



COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

THIS COMPREHENSIVE 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 regard to infection control are of the utmost importance. When children are injured or feel unwell, it can create difficulties in the school setting in regard 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***.

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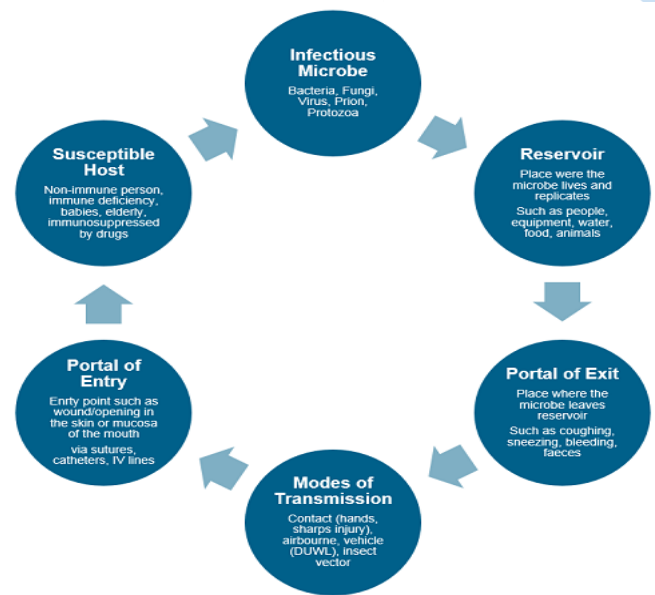
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COMMUNICABLE DISEASE PLAN

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, fifth 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 will 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

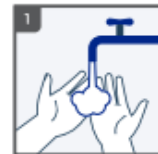
Hygiene

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 will be taught, role-modeled, and practiced.

[Age-appropriate hand hygiene curriculum](#) can be found from a variety of resources and will 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, will be made available for times that handwashing is not immediately accessible. Hand sanitizer will be easily accessible throughout the building, specifically in high

How to wash your hands



Wet hands



Apply soap



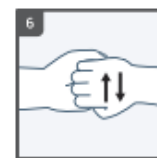
Rub hands
palm to palm



Lather the backs
of your hands



Scrub between
your fingers



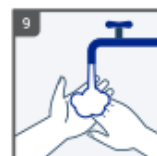
Rub the backs of
fingers on
the opposing palms



Clean thumbs



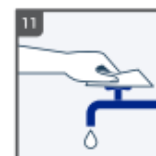
Wash fingernails
and fingertips



Rinse hands



Dry with a
single use towel



Use the towel to
turn off the faucet



Your hands
are clean

Use the same process (steps 1-8) for applying hand sanitizing gel.

contact areas and at entrances and exits as feasible. Hand sanitizers will be accessible in each classroom.

[Image: Multicare.org]

Students and staff will 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 will be taught, practiced, and role-modeled to prevent the spread of disease. Practices and interventions are described under *Respiratory*



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 improving 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 will be consulted and the [Oregon Department of Education Communicable Disease Guidance Document](#). The following exclusion criteria and actions are excerpted 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 24 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	Stay home until the rash is resolved OR until sores and wounds are dry or can be completely covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider

wounds are draining and cannot be completely covered with a bandage	
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, breathing with extra effort such as using muscles of the stomach, chest, or neck.	Seek medical attention; return to school when advised by a licensed healthcare provider
Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.	Stay home until 24 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 24 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 changes 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 will 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 will not be at school until health and safety are addressed. School staff will 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 will 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 will 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 regard to any communicable disease diagnosis in students or staff, this will immediately be referred to the district RN.
- This will 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 will 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 will 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 will 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 diagnosing 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 will be reported to the district RN in regard 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 will 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 will be

referred to the school nurse immediately. These circumstances will be handled on a case-by-case basis.

Examples of these circumstances may include:

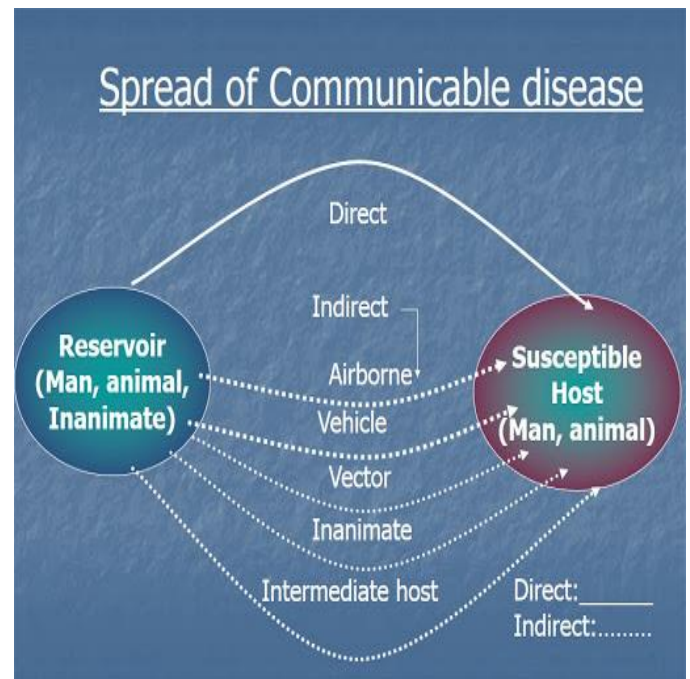
- More than two students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva, or feces from a non-domestic animal.
- Any student or staff coming into contact with blood that 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 regard to determined outbreaks or novel diagnoses. The school RN will 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 will 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 will be visited for this. Other considerations will be made in regard to controlling spread on infectious disease from animals:

- Wild mammals, alive or recently dead, will 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 will have a current rabies vaccine.
- Any animal bites on school premises will be reported to the local health department for follow up.
- Animals who are ill will not be allowed into the school setting.
- Class pets will be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent diseases such as transmission.
- Animals will not be present or handled in areas where food and drink are consumed or prepared.



- Children will not kiss high-risk animals such as chicks, ducks, turtles, and other reptiles.
 - Children will 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 will 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 will 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 will 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 will 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 will 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 will be endorsing each time a staff member has an interaction with a student for standard first aid or direct care. Hands will be washed prior to donning 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 of interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) will 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 body 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 will 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 will 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 will 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 will 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 will 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 will be immediately referred to custodial services.

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

All schools setting will 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 will 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 an open and draining lesion, such as a cyst, boil or abscess are identified in the school setting the following precautions will be taken:

- **Ensure appropriate student placement** the student will 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 will 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 will 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 is 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 is increased, will 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 will be identified.
- **Use personal protective equipment (PPE) appropriately.** For staff screening ill students, masks will 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 will 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 will 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 will 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 will 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 will 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 will make this communication to families. Confidentiality 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 will 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 will be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and will be avoided), and generation of aerosols from spilled material will be avoided.

