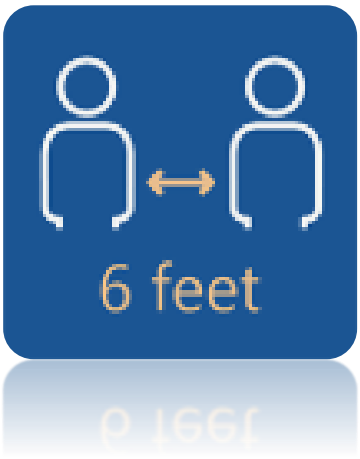
Broad training resources will be used to provide conceptual information to each topic associated with COVID-19. School specific protocols will be facilitated by the district.

- MRSD's training vendor, Public School Works provides online training modules for:
    - M-850 Covid-19: *How to protect yourself and others*
        - Symptoms of COVID-19
        - When to seek medical attention
        - Handwashing
        - Social Distancing
        - Face coverings
        - Respiratory hygiene
        - Cleaning and Disinfecting
        - FAQs
    - M-851 *Managing Stress and Anxiety during the Coronavirus Pandemic*
    - M-856 *Teaching Kids Cognitive Behavioral Therapy (CBT) Coping Tools during Covid-19*
    - M-854 *Working from Home Effectively*
    - M-852 *Covid-19 How to Clean and Disinfect Your School*
- Centers for Disease Control and Prevention provides video training on Donning and Doffing PPE.
- Oregon School Nurses Association will provide training on COVID-19 Tools for specified staff.
- School specific training will be pre-recorded and/or virtually facilitated by district administration or the district RN.

Online testing modules form vendors provide associated post module exams. The district will be responsible for assessing competency in other specific areas that are facilitated by district staff. This may include and online exam or return demonstration or specified procedures.

In addition to disease mitigation trainings, it is advised that front line staff be versed in trauma informed practices and staff engaged in screening must participate in training on implicit bias.

Physical Distancing (Social Distancing/Spatial 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. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020). Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic" (AAP, 2020a) [Image: OHA]

Oregon Ready Schools, Safe Learners Physical Distancing content will be used to inform required practices in the school setting.

Room Capacity

- A minimum of 35 square feet per person will be used to determine individual room capacity.
- As needed, commons areas or alternate spaces will be used to place student cohorts for instruction time in order to maintain appropriate spacing.

Modified Layouts

- Excess furniture should be removed from classrooms to allow for increased spacing of desks.
- Desks or seating should at least 6 feet apart when feasible.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced at appropriate distances.

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 6 feet apart (e.g., front office desks, cafeteria).
- Physical guides, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one-way routes" in hallways, if feasible).

Staggered Scheduling

- Arrival and drop-off times will be staggered by location and cohort. Arrival will be adjusted by building as determined to be necessary and feasible.
- Departure times will be staggered to the extent feasible tom promote physical distancing.
- Virtual opportunities will be used whenever feasible.
- Staggered and extended hallway passing should be endorsed to reduce hallway congestion and promote physical distancing.

Instruction & Activities

- Practices will be made adopted to maintain 6 feet distancing during activities and instruction.
- Outdoor spaces should be used as much as feasible.
- When distancing cannot be maintained, staff will wear PPE.

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.
- If feasible, physical barriers, such as plastic flexible screens will be added between sinks, especially when students cannot be at least 3-6 feet apart.

Cohorting

Per Oregon Ready, Schools Safe Learners Cohort content: Cohorts help manage risks in the potential spread of COVID-19. In particular, the size of the cohort matters for risk management. Student cohorting:

- limits the number of exposed people when a COVID-19 case is identified in the school
- quickly identifies exposed individuals when a COVID-19 case is identified,
- minimizes school-wide disruptions in student learning.

Student cohorting not only helps to quickly identify exposed people, it also minimizes disruptions to learning, because only the cohort members would be affected by the exposure. Maintaining small, stable cohorts can decrease the risk of closure to in-person instruction. A smaller cohort size of 24-36 is recommended for public health and safety (OHA, 2020).

Cohorts will be established with minimum numbers where feasible, understanding that the fewer encounters and smaller number per cohort lend to reduced transmission of infectious disease. It is important to note that Cohorting may be more important in elementary settings where physical distancing is less likely to be maintained (AAP, 2020a). Cohorting will not be established in the context of ability or disability. Cohorts will be established by grade levels in elementary settings and where feasible in upper grade levels. Per state guidelines: *Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week.*

Elementary

- 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 feasible.
- Interaction between groups will be limited as much as feasible.
    - When groups will be mixed, ensure that this information is appropriately mapped for contact tracing if needed.
- When cohorting is practiced, sanitizing commons areas should be performed between each cohort.
- Rather than students moving to common spaces for special courses, staff should present to each classroom.
    - Staff moving between cohorts must practice hand hygiene in between interactions and use appropriate logs to track their building activities.
- Rosters of each cohort must be kept for all group encounters throughout the school day, including transportation.

High School and Middle School

- Maintain student cohorts throughout the day as feasible.

- Where stable cohorts are difficult to maintain, practices will be re-emphasized to maintain 6 feet distancing during activities and instruction.
- Multiple cohorts cannot exceed 100 people within the building in a given week.
- As much as feasible, student movement throughout the building should be limited.
- Paths throughout the building should be marked in one way directions, and markers to indicate proper distancing.
- As feasible, staff should rotate between rooms. Staff should wear masks and practice hand hygiene and use designated logs to track their building activity.
- Accurate attendance must be maintained for cohort tracking.

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 in the *Exposure Control Plan* (pages 15-21) and the MRSD COVID-19 Cleaning and Disinfecting Plan.

- 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 Facilities Manager 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. Use products that meet EPA disinfection criteria.
- 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 (e.g., assigning each student their own art supplies, equipment) 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 (e.g., sink faucets, drinking fountains, decorative fountains) 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 to minimize use and touching of water fountains.

Face Coverings & Personal Protective Equipment

Oregon Ready Schools, Safe Learners Face Covering content will be used to guide practices on face coverings in the school setting.

Requirements around face coverings and PPE will evolve to align with current state public health guidelines, new or revised mandates and ODE's requirements for the school setting.

When face coverings are used:

- Cloth face coverings must be laundered regularly
- Face coverings cannot be shared
- New disposable face covering must be used daily
- Face shields are reusable and should be designated to individual staff
- Plastic face shields should be wiped down regularly

Students

All students' kindergarten and older will be expected to wear face coverings in the school setting. Children who experience a medical condition or disability that precludes them from safely wearing a face covering will be addressed on individual basis in collaboration with family, IEP team, physician, district RN and administration, as applicable.
Students requiring breaks from masks must have a designated space to remove masks and take breaks that respects distancing and ventilation requirements. Breaks will also respect student dignity and developmental level.

Staff

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 or chemical exposure. The district *Exposure Control Plan* (pages 15-21) 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 shields.

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 example, clinical staff or staff in isolation spaces may require a higher level of PPE than staff teaching in an academic space.

PERSONAL PROTECTIVE EQUIPMENT/BARRIERS		
INDIVIDUALS	**RECOMMENDED PPE**	**REQUIRED PPE**
Front office staff or other staff interacting with public or personnel	Face shields and Plexiglas barriers	Face shields
Bus Drivers	Face shields or face covering that will not cause fogging of eyewear.	Face covering or face shield
Speech and Language Pathologists Special Education Staff Anyone participating in articulation services. Staff teaching students with hearing impairment. Staff teaching reading and language.	Face Shield and/or plastic barrier	Face shield or plastic barrier
Staff moving in between cohorts and classes. Staff interacting with public	Face shield or face covering	Face shield or covering
Child Nutrition Staff	Mask, gloves for kitchen staff, Face shield if Plexiglas barrier is not an option and gloves for staff in direct student contact.	Face covering, gloves
All staff	Face Covering	Face covering
Any staff that will be regularly within 6 feet of students/staff. • Support personnel providing personal care or feeding • Staff providing close contact interactions/interventions.	Face Covering or face shield	Face covering or face shield
Clinical Staff	Medical grade masks and Appropriate PPE per Transmission Based Precautions..	Appropriate PPE per Transmission Based Precautions
Front line staff screening students with illness	Medical grade masks and Appropriate PPE per Transmission Based Precautions	Mask and gloves
Students/Staff that are coughing for other reasons (asthma)	Face covering, as developmentally appropriate	Face covering as developmentally appropriate.
Acutely ill student in isolation	Mas until parent picks up	Mask until parent picks up

N95 Masks, KN95 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.

- KN95 masks are filtering facepiece respirators that provide 95% protection against particulates. Unlike N95's they do not have to be fit testes. These masks are urrently approved by the WHO as a safety measure from COVID-19; used by health care providers, patients, and citizens and currently advised by the WHO for extended use and reuse.
- 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.

Face Shields

Face shields cover the entire face from contact with liquids, including respiratory droplets, when there is an increased risk to the nose, mouth, and eyes and are less obstructive for delivery of education and direct interaction.

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 (particularly older students) as feasible, and are **most** essential in times when physical distancing is difficult.
- 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.

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 and identify when students may need to be referred for screening or when individuals need to stay home or be dismissed to home. In addition, families and staff should be well versed in both exclusion criteria and when it is appropriate to stay home in regards to COVID-19 exposure.
There is a multi-system level approach to screening prior to attending school.

Staying Home When Appropriate and Exclusion of Students and Staff

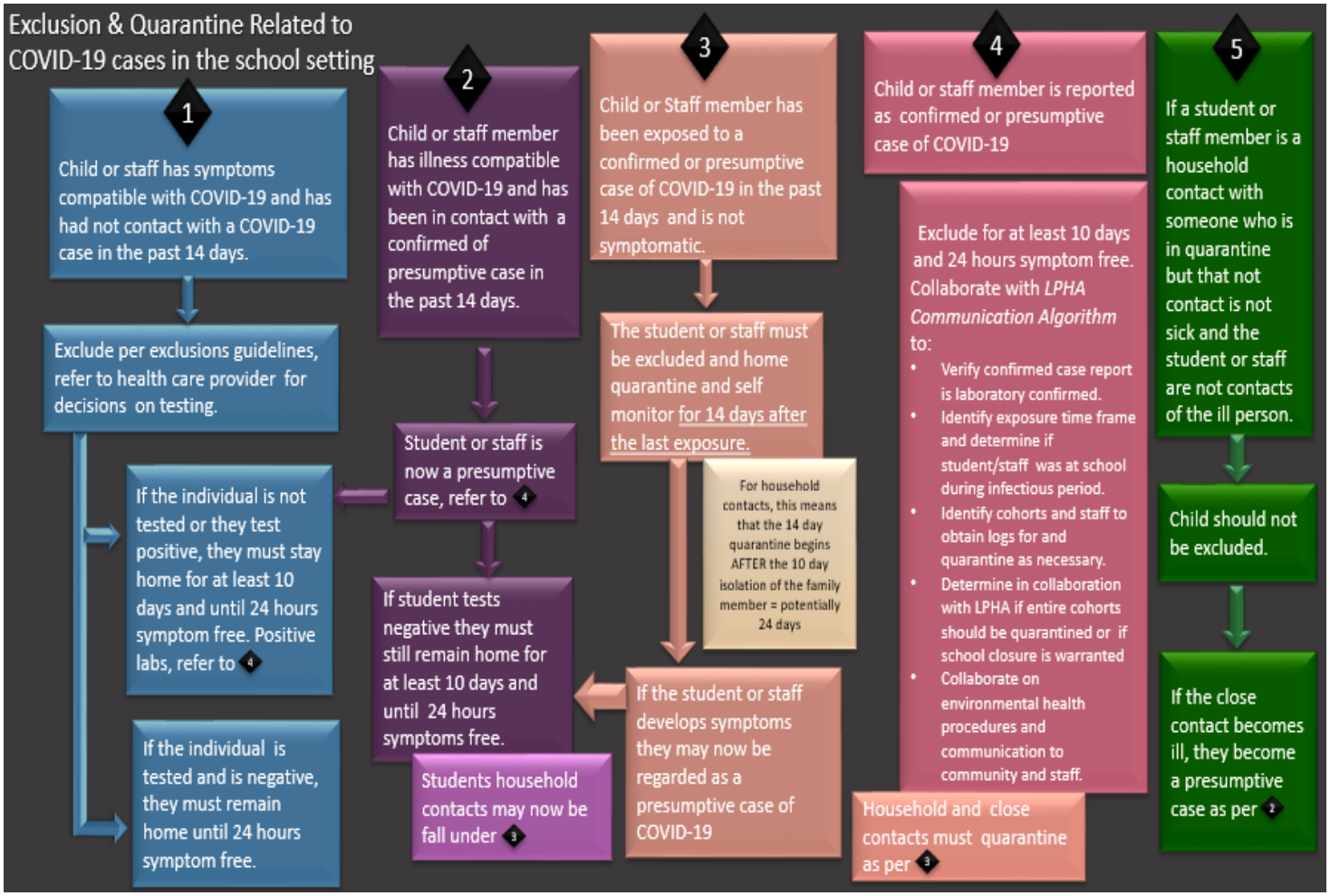
It is crucial that school staff and families understand when individuals must stay home. It is important for all staff to role model appropriate behaviors. Communication will be made to regularly to advise families not to send children to school ill and remind staff not to report to work ill. Strict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

For the purposes of disease mitigation, there are two levels of exclusion and sets of guidance on when to stay home. This includes:

1. Being a contact of a confirmed or presumptive case and at home quarantine.
2. Having illness that requires exclusion based on symptoms presentation.

Case Contact

A close contact of a confirmed or presumptive case of COVID-19 must be quarantined at home for 14 days *following* the last known exposure, plus 24 hours fever free with no use of fever reducing medication. See Exclusion & Quarantine Related to COVID-19 cases in the school setting below:



Routine Illness Exclusion

Routine exclusion of symptoms as per Oregon Communicable Disease Guidelines (page 50) continue during the COVID-19 pandemic. Students or staff experiencing excludable symptoms should not report to school or should be dismissed to home.