Using these basic principles, the management of spills will 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, will be readily available for spills management. While these spills will be deferred to custodial services for their expertise in sanitation, supplies It will 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' will be available. PPE will 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 in terms of infecting 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]

Differences between seasonal flu and pandemic flu:

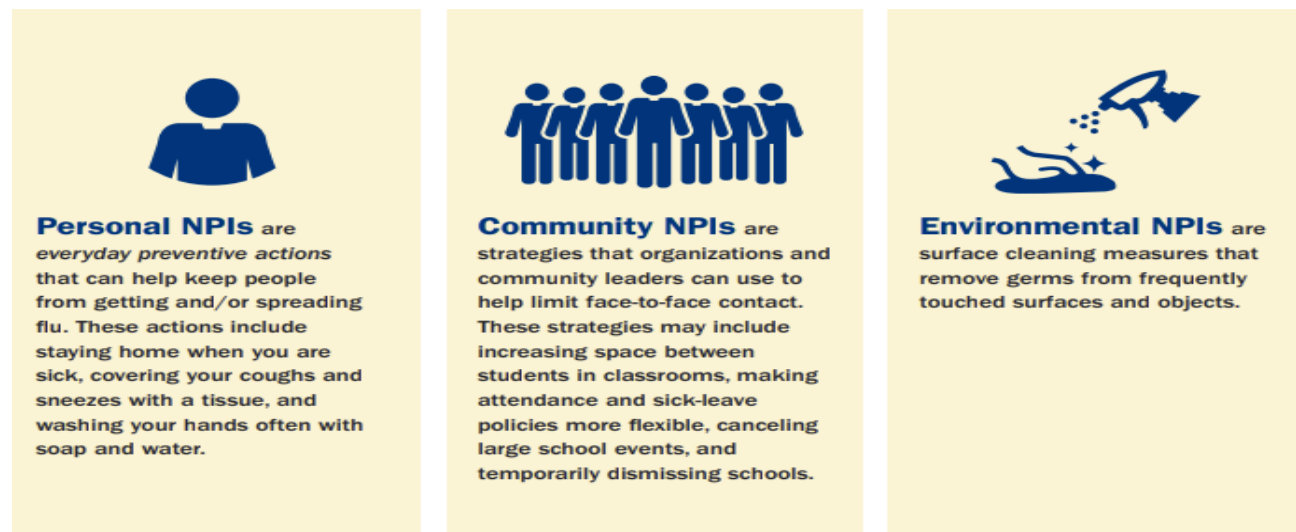
Seasonal Flu	Mild to Moderate Pandemic	Severe Pandemic
THE VIRUS <ul style="list-style-type: none"> Caused by influenza viruses that are closely related to viruses that have previously circulated; most people will have some immunity to it. Symptoms include fever, cough, runny nose, and muscle pain. Complications such as pneumonia are most common in the very young and very old and may result in death. Vaccine is produced each season to protect people from the three influenza strains predicted to be most likely to cause illness. 	THE VIRUS <ul style="list-style-type: none"> Caused by a new influenza virus that has not previously circulated among people and that can be easily spread. Because most people will have no immunity to the new virus, it will likely cause illness in high numbers of people and more severe illness and deaths than seasonal influenza. Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications. Healthy adults may be at increased risk for serious complications. 	THE VIRUS <ul style="list-style-type: none"> A severe strain causes more severe illness, results in greater loss of life, and has a greater impact on society. During the peak of a severe pandemic, workplace absenteeism could reach up to 40% due to people being ill themselves or caring for family members.
IMPACT ON THE COMMUNITY <ul style="list-style-type: none"> Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults. 	IMPACT ON THE COMMUNITY <ul style="list-style-type: none"> May cause a moderate impact on society (e.g., some short-term school closings, encouragement of people who are sick to stay home). 	IMPACT ON THE COMMUNITY <ul style="list-style-type: none"> Schools and day care/child care facilities may be closed. Public and social gatherings will be discouraged. The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted.

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 regard to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document will 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 will 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 24 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 leading 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 will 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 will continue.

ROUTINE PRACTICES

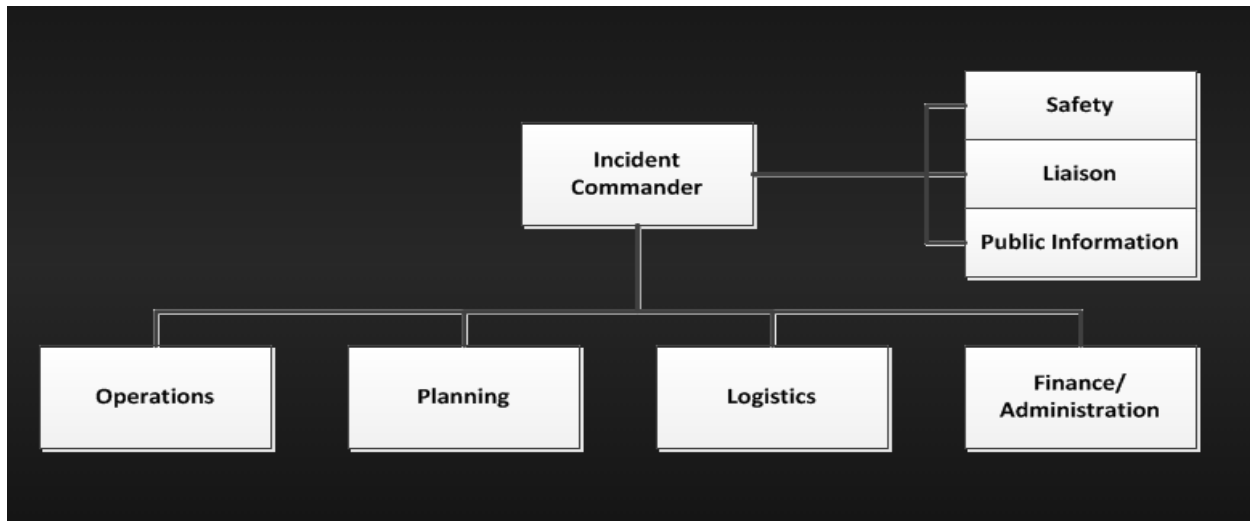
Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Routine hand hygiene. • Respiratory Etiquette. • Stay home when ill. 	<ul style="list-style-type: none"> • Routine illness exclusion (as noted in <i>Communicable Disease Plan</i>). 	<ul style="list-style-type: none"> • Routine and regular sanitizing or disinfection. 	<ul style="list-style-type: none"> • 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 will 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 will be assembled within the district and responsibilities assigned within the school district.

Response team will 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 will hold regular meetings.

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 - 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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

without the use of fever-reducing medication.	monitoring and reporting student illness. <ul style="list-style-type: none"> • Increase space between students in the classroom. • Instruct students in small groups as feasible. 	<ul style="list-style-type: none"> • Discourage the use of shared utensils in the classroom. 	student families to defer to personal providers in regard to attendance.
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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 will be prioritized. As well, plans for potential prolonged staff absences will be prioritized.

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Public health-specific guidance • Be prepared to allow your staff and students to stay home if someone in their house is sick. 	<ul style="list-style-type: none"> • 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). 	<ul style="list-style-type: none"> • Public health-specific guidance. • Modify, postpone, or cancel large school events as coordinated with or advised by state or local officials. 	<ul style="list-style-type: none"> • 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 manpower to impose individual restrictions and may create public statements that the school district will reiterate.

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Follow public health or government direction. 	<ul style="list-style-type: none"> Follow exclusion guidance designated by the Local Public Health Authority, and interventions which may include social distancing, revised gathering requirements, or student dismissal. 	<ul style="list-style-type: none"> Follow local public health direction on environmental cleaning, which may include school closure and canceling major events, based on public health metrics. 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Follow LPHA guidance 	<ul style="list-style-type: none"> Follow exclusion guidance, and intervention guidance designated by the LPHA for re-entry 	<ul style="list-style-type: none"> Follow LPHA guidance on bringing students back to school based on public health metrics. 	<ul style="list-style-type: none"> Coordinate communication with LPHA on re-entry, restrictions, and potentially impacted populations.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Routine hand hygiene and respiratory etiquette when LPHA 	<ul style="list-style-type: none"> Routine illness exclusion when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> Routine sanitizing when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> Routine illness prevention and exclusion communication.