Student's Symptoms or Illness	Student May Return to School When*
Fever: temperature by mouth greater than 100.4 degrees	No fever for at least 72 hours without the use of fever-reducing medicine.
Skin rash or open sores	Rash is gone; sores are dry or can be completely covered by a bandage; or with orders from doctor to school nurse.
New Cough illness	In general, when symptom-free for 72 hours. If pertussis (whooping cough) is diagnosed, after taking 5-day course of prescribed antibiotics, or when cleared for return by local public health authority. If COVID-19 is diagnosed, with orders from local public health authority.
Diarrhea: 3 loose or watery stools in one day OR newly not able to control bowel movements	Symptom-free for 48 hours.
Vomiting	Symptom-free for 48 hours.
Headache with stiff neck and fever; OR with recent head injury	Fever-free for 72 hours or with orders from doctor to school nurse. Release to participate for concussion.
Jaundice: (new) yellow color in eyes or skin	After orders from doctor or local public health authority to school nurse.
Red eyes or eye discharge: yellow or brown drainage from eyes	Redness and discharge is gone OR with orders from doctor to school nurse.
Acting different without a reason: unusually sleepy or grumpy OR acting differently after a head injury	After return to normal behavior OR with orders from doctor to school nurse.
Major health event, like surgery OR an illness lasting 2 or more weeks	After orders from doctor to school nurse.
Student's health condition requires more care than school staff can safely provide	After measures are in place for student's safety.

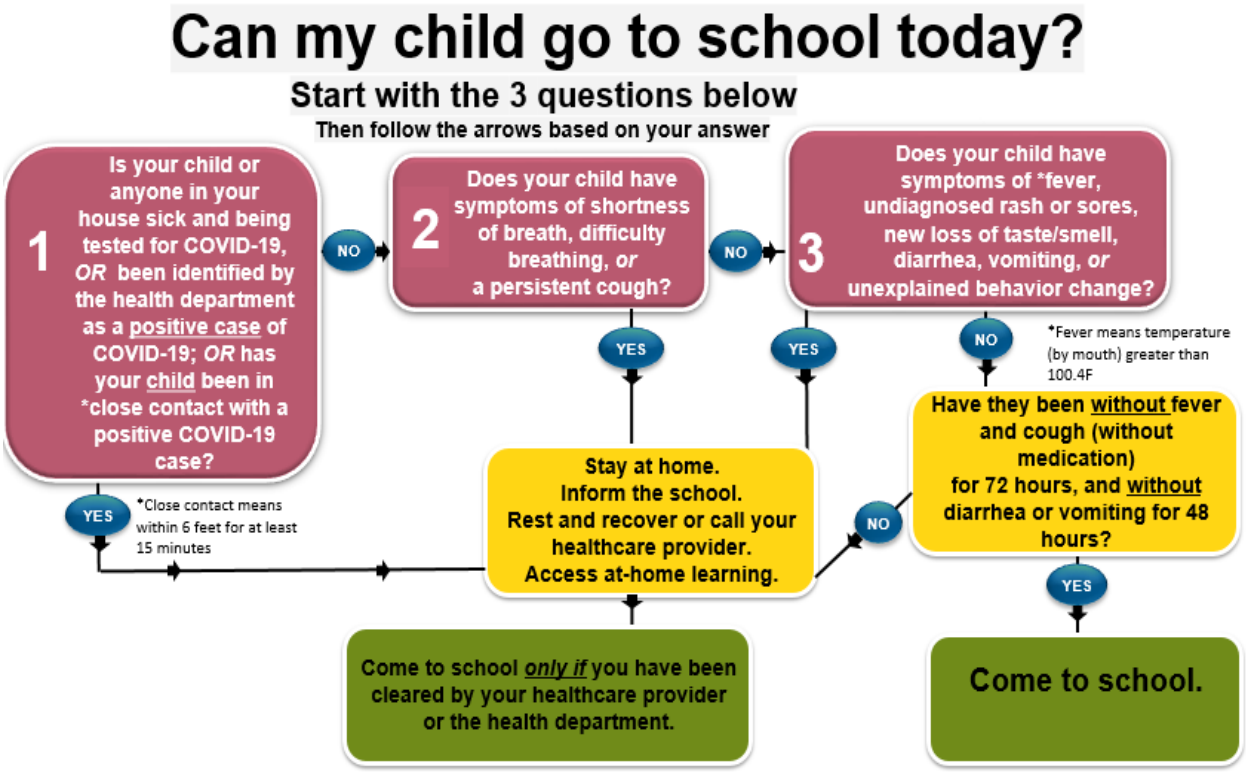
At Home Screening

Parents and staff will be provided *Exclusion Criteria* and advised to self-screen or screen their students prior to sending to school. See *Can my child go to school today*? (below)

Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school.

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.

- Clackamas County Coronavirus Checker
- Johns Hopkins Symptom Checker
- CDC Self-Checker



[Image adapted from: Multnomah ESD]

Entry Screening and Recognizing Signs and Symptoms

It is important to consider that the CDC (2020) does *not* recommend universal screening of students in the school setting because of distinct limitations of symptom screenings as part of a School Reopening Strategy

- **Symptom screenings will fail to identify some students who have SARS-CoV-2 infection**. Symptom screenings are not helpful in identifying individuals with SARS-CoV-2 infection who are asymptomatic or pre-symptomatic (they have not developed signs or symptoms yet but will later). Others may have symptoms that are so mild, they may not notice them. In fact, children are more likely than adults to be asymptomatic or to have only mild symptoms (Assaker, Colas, Julien-

Marsollier, Bruneau, Marsac, Greff, Tri, Fait, Brasher & Dahmani, 2020; Dong, Mo, Hu, Qi, Jiang, Jiang, & Tong, 2020; Assaker, et al. 2020). The exact percentage of children with SARS-COV-2 infection who are asymptomatic is still unknown, but recent large studies have suggested around 16% of children with SARS-CoV-2 infection do not develop symptoms (Asaker et al.,2020) This means that even when schools have symptom screenings in place, some students with SARS-CoV-2 infection, who can potentially transmit the virus to others, will not be identified.

- **Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19.** Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies. The table below illustrates some of the overlap between the symptoms of COVID-19 and other common illnesses.

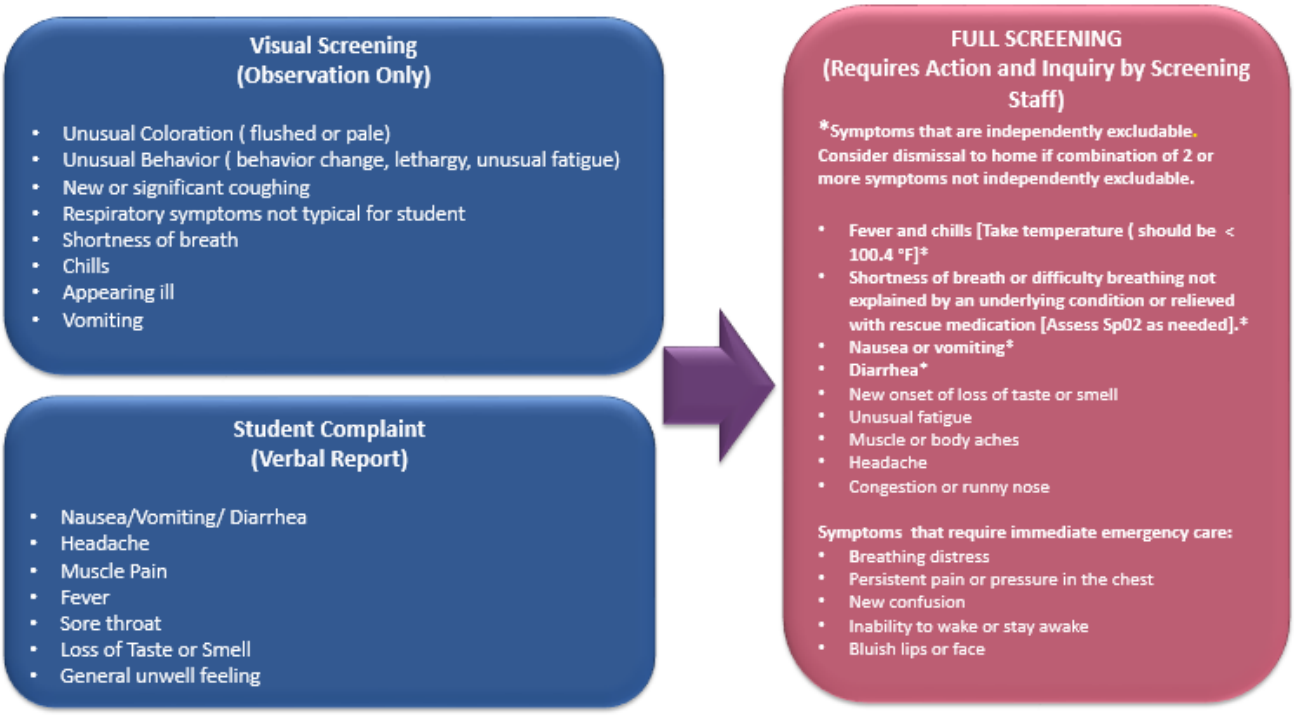
The evidence is extremely important to consider so that entry screening is not oversold nor overemphasized while the state requires it, rather emphasis should be on recognition of symptoms at all times throughout the day for through screening referral. While entry screening is required the following processes must be endorsed.

Entry Screening

Screening at the beginning of the school day will occur through visual and passive screening. It is important to remember that students should undergo a screening at home and remain home with illness, and if they have been transported on the bus a passive screening will have occurred there as well. Thus entrance to the school is potentially the second or third screening. Also, it is important to remember that, despite best effort to prevent students who have received fever reducing medication from coming to school, these encounters do occur and thus illness symptoms may return within hours of the school day beginning, or a new onset of illness may occur at any time.

Screening upon entry to the school may not be logistically feasible related to the volume of time required and the congestion of students in one location. If multiple entrances are accessible and students would not be forced to congregate in clusters outside of the building, visual screening is possible at entry. Entry to each school is designated by the school specific planning team and must take safety and logistics into account.

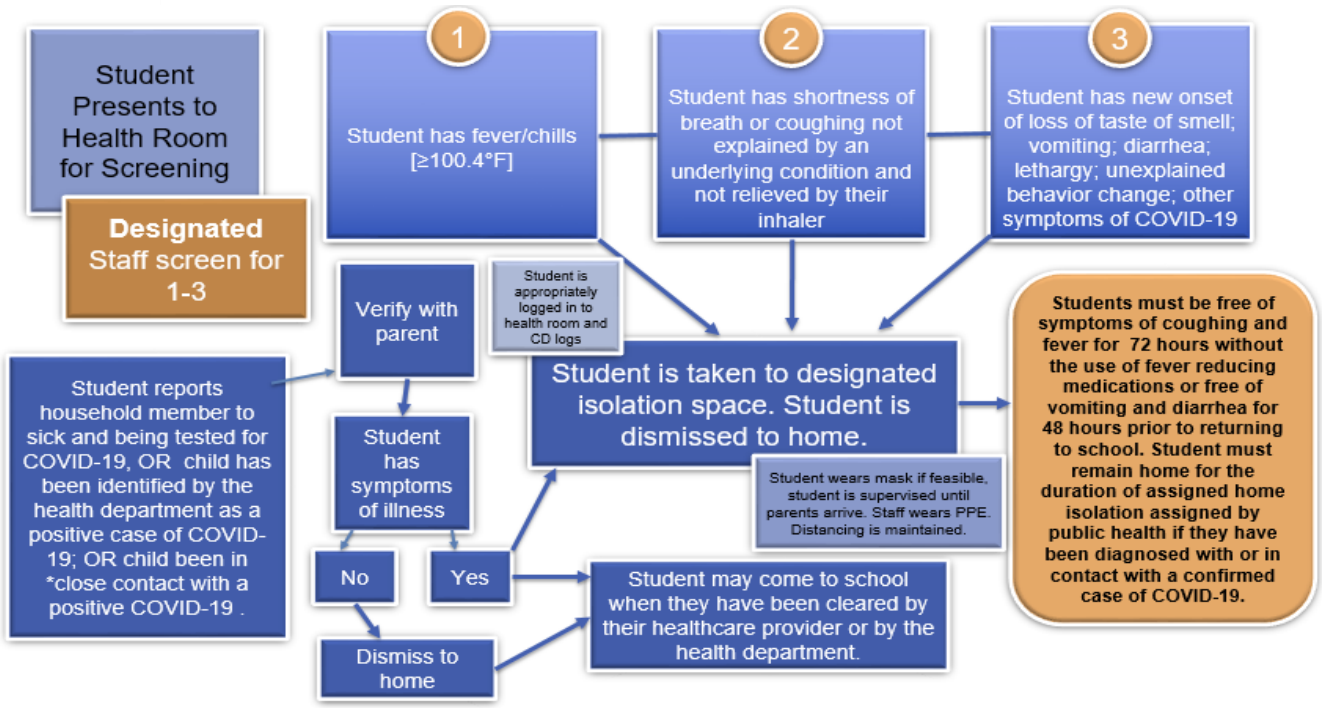
When multiple entrances are not feasible and outside areas are not secure from traffic, weather or congestion, visual screening can occur at the classroom level when staff takes attendance at the beginning of the day. Students should be *visually screened for illness*. Passively screening students for signs of illness at the entry of each day and as the day progresses, requires classroom staff to understand both *Exclusion Criteria* (pages 50) and *Staying Home When Appropriate* (p. 49) as well, signs and symptoms that would prompt referral to screening by designated staff. Classroom staff must also be aware of symptoms that students may complain of that would prompt referral designated screening staff throughout the school day. This is specifically important when trying to minimize health room encounters. Thus preliminary screening that would prompt referral to the designated location would include observation or report of the following symptoms:



- If students are positive for any items listed in *Visual Screening* or *Student Complaint*, they should be sent to the designated location to be screened by designated staff for a *Full Screening*.
    - Designated staff should be aware of student with underlying health issues and existing plans of care.
    - Staff who are screening must screen based on symptoms and not hygiene or socioeconomic status.
- Designated staff will specifically screen students as per the *Symptom Screening Algorithm* to determine if symptoms are present that require isolation and dismissal as per *Communicable Disease Plan* (pages 4-14) 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.
- Students who are isolated should be logged into COVID-19 Surveillance Log
- Health checks will be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations.
- Any student experiencing unusual behavior or symptoms should be assessed by the district RN, specifically in circumstances where parents cannot immediately pick up students.
- Any student experiencing distress should be deferred to emergency medical services immediately.

Screening, Isolation & Exclusion

Symptom Screening Algorithm



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 , as per the District *Exposure Control Plan* (pages 15-21) and The district *Communicable Disease Plan* (pages 4-14).

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 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. Do not leave student unattended.
- 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.
- 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* (pages 4-14) 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 *Transmission Based Controls* and COVID-19 guidance correctly. The isolation space should be logistically accessible in proximity to the health room, but not in such close proximity that infection risk is a concern.

CDC guidelines (below) should be visited with the following five requirements in mind:

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

CDC Guidelines for Isolation Rooms

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 school 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, Contact Tracing & Cohort Tracking

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 an increase in illness or absenteeism, and reports to the RN
- The RN 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 RN. For specific indicators and identification of clusters of illness within the school setting, please refer to the district *Communicable Disease Plan* (pages 4-14).