<p>deems processes may return to baseline.</p> <ul style="list-style-type: none"> Stay home when ill and until 24 hours fever free without the use of fever-reducing medications. 			<ul style="list-style-type: none"> 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.
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Special Considerations

Employee Sick Leave

Administration and human resources will work together to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regard 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 will 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 will provide documentation from their provider. This change in placement will 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 be 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 spread. 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:

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- 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 standard infection control, school process and COVID-19 specific interventions in the school setting as designated by the Oregon Department of Education [Ready Schools Safe Learners guidance \(RSSL\)](#) and OSHA requirements. This document addresses district specific processes and procedures to comply with interventions itemized in the RSSL guidance. This document also uses guidance from the Centers for Disease Control and Prevention [Reopening Guidance for Public Spaces](#) as supporting evidence for process.

Per RSSL and OSHA, a risk assessment must be done in advance of opening to ensure all required infection control measures are captured in this plan.

These are designated on the district reopening page under:

[OSHA Required Risk Assessments - Instructional Staff](#)

[OSHA Required Reassessment - Custodial Staff](#)

REOPENING METRICS

As of March 5, 2021, a mandate was created to rerun students to in person learning and while the advisory metrics remain as a guideline to re-entry they are to be used as guideline to determine the need for testing for COVID-19 in the school setting as well. This process must be in place for schools not meeting the current metrics and must follow [COVID-19 Testing in Oregon's K-12 Schools](#).

The RSSL guidance states that it is each school's responsibility to understand the metrics and data in order to determine the safest instructional model to operate in. New metrics are release weekly using a 2 week look-back. Large counties (such as Clackamas county must use the county case rate as the indicator.

Although metrics shifted to advisory, RSSL guidance did not, all elements denoted as required in RSSL must be in place for schools to open as well.

For more information visit the [Molalla River School District Reopening](#) page.

METRICS TABLE

Small Counties = Less than 15,000 Medium Counties = 15,000-29,999 Large Counties = 30,000 or more

Public School Instructional Model Requirements and Options <i>Public schools must provide a CDL option for students and families that choose to remain off-site.</i>	County Case Rate <i>Per 100,000 people over 14 days in large counties</i>	County Case Count <i>Over 14 days for small and medium counties</i>	County Test Positivity <i>Over 14 days for medium and large counties</i>
Public K-12 schools <i>must</i> offer an On-Site or Hybrid option	<200.0	<60	<10.0%
Public Elementary schools <i>must</i> offer an On-Site or Hybrid option <i>*Public middle and high schools are not required to initially open to in-person instruction and may limit to CDL only as needed to address any current transmission within a school.</i>	200.0 to ≤350.0	60 to ≤90	≤10.0%
Public schools <i>may</i> limit to Comprehensive Distance Learning (CDL) <i>*K-12 public schools are not required to initially open to in-person instruction and may limit to CDL exclusively if needed to address any current transmission within a school.</i>	>350.0	>90	>10.0%
<i>*Schools should <u>not</u> reduce in-person instruction or revert to CDL based on county metrics if the school can demonstrate the ability to limit transmission in the school environment. When county trends increase to a new tier on this chart (green-to-yellow or yellow-to-red), pausing expansion of additional in-person learning and maintaining access to current in-person learning for schools that have it in place is recommended.</i>			

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 will 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 regard 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](#):

CONSIDERATIONS DURING CDL

Although many control measures are not applicable to the distance learning environments, control measures including:

- Staying home when ill with COVID-19 symptoms (10 days)
- Staying home when exposed to a COVID-19 case (14 days)
- Face coverings
- Limited interactions/transactions (<15 minutes)
- Hand Hygiene
- Respiratory Etiquette
- Physical distancing (6 feet apart)

Must be honored for on-site functions such as:

- Device and supply distribution
- Drive through services.
- Meal distribution
- On-site meetings and work

For staff working in buildings during CDL, [In- Building Work Procedures During CDL](#) must be followed (Appendix G).

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

[OAR 437-001-0744](#) Oregon Occupational Safety and Health Division

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.

GUIDING MATERIALS

Source	Document/Toolkit
Oregon (ODE/OHA)	Oregon Department of Education Ready School Safe Learners
	Oregon Department of Education and Oregon Health Authority Communicable Disease Guidance for Schools
	ODE Guidance for Limited In-Person Instruction During CDL
	ODE and OHA Metrics Explainer with Exceptions
	ODE and OHA COVID-19 Scenarios In Schools
	OHA COVID-19 Dashboard
	ODE RSSL Metrics Dashboard
	ODE COVID-19 Exclusion Explainer
Oregon School Nurses Association (OSNA)	OSNA COVID-19 Toolkit
CDC	COVID-19 School and Childcare Programs
	Reopening During COVID-19
	Operating During COVID-19

REQUIRED LINKS:

Oregon Department of Education	Oregon Health Authority	Local Public Health Authority	Centers for Disease Control & Prevention
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IMPORTANT CONTACTS:

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Sasha Grenier: [Oregon School Health Specialist](#) (Oregon Department of Education)

Jan Olson: [Clinical Nurse Consultant](#) (Molalla River School District)

Amanda Bickford: [District Nurse](#) (Molalla River Middle School, Clarkes, Molalla Elementary, Mulino)

Christene Perkins: [District Nurse](#) (Molalla River School District: MHS, Charter Schools, Rural Dell)

Sara Present: [Deputy Health Officer](#) (Clackamas County)

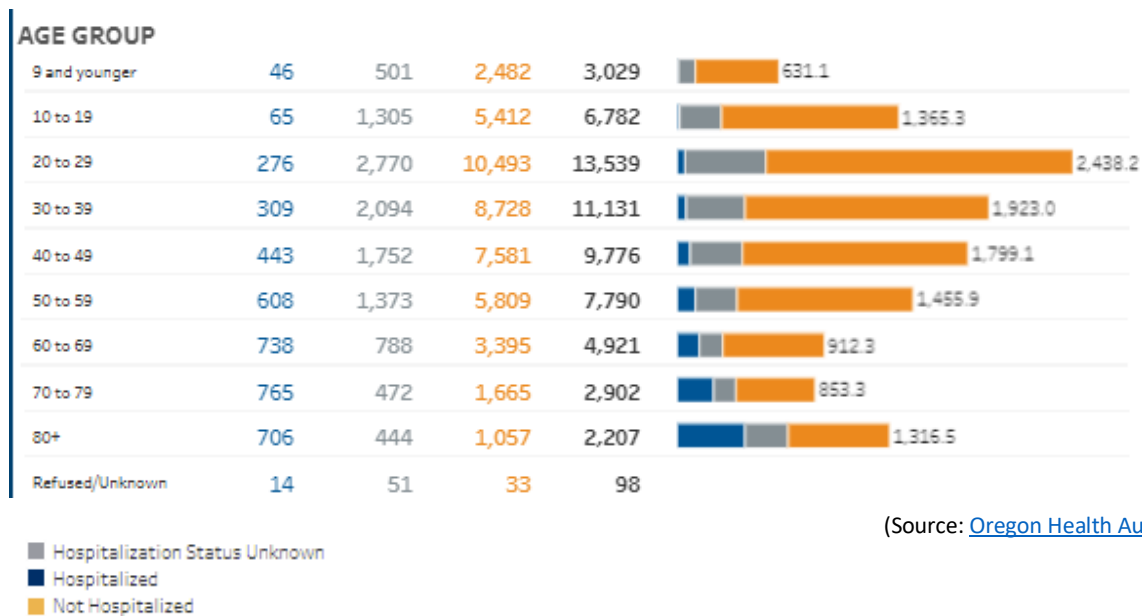
Carolee Asher: [Communicable Disease Nurse](#) (Clackamas County)

Renee Jenkins: [Communicable Disease Nurse](#) (Clackamas County)

PEDIATRIC POPULATIONS

In Oregon, as of November 22, 2020, more than 62,000 cases of COVID-19 have been diagnosed in Oregon and more than 800 lives have been lost (OHA, 2020). A small population (~3%) of those infected have 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 overall (NIPH, 2020). Specifically, children 10 and under are regarded as very low risk for symptomatic illness and high incidence of transmission. Per the January 19, 2021 RSSL: OHA has seen very few school outbreaks so far in Oregon; nonlarge. As of December 3, 2020, 139 schools have reported at least one COVID-19 case in a student or staff member. Of these, 77 schools have had only one case. In contrast, it is important to note that a rare complication referred to a [multi-system inflammatory syndrome](#) (Mis-C) has been documented in some children infected with COVID-19.



(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 relative to age group or underlying condition, thus mitigation of disease transmission in the school setting remains critical to reduce transmission in the community.

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:

- Health promotion communication will be provided to encourage measures and education on communicable disease prevention and consultation with physician as needed on individualized measures.
- The district nurses will communicate with each family of children who are known to be immunocompromised to

request consultation with their physician and specialists in regard 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.

- 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.
- 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 regard to

Individuals with certain conditions are considered high risk and have an increased the likelihood of severe illness :

- People 64 years and older
- Individuals of any age with underlying medical conditions, specifically those not well controlled including"
 - Cancer
 - Chronic Kidney Disease
 - COPD
 - Down Syndrome
 - Heart Conditions/Coronary Artery Disease
 - Transplant Recipients
 - Obesity
 - Sickle Cell Disease
 - Smoking
 - Type 2 Diabetes
- Individuals who *may be* at increased risk of severe disease include patients of any age with
 - Asthma
 - Cerebrovascular Disease
 - Cystic Fibrosis
 - Hypertension
 - Weakened immune system I HIV/ corticosteroids/ immunosuppression
 - Neuroglial Conditions
 - Liver disease
 - Overweigh
 - Pulmonary Fibrosis
 - Thalassemia
 - Type 1 Diabetes

(CDC, 2021)

perceived risk associated with return to school and obtain updated restrictions, accommodations, and prescriptions.

- As needed, the RN will update IHP's.
- As needed, the multidisciplinary teams will be convened to update 504's and IEP's.
- District Nurses will provide appropriate communications and notifications on student-specific needs to applicable staff.
- 1:1 Nurse case managers will consult with physicians and family in advance of school year to determine appropriate measures.
- 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 regard to restrictions may be necessary.

Accommodations will be made on a case-by-case basis through Human Resources.

High risk staff will be given first opportunity at year-round CDL, all steps will be taken in the school building to limit exposure risk, double PPE will be accessible.

High-Risk Household Members

In addition to high-risk students and staff, it is also important to remember in regard 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:

Back-Up Staffing Plan

- A roster of trained staff for key positions 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* will 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 are some infection control measures that will 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 will be supervised with the use of hand sanitizer.
 - Hand sanitizer will 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 will 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 Point Person Per Each Building

- A designated single point person at each school site must be established and identified to implement, support and enforce all health and safety measures, and protocols including.
 - Masks
 - Physical Distancing
 - OSHA requirements
- A simple and anonymous format for communicating to the point person concerns must be designed per each school. This will be done electronically to track concerns.
- For Molalla River School District this point person is the administrator or their direct designee

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.

STAFF COMMUNICATION AND TRAINING

Staff Communication

All staff will receive specific 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.
- When to return to school based on public health guidance.
- In regard 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.
- In regard 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.
- How confirmed cases will be handled within their cohorts or buildings and provided access to [COVID-19 Scenarios in School](#)
- Where the isolation space is located and process for referral, including visual screening.
- Infection control procedures.
- Facial covering requirements.
- Advising staff to self-identify as high risk.

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 will be referred for symptom screening and isolation.
- Staff will be trained on appropriate use, care, application and removal of PPE.
- Staff who 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 in relationship to each topic associated with [COVID-19 mitigation in the school setting](#). 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*
 - M-685 *Implicit Bias and Cultural Responsiveness for Educators*
- OSHA additionally requires training that is specific to COVID-19, Infection Control Measures, Transmission, Communication Processes, and Disinfection. This was addressed with an 8-part training of COVID-19 and [Communicable Disease Mitigation in the School Setting](#) uploaded to Public School Works. Additional modules will be added for RSSL or OSHA updates.
 - Covid-19 Overview and Transmission
 - Guiding Documents
 - Terminology and Key Practices
 - PPE
 - Exclusion
 - Communication
 - Screening and Isolation
 - Data Collection
 - Updates
- Periodic trainings will be held to provide updates and reinforce guidance.
- Centers for Disease Control and Prevention provides video training on [Donning](#) and [Doffing](#) PPE, which are posted to the district website.

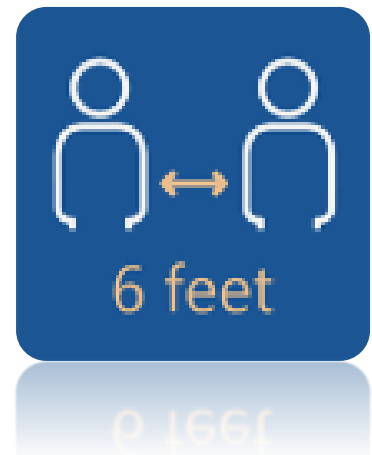
- [Oregon School Nurses Association](#) will provide training on COVID-19 Tools for specified staff.
- School specific training will be pre-recorded and/or virtually facilitated by district administration or the district RN.

Online testing modules from 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 an online exam or return demonstration or specified procedures.

PHYSICAL DISTANCING

Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. While staying at home and avoiding groups of people are important measures in achieving this, as schools reopen, spatial measures must be taken to ensure physical distance between individuals. 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 will be removed from classrooms to allow for increased spacing of desks.
- Desks or seating will be 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 to promote physical distancing.
- Virtual opportunities will be used whenever feasible.
- Staggered and extended hallway passing will 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 will 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 to the extent feasible. When used, use will be staggered cohorts will be endorsed, and spaces will be [cleaned and disinfected](#) between use or as per CDC routine cleaning and disinfecting guidelines.
 - 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, but 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.

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 will be performed between each cohort.
- Rather than students moving to common spaces for special courses, staff will present to each classroom.
 - Staff moving between cohorts must practice hand hygiene in between interactions and use appropriate logs to track their building activities.
 - Staff moving between cohorts will alter schedules or use technology to conduct courses to reduce the number of cohorts/students interacted with in a given week.
- 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 will be limited.
- Paths throughout the building will be marked in one-way directions, and markers to indicate proper distancing.
- As feasible, staff will rotate between rooms. Staff will 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. Refer to [CDC's Cleaning, Disinfecting, and Ventilation Guidance](#) for maintain appropriate sanitizing and disinfecting.

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) will 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 will not be used near children, and staff will 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.
- Schools with HVAC systems will ensure all filters are maintained and replaced as necessary to ensure proper functioning of the system.
- All intake ports that provide outside air to the HVAC system will be cleaned, maintained, and cleared of any debris that may affect the function and performance of the ventilation system.