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. The school's role in contact tracing is cohort tracking. Cohort tracking is described in greater detail on the Oregon School Nurses Association COVID-19 Toolkit webpage.

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.
    - 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 record of itinerant staff that entered each classroom is necessary to track staff interaction with cohorts. Itinerant tracking forms should be used in each school setting. Itinerant tracking forms should preferably be in a Google Form for confidentiality and electronic feasibility with a designated personnel and the RN as and owner.

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 an 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
4. A list of staff who have interacted with the infected student/Staff

Items 1-4 are accessible in Synergy and can be exported to an Excel® spreadsheet for transmission to the LPHA for the purposes of contact tracing. A report in Synergy titled *Contact Tracing* has been developed for this purpose.

There are additionally some Synergy reports that can produce the required information

  - STU-001 Student List with Contact
  - U-STU 002 Emergency Contacts

To determine any students who may have not been present in the cohort during a potential exposure, student attendance records can be reviewed to determine which students may be eliminated from the above student lists.

Student Attendance

  - ATD-406 Daily Student List by Attendance

If an ill student visited the health room prior to isolation or exclusion health room logs should be reviewed to potential contacts.

A designated staff member should coordinate and ensure rosters and sign-ins are regularly used and maintained.

The building administrator must reinforce the need for accurate attendance to reflect accurate arrival and departure times in student logs.

Logs

Health Room Log

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.

COVID-19 Specific Surveillance Logs

COVID-19 Surveillance Logs will be maintained for students who:

- Are absent due to confirmed 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

Outbreak Logs

In the event of an outbreak or cluster Respiratory Outbreak Line Listings will be used for case investigations. This process will occur as outlined in the *Communicable Disease Plan* (pages. 4-14) and as prompted by the District RN.

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.

District Communications will be logged on the MRSD Homepage under COVID-19

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, in newsletters and social media

Direct Communication

Communication to families will be made in English and Spanish

- Health promotion material will be sent weekly during the summer in advance of school reopening specific to COVID-19 themes and subthemes.
- In addition to posting exclusion criteria on web pages an in newsletters families will be advised on polices 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.

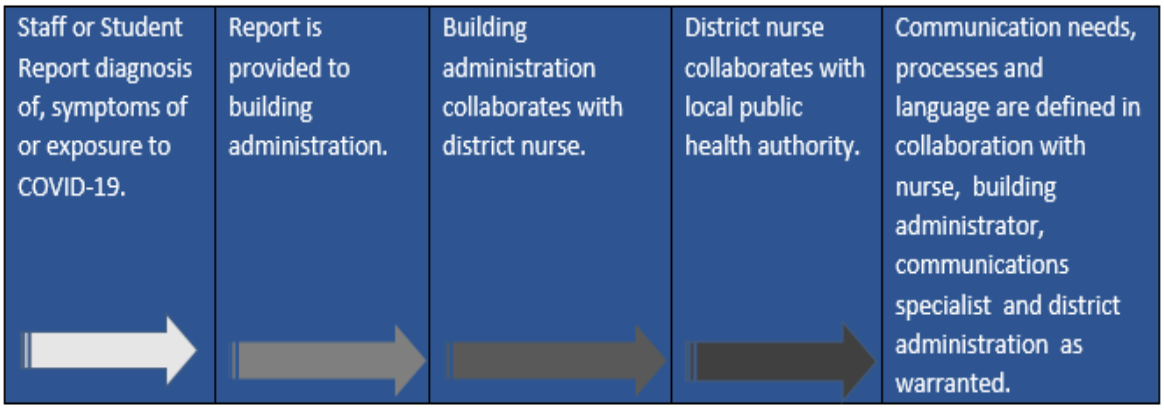
- Last day present in the school building.
- Confidentiality should be strictly observed.

Communication Regarding Confirmed Cases

Communication of confirmed or presumptive cases identified in the school setting will be determined by on a case by case basis depending on multiple circumstances:

- Current incident of community transmission.
- Prior cases in the same cohort.
- Number of identified cases (single or multiple)
- Extent of exposure in the school setting
- Number of cohorts exposed
- Disposition of individual infected

The Planning for COVID-19 Scenarios in Schools supplement will be used as an overview and collaboration with the LPHA will occur for each report. For a complete overview of communication and response of confirmed cases, refer to *Communication & Response Algorithm* (p.60). In the event of a confirmed case, staff who are made aware should not share information with other staff or families. All measures should be taken to provide confidentiality in communication. Specific communication will be made based on exposure risk, incidence, and necessary interventions, including the potential for short term school closure or exclusion of specific cohorts. These specific practices will be made in collaboration with public health and communicated by specific point persons.



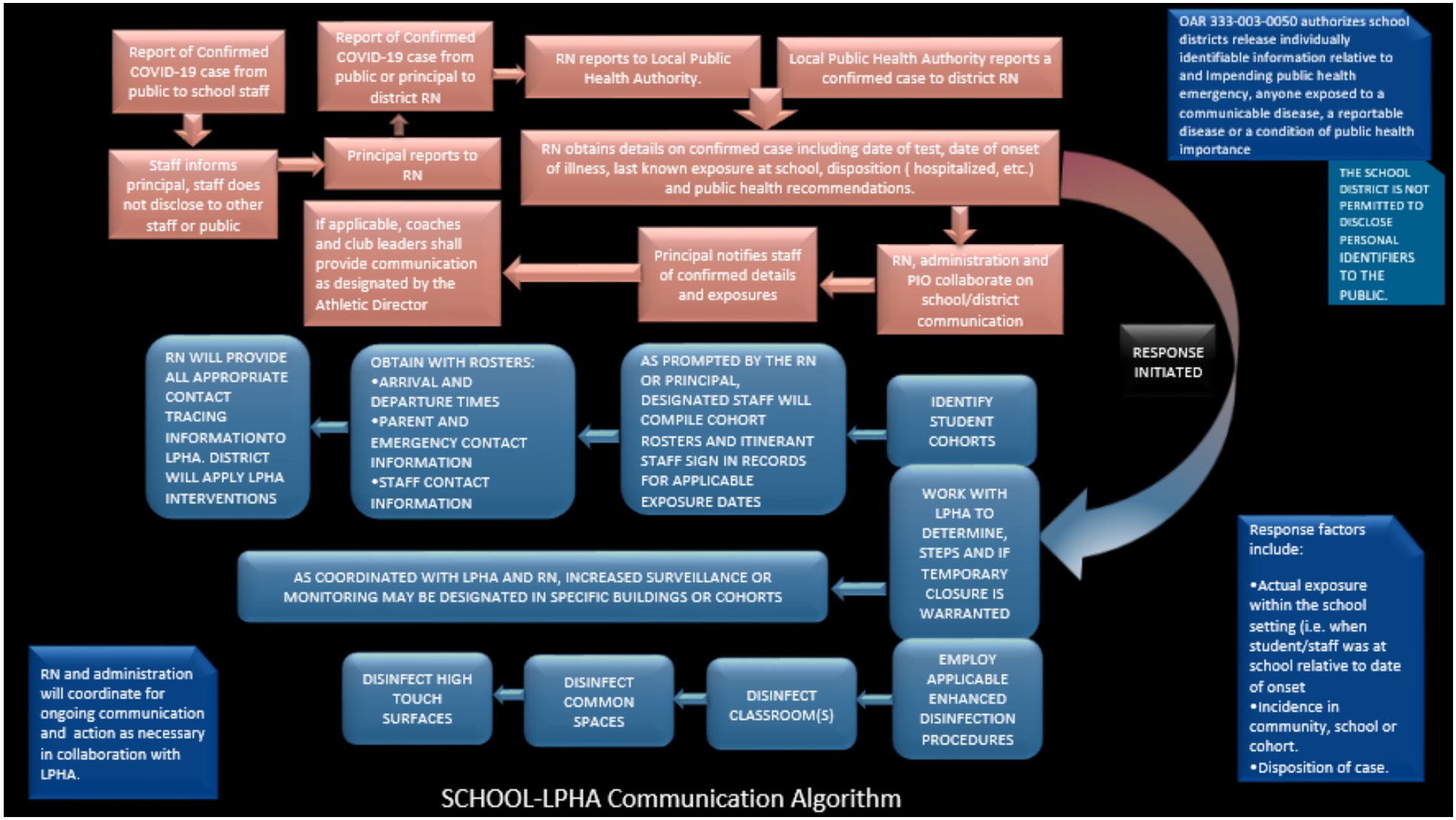
- District specific protocols and practices will be communicated by the superintendent
- Building specific protocols and interventions will be communicated by the building administrator
- The RN will inform principals and superintendent of confirmed cases. The principal will inform staff of exposures.