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 will 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.
- Single use PPE will not be re-used.
- Face shields that are reusable will be designated to individual staff.
- Plastic face shields will 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 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 using the RSSL [Guidance for Decision Making Concerning Student Use of Face Coverings and Face Shields](#)
- Face shields may be an acceptable alternative when a person has a condition that prevents them from wearing a mask or face covering.
- Existing evidence does not support most diagnoses as a contraindication for wearing masks (Appendix H).
- Students who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering during On-Site instruction must be provided access to instruction. Comprehensive Distance Learning may be an option; however, additional provisions apply to students protected under ADA and IDEA. See [ODE's Guidance for Decision Making Concerning Student Use of Face Coverings and Face Shields](#).
- Student or family refusal to wear appropriate face covering for a values-based reason then dictates that educational needs be met through Comprehensive Distance Learning.
- Staff refusal to wear appropriate face coverings will be addressed with administrative process.

- 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.
 - Designated spaces may be provided for students who require sensory breaks from masks, which will not exceed 15 minutes.
 - Full class mask breaks are prohibited.

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 of chemical exposure. The district *Exposure Control Plan* (pages 15-21) will 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 will be clarified that face coverings are not synonymous with masks. Face coverings may include masks, cloth covers, or shields (Appendix K).

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.

All staff, contractors, other service providers, visitors or volunteers in the school setting are required to wear face coverings.

- Individuals may remove masks when working alone in an office or classroom.
- Face shield will be used on a limited basis when determined to be necessary for delivery of education or therapy such as in the case where when people need to see mouth and tongue motions in order to communicate, or when an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible.
- Staff who are assigned to 1:1 student assignment or engaging in close proximity encounters should wear both mask and face shield, and gown and gloves as warranted.

PERSONAL PROTECTIVE EQUIPMENT/BARRIERS

INDIVIDUALS	RECOMMENDED PPE	MINIMUM REQUIRED PPE
Front office staff or other staff interacting with public or personnel	Cloth face covering and Plexiglas barriers	Face covering. Staff may remove face covering if working in office alone.
Bus Drivers	Face covering that will not cause fogging of eyewear.	Face covering
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 on a limit basis and/or plastic barrier when the educators face is beneficial for learning. Cloth face covering will be worn in other situations.	Face shield on a very limited bass and face mask/cloth face covering the remainder of the time. Masks may be removed when working in an office alone.
Child Nutrition Staff	Mask and gloves.	Face covering, gloves

All staff including staff moving in between cohorts and classes. Staff interacting with public	Face Covering	Face covering. Face covering may be removed if working alone in an office or classroom.
Any staff that will be regularly within 6 feet of students/staff. <ul style="list-style-type: none"> Support personnel providing personal care or feeding. Staff providing close contact interactions/interventions. 	Face Covering and face shield if the risk of splash or body fluid exposure	Face mask and shield if necessary
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	Medical 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	Mask until parent picks up	Mask until parent picks up

SCREENING, ISOLATION & EXCLUSION

Identification of ill students and staff is crucial in illness prevention in school buildings. All staff and families will have information provided on symptoms that are excludable and symptoms specific to COVID-19. To identify when students may need to be referred for screening or when individuals need to stay home or be dismissed to home. There is a multi-level approach to screening prior to attending school and while at school which begins with staying home when appropriate.

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 (page 52 and 54) 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 and isolation based on symptom presentation or diagnosis.

When referring to exclusion there are two specific categories: **Cases** or **Case Contacts**.

Case Definitions

Suspect Case	Presumptive Case	Confirmed Case
AN individual who has symptoms compatible with COVID-19 but does not meet the criteria of a presumptive or confirmed case	An individual acute illness with at least two of the following: Shortness of breath, loss of taste or smell, cough, fever or radiographic evidence of viral pneumonia. AND No more likely alternative diagnosis; AND Within the 14 days before illness onset had close contact with a confirmed case or is identified as having been exposed in an outbreak.	Someone who has a positive lab result for COVID-19

A close contact is defined as an individual that had 15 minutes or more of contact within 6 feet with a known case of COVID-19, regardless of mask. 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. Household contacts are required to quarantine during their household contact isolation period (10 days) plus the 14-day post exposure quarantine. This means that individuals with continuous exposure to as COVID-19 case may be quarantined a maximum of 24 days.

See *Exclusion & Quarantine Overview (below)* for an overview and [Planning for COVID-19 Scenarios in Schools](#) for a comprehensive overview

Presentation	Case Status	Recommendations	Exclusion	Return	Special Considerations
Student or staff has symptoms compatible with COVID-19 and no known contact with a confirmed or presumptive case in the prior 14 days.	Suspect Case	Advise COVID-19 Testing	If individual is not tested or tests positive, they must be excluded for the full 10-day isolation period.	24 hours fever free without the use of anti-fever medications AND Negative test OR 10 days from the date of onset , if no test is performed	
Student or staff member has symptoms of COVID-19 and has been in contact with a case of COVID-19 in the past 14 days [and has no alternative, documented diagnosis from a physician]	Presumptive Case	Testing is recommended but note that as a contact of a confirmed case of COVID-19, the individual must remain home the full isolation period regardless of test results.	10 days	10 days from date of onset of illness AND when fever free for 24 hours without the use of anti-fever medication.	
Student or staff has been in close contact with a confirmed case of COVID-19 in the past 14 days and is not symptomatic	Case Contact	Monitor for symptoms, undergo testing if symptoms develop.	Student or staff must remain home for 14 days from LAST exposure	After 14 days of quarantine, unless symptoms develop, then 10 days from date of onset of symptoms.	If the contact is continuous, such as in household cases, the 14-day quarantine may begin AFTER the household contacts 10 isolation period has ended. For a potential maximum of 24 days,
Student or Staff is positive for COVID-19	Confirmed Case	Notify close contacts	10 days from date of onset of illness	10 days from date of onset of illness AND when fever free for 24 hours without the use of anti-fever medication	Household contacts of confirmed case should quarantine.
Student or staff have a household contact that is a contact of a confirmed case of COVID-19, but the student or staff has not been in contact with the confirmed case.	N/A Tertiary Contact	Monitor household for symptoms for 14 days	N/A	N/A	Student or staff do not have to quarantine, unless and until their household contact develops symptoms compatible with COVID-19, in which case they become a contact with a presumptive case.

Routine Illness Exclusion and COVID-19 Exclusion Requirements See [COVID-19 Exclusion Summary Guidance for K-12 Schools](#). Routine exclusion of symptoms as per [Oregon Communicable Disease Guidelines](#) continue during the COVID-19 pandemic and have been modified for this year (below) Students or staff experiencing excludable symptoms will not report to school or will be dismissed to home. In addition, any students experiencing any major symptoms of COVID-19 (Cough, fever/chills, shortness of breath, new loss of taste or smell) or more that 2 minor symptoms (sore throat, lethargy, muscle pain, nausea/vomiting/diarrhea, headache, fatigue) will be excluded.

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER... *The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.
 Fever: temperature by mouth of 100.4 degrees or higher	*Fever-free for 24 hours without taking fever-reducing medicine AND a COVID-19 test is negative , OR 10 days if not tested, OR 14 days if exposed to COVID-19.
 New cough illness OR New difficulty breathing	*Symptom-free for 24 hours AND a COVID-19 test is negative , OR 10 days if not tested, OR 14 days if exposed to COVID-19. If diagnosed with pertussis (whooping cough), the student must take 5 days of prescribed antibiotics before returning.
 Headache with stiff neck and/or with fever	*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions if fever is present.
 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
 Vomiting: one or more episode that is unexplained	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
Skin rash or open sores	*Symptom free which means rash is gone OR sores are dry or can be completely covered by a bandage OR with orders from doctor to school nurse.
Red eyes with eye discharge: yellow or brownish drainage from the eyes	*Symptom-free which means redness and discharge is gone OR with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	*After the school has orders from doctor or local public health authority to school nurse.
Acting different without a reason: unusually sleepy, grumpy, or confused.	*Symptom-free which means return to normal behavior OR with orders from doctor to school nurse.
Major health event, like an illness lasting 2 or more weeks OR a hospital stay.	*After the school has 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.

When it comes to honoring both routine exclusion guidelines and COVID-19 exclusion requirements, there are multiple levels of screening endorsed:

LEVELS OF SCREENING

- Level 1: Screening at Home
 - Parents Screen Students
 - Staff Self Screens
 - Know when to stay home
- Level 2: Screening upon bus entry
 - Bus drivers visually screen students
- Level 3: Screening upon Entry to School
 - Students are actively visually screened as they enter the building
- Level 4: Passive screening throughout the day (look and listen)
- Level 5: Full Screening in the COSIE Space



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. Parents and staff will be advised on all clinical circumstances in which students or staff will not attend school and when children will be excluded from school or when staff will be required to go home.

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

- [Clackamas County Coronavirus Checker](#)

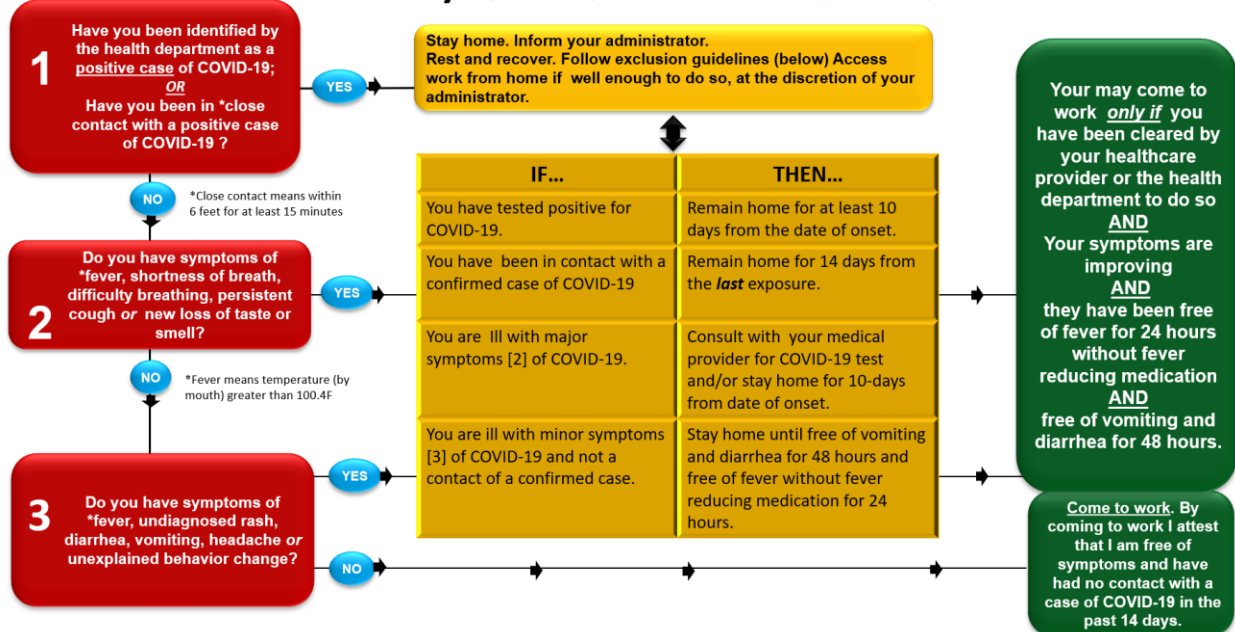
Staff

Staff will be provided with the screening algorithm *Can I go to work today?* (page 57)

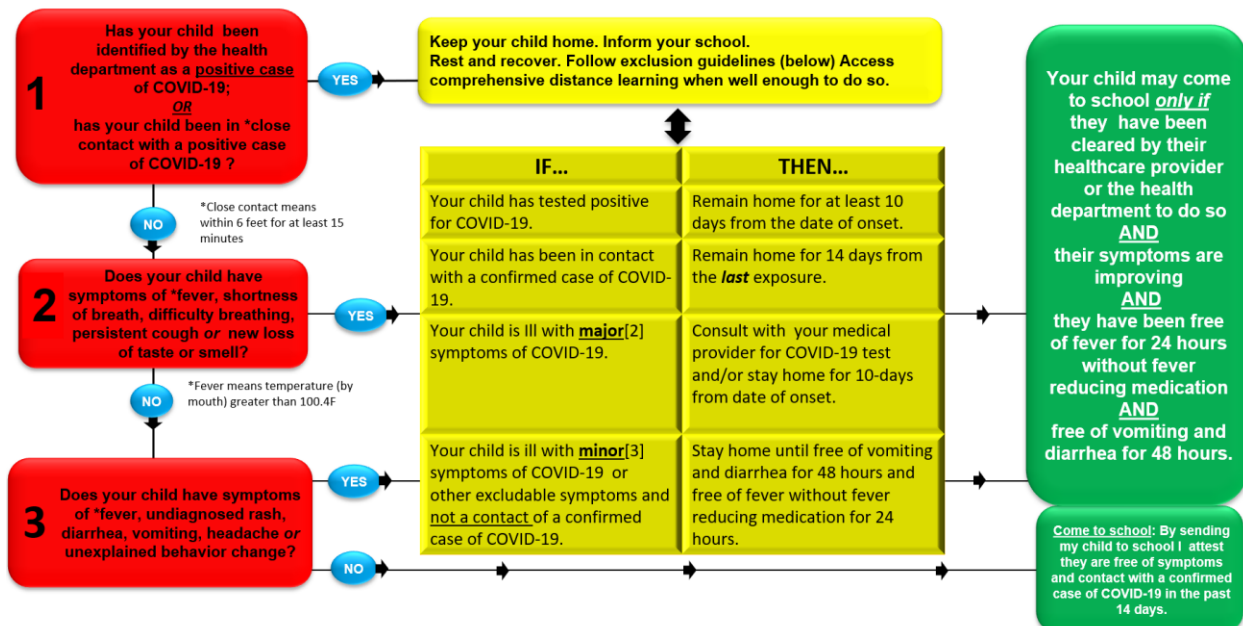
Students

Parents will be provided with the algorithm *Can my child go to school today.* (page 57)

Can I attend work today? (Start with question 1 and follow the “yes” or “no”)



Can my child attend school today? (Start with question 1 and follow the “yes” or “no”)



[Images adapted from: Multnomah ESD]

Entry Screening, Visual Screening & Full Screening Screening Staff

Staff will self-screen for illness at home and will immediately report to COSIE space for screening if symptoms develop while at school.

Screening Students

Currently the CDC (2020) does *not* recommend universal screenings of students in the school setting daily because of distinct limitations of symptom screenings as part of a School Reopening Strategy because:

- Symptom screenings will fail to identify some students who have SARS-CoV-2 infection.
- Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19.
- Parents and guardians will be strongly encouraged to monitor their children for infectious illness every day at home through a home-based symptom screening.
- Students who are sick will not attend school.