The RN, Local Health Department, District Administration and District Communications Manager will collaborate to determine appropriate measures and messaging in the event that cohorts need to be excluded and to inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms. As well, this group will collaborate to determine messaging on short-term closures related to confirmed cases or clusters. Letters will be produced for families and staff will be revised to reflect potential exposure dates, associated risk, potential onset of illness windows and interventions advised by the LPHA. Templates can be found in Appendix F and Planning COVID-19 Scenarios in Schools Supplement.

Public Health Communication

- The district RN is the point of contact from the Local Public Health Authority (LPHA) Communicable Disease (CD) Division and the Deputy Health Officer.
- The district RN 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 RN is subscribed to COVID-19 updates with Clackamas County Public Health and will check the Tri-County COVID-19 Dashboard weekly, at minimum.
- The district RN has established connection with the LPHA School Reopening Coordinator

Communication & Response Algorithm



Nutrition Services

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.
- Elementary school students should eat in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies, as feasible.
- Middle school and high school lunch times should be staggered to maintain spatial distancing to the extent feasible. Shared spaces will be sanitized between use.
- 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.
- Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event, that meets current guidelines, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies.
- Food Services staff will wear appropriate PPE.

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 Transportation Department and Business Manager will be ongoing to determine appropriate resources and capacity. Coordination with the District Office will be ongoing for specific or special needs.

Oregon Ready Schools Safe Learners Transportation content will guide transportation practices.

Bus Drivers

- Transport vehicles (e.g., buses) 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.
    - Bus drivers shall have access to hand sanitizer, as needed.
- All frequently touched surfaces on school buses will be Clean and disinfected at least daily and between use as much as possible.
- To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators.

Distancing and Staggering Measures

Create distance between children on school buses to the extent possible (e.g., seat children one child per row, skip rows, etc.). While maximum spacing (6 feet) is observed in the school setting, minimum spacing (3 feet) may be promoted to the extent feasible, during shorter durations of exposure such as transport to and from school.

Buses will unload one at a time when arriving at school. When students unload from bus, students will be directed to exit bus one at a time with 3 feet of space between students. Markers shall be placed on the bus floor 3 feet apart to promote minimum spatial distancing while exiting the bus.

Screening

Bus drivers shall passively screen students as they enter the bus. Ill students will be logged by exception. 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 to the extent feasible under the below guidance:

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 dispatch 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 provide student face mask if it is feasible for student to wear and contact dispatch to notify appropriate school and 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.

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.
- Remain aware of updated state and county guidance.

Visitors and Volunteers

Visitors are regarded as individuals who are not routine education staff, itinerant staff or substitute staff.

- Visitors and volunteers will be restricted.

    - Exceptions may include outside agencies that have partnered with the school district for specialized services or screening that have strict control measures in place that are compliant with Ready School, Safe Learners Guidance.
- 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 in 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.

Itinerant Staff

- Communication will be made to itinerant staff to indicate that they cannot report to buildings if they have been sick or in contact with sick persons in the past 14 days.
- Physical Distancing will be maintained for itinerant staff.
- PPE must be worn as previously prescribed when interactions closer than 6 feet occur.
- Itinerant staff will be required to wash hands or use hand sanitizer upon arrival.
- Itinerant staff will be required to sign in and out in at the front office
- Itinerant logs should have an acknowledgement indicating the staff has not been symptomatic or in contact with ill persons the past 14 days.
- Face coverings are required

Event, Gatherings and Field Trips

- Events, gatherings, field trips and athletics shall operate under current executive orders and phase level opening by county. Events, gathering and field trips will not be planned until direction is provided from the district office.
- Physical assemblies will be discontinued until large gatherings are permitted. Virtual assemblies and gathering will be used where feasible. Any gatherings that occur will maintain all executive orders and physical distancing and personal protective requirements.
- Virtual Activities will be pursued as feasible.

Athletics

- Options to convene sporting events and participation will be done in accordance with current executive orders and county phase level opening.
- Athletics will observe OHA and OSAA guidance.
- Sports activities will be pursued in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Sharing Facilities

- All facility use will be in accordance with public health recommendations.
- Refer to *Facility Use Liability Addendum* with MRSD Business Office.

Support Coping and Resilience

- Coping and Resilience are major elements of pandemic planning are addressed in District Mental, Social and Emotional Health Plans.
- The CDC provides pandemic specific mental health considerations for coping and stress.
- Employee assistance is addressed with Human Resources.

Continuity of Routine School Health Services

Ongoing school health services must be provided in tandem with COVID-19 specific interventions. School Health Services should continue operations as per the district School Health Services Procedure Manual.

Special consideration should be paid to where care (such as diabetic care or medication administration) is provided for high risk students in vicinity to isolation rooms.

Additional considerations must be paid to high risk clinical procedures in the school setting, Additional Guidance for school nurses must be observed in regard to close proximity procedures.

Routine annual training should observe social distanced methods or online delivery as feasible in each building.

Sending children to health rooms for minor incidences should be minimized, rather essential services should be prioritized such as medication administration, daily chronic care or significant injury to reduce congestion and exposure potential.