While this evidence is important to consider, the district will maintain an entry screening process while the state of Oregon requires it. This in mind the best emphasis will be placed on recognition of symptoms *at all times throughout the day* for thorough screening referral.

Entry Screening

Active screening at the beginning of the school day will occur through visual screening. It is important to remember that students will undergo a screening at home and remain home with illness, and if they have been transported on the bus a 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 immediately upon entry to the school may not be logistically feasible related to the volume of time required and the potential for congestion of students in one location when entry points are limited. If multiple entrances are accessible and students would be prevented from congregating in clusters outside of the building, visual screening is possible at entry at multiple points.

Multiple Entry Points

Screening upon entry to the building is most feasible when there are multiple points of entry that cohorts can be designated to use. Entry to each school is designated by the school specific planning team and must take safety and logistics into account. The building administrator will designate entry points by cohorts and trained screeners. The building administrator is responsible to ensure communication of entry points by cohort is made.

All designated entry points will have markers and physical distancing indicators. Students will don masks prior to entering the building in a one-way traffic pattern and use hand sanitizer or wash hands as they enter the building.

Single Entry Point

When multiple entrances are not feasible and outside areas are not secure from traffic, weather or congestion, visual screening can occur at the classroom as students enter the room at beginning of the day.

Students will still be required to enter in a one-way traffic pattern at a designated location. Students must don mask prior to entering building and wash or sanitize hands as they enter.

Visual Screening

Students will be *visually Screened* for illness indicators. This process includes visually examining each child to ensure that signs of illness or verbal complaints of illness or contact to a COVID-19 case are not readily apparent.

Because development of symptoms may occur at any time, passive screening will occur throughout the day. Passive screening requires classroom staff to understand both *Exclusion Criteria* (page 55) and *Staying Home When Appropriate* (pages 53-57) as well as signs and symptoms that would prompt referral to screening by designated staff (above).

Please note that entry points and classrooms are not appropriate locations for full screenings. Students who develop noticeable signs of illness or complain of illness will be referred to the isolation space for a full screening.

All classroom staff must be aware of symptoms that students may complain of that would prompt referral designated screening staff throughout the school day. This is especially 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:

Look!

Visual Screening (Observational Indicators)

- Unusual Coloration (flushed or pale)
- Unusual Behavior (behavior change, lethargy, unusual fatigue)
- New or significant coughing
- Respiratory symptoms not typical for student
- Shortness of breath
- Chills
- Appearing ill
- Vomiting
- Pink Eye (conjunctivitis)
- Rash

Listen!

Student Complaint (Verbal Indicators)

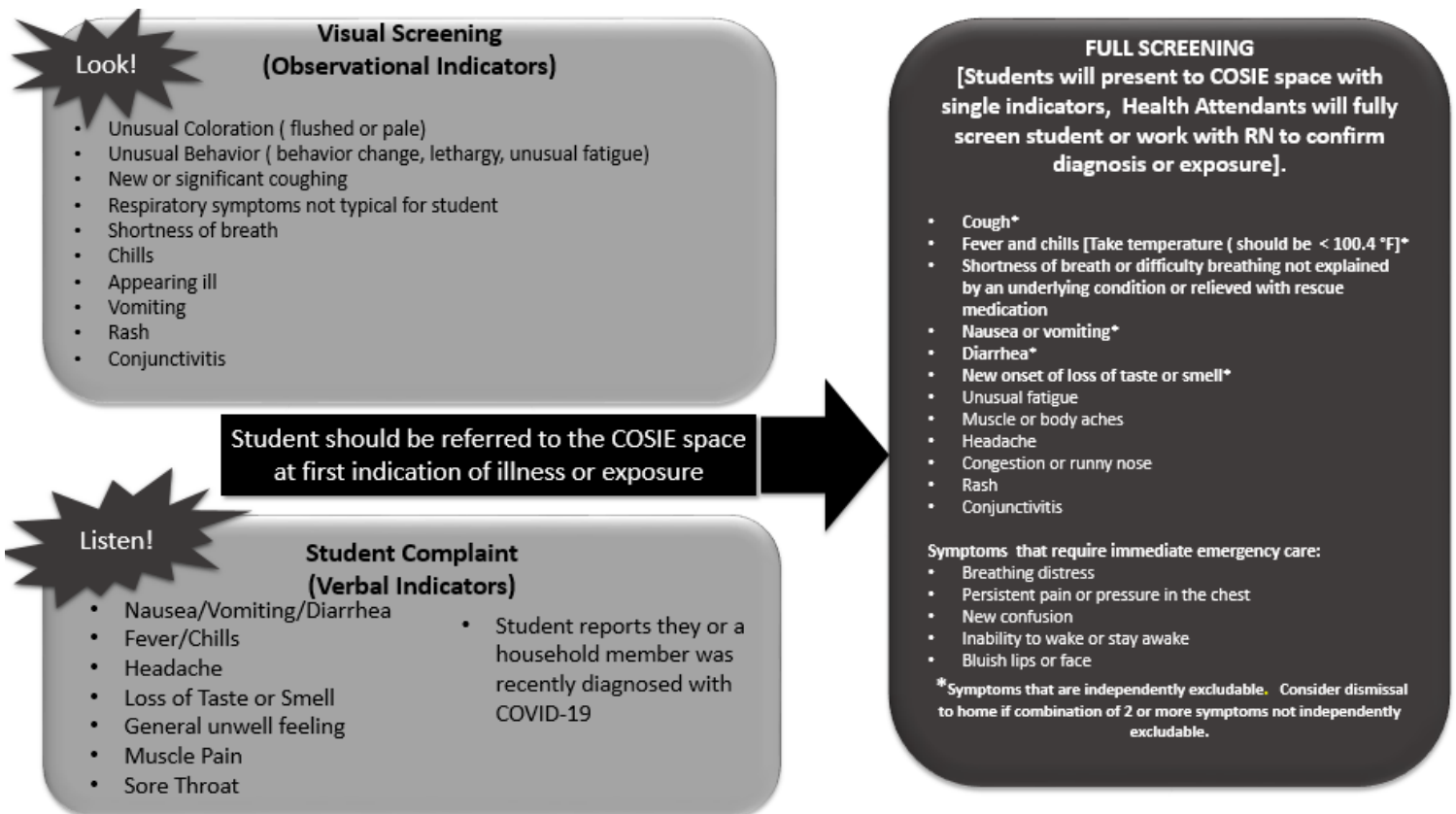
- Nausea/Vomiting /Diarrhea
- Fever/Chills
- Headache
- Loss of Taste or Smell
- General unwell feeling
- Muscle Pain
- Sore Throat
- Student reports they or a household member was recently diagnosed with COVID-19

If students are positive for any items listed in *Visual Screening* or *Student Complaint*, they will be sent to the designated location to be screened by designated staff for a *Full Screening*.

- Designated staff will 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*.