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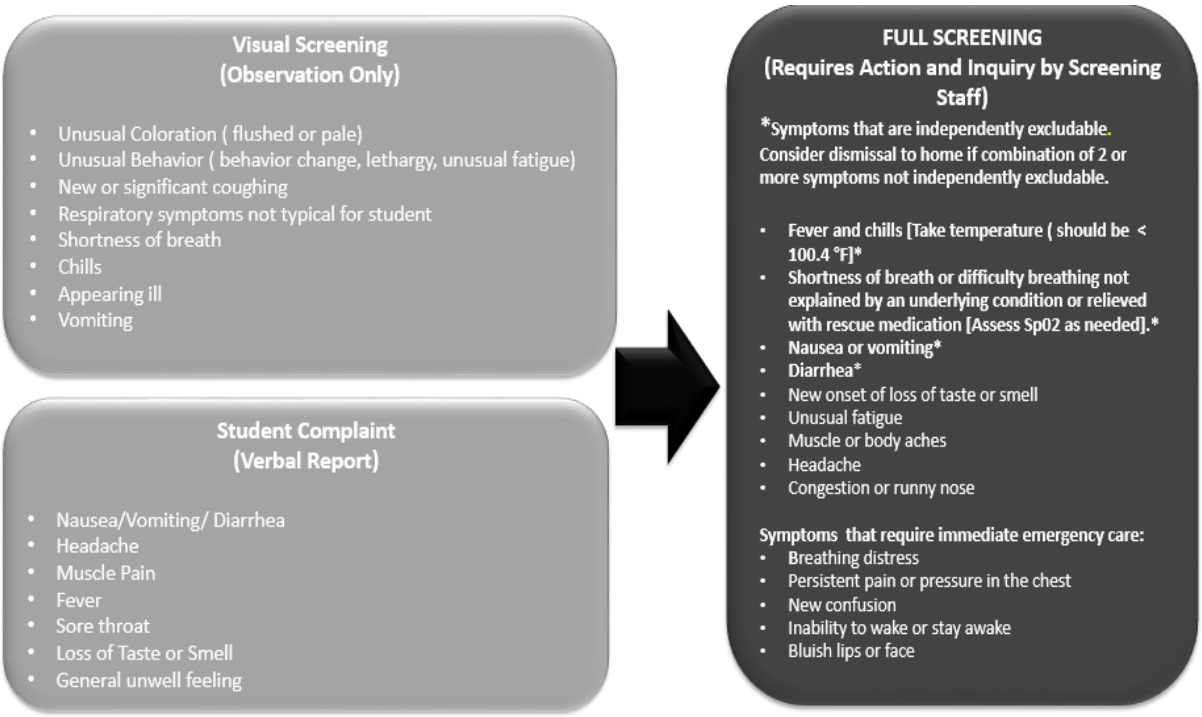
Appendix A

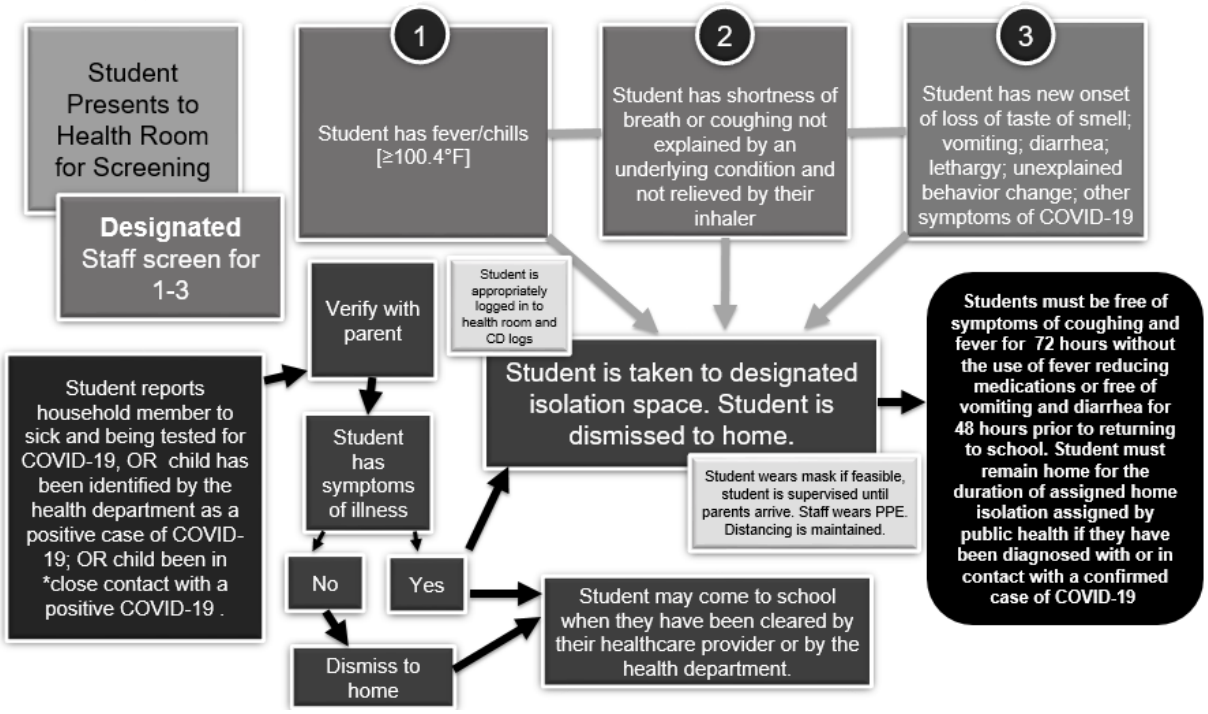
Screening Procedure at School

The list of symptoms associated with COVID-19 is exhaustive, but there are specific indicators for isolation and exclusion. At the beginning of the day and as the day progresses any visual observation of symptoms under *visual screening indicators* or symptoms under *student complaint indicators* should be immediately deferred to designated screening personnel. These designated personnel should be identified in each building and staff should be advised of the process to communicate with staff.

Referral to designated staff will be non-discriminatory based on appearance and hygiene and be respectful in nature.



Staff referred to designated staff will be screened on specific criteria including the above listed indicators and current temperature.



Students should be appropriately logged in to COVID-19 Surveillance Logs. Students identified as having any excludable symptom must be excluded for the timeline indicated by the Oregon Health Authority.

Appendix B

Isolation Procedures

Isolation spaces should meet criteria listed on pages 54 and 55.
Isolation space should not have signs that violate dignity of health privacy.
Isolation spaces must have designated staff,
Designated staff must have access to appropriate PPE and sink for handwashing at the isolation space.
Staff must use Standard and Transmission-Based Precautions , as per the District *Exposure Control Plan* (pages 15-21) and The district *Communicable Disease Plan* (pages 4-14).

Upon referral to designated staff, staff should screen ill students for excludable symptoms. Individuals who screen positive for the following by designated staff must be isolated:

- Fever
- New Cough illness
- Nausea, vomiting, diarrhea,
- Headache with stiff neck and fever
- New rash and open sores
- Jaundice (yellow) skin
- A student to sick to participate in learning
- Changes in behavior that cannot be explained
- Lethargy

For students with Individual Health Plans (IHP's), these plans should be deferred to if symptoms might me associated with underlying health conditions. For specific symptoms associated with associate with asthma or altered level of consciousness, defer to district standard procedures. Any concerning symptoms should be referred to the RN, specifically if a parent cannot immediately pick up their student. **Any student in distress should have EMS (9-1-1) called immediately.**

3. When it is determined that a student has symptoms that are excludable, initiate contact to parents for pick up.
4. Take the student to the isolation space pending parent pickup in a safe and respectful manner.
5. Explain to student the process in developmentally appropriate terms, avoiding phrases such as "isolation."
6. Student will be provided a facial mask. Ensure that this is removed if student falls asleep to maintain safety.
7. Staff should wear a facial mask and gloves upon entry to isolation space.
8. Remain calm and practice measures to maintain student privacy, confidentiality and dignity to the highest extent feasible.
9. Staff should promote respiratory etiquette and physical distancing in the isolation space.
10. If more than one student is in an isolation space, appropriate distance or barriers and privacy must be maintained between students.

11. Do not leave students unattended
12. Ensure students are appropriately logged into *Communicable Disease Surveillance Logs.*
13. 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, for example).
14. Ensure appropriate sanitizing between each use of space.

Appendix C

Donning & Doffing PPE

Donning PPE

1. **Perform appropriate hand hygiene.**
2. **Determine appropriate PPE to be worn depending on duties being performed**
3. **Put on gown, if applicable.**
   - Fully cover your torso from your neck to knees and your arms to the end of your wrists, then tie at the back.
   - The gown should be large enough to allow unrestricted movement without gaping.
   - Fasten at the back of the neck and waist.
4. **Put on surgical mask or KN95, if applicable**
   - Secure the ties or elastic bands at the middle of the head and neck.
   - Fit flexible band to the nose bridge.
   - Fit mask snug to face and below the chin.
   - Fit-check respirator according to manufacturer instructions.
5. **Put on protective eyewear or face shield, if applicable.**
   - Place over eyes/face and adjust to fit.
6. **Put on gloves.**
   - Extend the gloves to cover the wrist of the gown.

Donning must be performed in the correct order to prevent infection transmission.

SAFE PRACTICES TO REMEMBER

- Limit the number of surfaces touched when wearing PPE
- Do not touch your face while wearing PPE
- If you are interacting in close proximity to more than one individual for direct care, your PPE must be changed and hand hygiene must be practiced in between.
- If at any point your gloves become contaminated, you must dispose of them, perform hand hygiene and then replace them with new gloves.
- Hair should be pulled back in settings wear PPE is necessary.
- Jewelry should be minimized.

Doffing PPE

Following a correct doffing procedure is especially crucial in the control and prevention of infection. It is the most important step of preventing infection transmission. The doffing of PPE should protect your clothing, skin and mucous membranes from contamination

Remember that all PPE is contaminated after use. Perform hand hygiene immediately after each step of doffing.

If you are in the isolation space, your gloves and gown should be removed *before* exiting the room

1. **Remove gloves.**
    - Using one hand, grasp the palm of the other hand and peel off the first glove.
    - Hold the removed glove in the gloved hand.
    - Slide fingers of the ungloved hand under the remaining glove at the wrist and peel it off over the first glove.
    - Discard gloves in a waster container.
2. **Perform hand hygiene appropriately**
3. **Remove gown.**
    - Unfasten the ties, ensuring the sleeves don't make contact with your body.
    - Pull the gown away from the neck and shoulders, touching the inside only.
    - Turn the gown inside out.
    - Fold or roll the gown into a bundle and discard in the waste container.
4. **Perform hand hygiene.**
5. **If applicable, exit isolation space.**
6. **Remove goggles/face shield, if applicable.**
    - Remove from the back of the head by lifting headband or ear pieces.
    - If reusable, place in the designated reprocessing receptacle. If not, discard in waste container.
7. **Perform hand hygiene.**
8. **Remove mask/respirator.**
    - Grasp the bottom ties/elastics, then the top ones, and remove without touching the front of the mask.
    - Discard in the waste container.
9. **Immediately perform hand hygiene.**

(Adapted from diagrams by Queensland DoH and CDC)

Video Resources

Donning PPE (CDC)

Doffing PPE (CDC)

Handwashing (CDC)

Appendix D

Procedure for Reporting Illness when Reports of Illness are made to Staff

It is very important during the process of COVID-19 tracking that all reports of illness are handled appropriately. While disease reports typically come from the LPHA to the RN, due to incident and capacity, it is possible for families to receive reports before the local health department does. In this case families may report a confirmed case to front line staff. If this occurs the following steps are mandated:

1. Upon receiving a report, immediately report information to the building administrator.
2. The administrator will contact the RN.
3. Do not share information with other staff, students or families.
4. The RN will confirm the diagnosis with the LPHA.
5. The RN and LPHA will work together to determine exposure timeframe and exposure cohort if the diagnosis is confirmed.
6. The communication to students and staff will be dependent on:
    a. The level of exposure in the school setting
    b. The current school leaning model (i.e. distance learning vs. in building learning)
    c. The number of identified cases in the building/district.
    d. The disposition of the case (e.g. hospitalized).
7. While the affected cohorts may be disclosed, the individuals diagnosed will not be disclosed. It is a violation of privacy to disclose health information to other staff members, students or community members.
8. Any inquiries on affected individuals should be deferred to the building administrator.
9. It is important to note that the same privacy laws are applicable in the event of an outbreak (multiple cases).

Appendix E

Cohort Tracking Checklist

- ☐ Primary Contact Tracing Log from Synergy
  OR
  Attendance logs AND parent contact information of students in affected cohort(s)
- ☐ List of staff, including itinerant staff who would have been in contact with the positive case during the exposure timeframe
- ☐ Identify any intervention groups the student or staff may have been involved in, to collect additional small cohort and staff contacts
- ☐ Review Health Room Log to determine if student had potential close contact (within 6 ft. for 15 minutes or longer) with others in the health room
- ☐ Identify bus route and obtain bus roster
- ☐ Identify any school sponsored activities the individual participated in, and obtain activity rosters

Appendix F
Letter to Families and Staff Templates

Case of COVID-19 in School, School Closure

Dear Staff and Families

Recently, Molalla River School District was notified we were notified that an individual in _____ school was diagnosed with COVID-19. As members of the school community, we understand that this might raise concerns alongside a caring response. We are working closely with Clackamas County Public Health to respond to this news and protect the health of our community by temporarily closing _____.

Each situation calls for different protocols. In this case, we will follow the following steps:

1. (customize steps)

2. [INSERT steps taken here. *They can include – but are not limited to – explaining cohort impacts, addressing contact tracing, any relevant information on staying home or testing, a deep clean of classrooms and common areas in the school, manual wiping of surfaces, use of an electrostatic disinfectant sprayer that deploys charged disinfectant particles into an area that covers every surface in the space.*]

The best way to prevent the spread of COVID-19 is through wearing face coverings, physical distancing and to practice good health hygiene habits. Be sure to wash your hands frequently with soap and water, cover your coughs and sneezes, and avoid contact with people who have signs of illness. Get plenty of rest, exercise, and eat a healthy diet. Protect the community by following the Governor's safety requirements. Wearing cloth face coverings reduce the spread of virus and help prevent those who have the virus, but do not have symptoms, from passing it to others. [INSERT any additional physical distancing requirements that may have been approved by your city or county government] We will keep you updated with any new information as it comes out, while meeting the requirements to honor everyone's right to privacy. More information can be found on the Oregon Department of Education's Ready Schools, Safe Learners page, the Oregon Health Authority's COVID-19 page and Molalla River School District main page. If you have any questions, please contact [INSERT contact information].

Sincerely,

Letter to Families: Notification of Exposure

Use this notification message to alert families when their child has been exposed to a positive case of COVID-19 or to alert Staff members when they have been exposed to a positive case of COVID-19.

Dear Parents and Families (or staff), T

The Clackamas County health officials have worked closely with school officials to review cohort logs to identify individuals who may have been exposed to a person who tested positive for COVID-19. It has been determined that your child (you) may have had direct exposure to an ill person with COVID-19 symptoms/a person with a confirmed positive COVID19 case. In consultation with the the LPHA, we are immediately closing the following cohorts: _____ who will remain at home for 14 days under Comprehensive Distance Learning, with a tentative plan to return to in-person learning on _____(insert date). It's important to notify us If additional household members become ill with COVID-19. Additional protocols will be followed to ensure a safe return to school. We know this is a hard time for everyone and our hearts go out to those who are ill. We will remain in contact with you to update the status of the school(s). Please check our school district webpage for updated information. If you have questions, please contact _____.