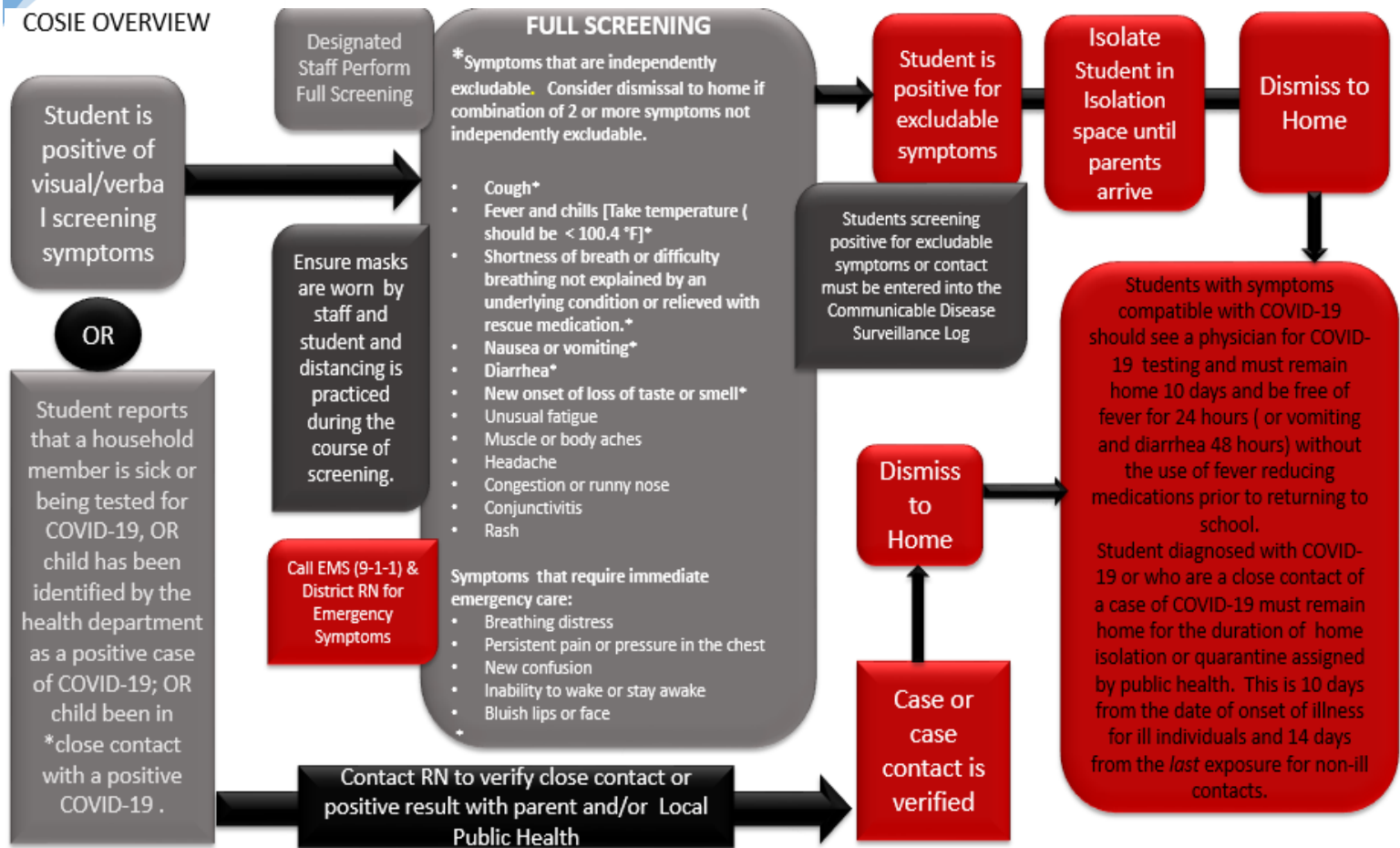
- Students meeting exclusion criteria will be dismissed to home.
- Ill students must be placed in separate isolation space until picked up by parents.
- Students presenting to the office will be logged into the [Health Room Log](#).
- Students who are isolated will be logged into [COVID-19 Surveillance 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 will be assessed by the district RN, specifically in circumstances where parents cannot immediately pick-up students.
- Any student experiencing distress will be deferred to emergency medical services immediately.

Screening, Isolation & Exclusion



Screening process for visual/passive screening and full screening will be followed (page 50-51). *The Process for Full Screening Algorithm* (below) provides a process overview from symptom identification to dismissal.

COSIE OVERVIEW

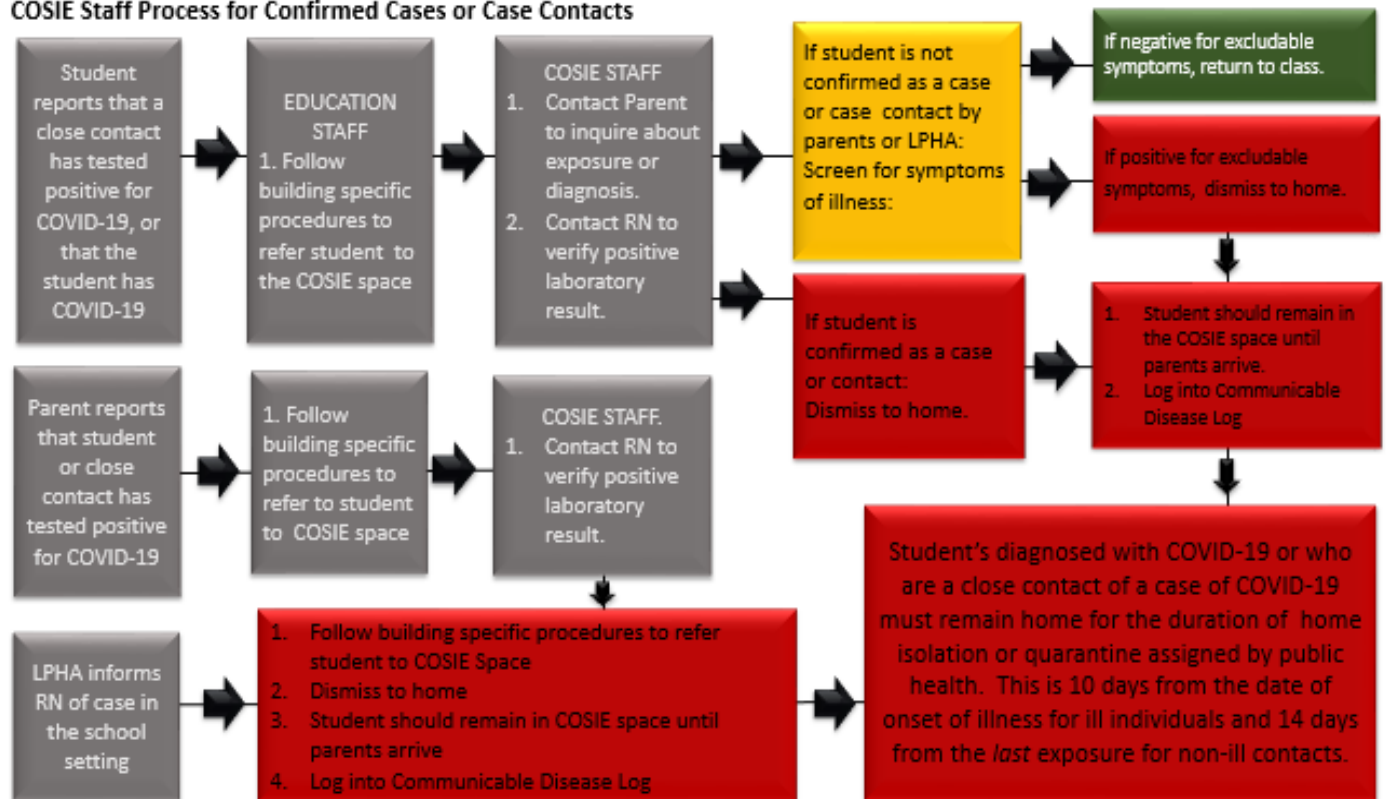


The process to screen and identify steps related to isolation and dismissal of students can be further organized by symptom presentation or contact with a case of COVID-19 (page 54-55).

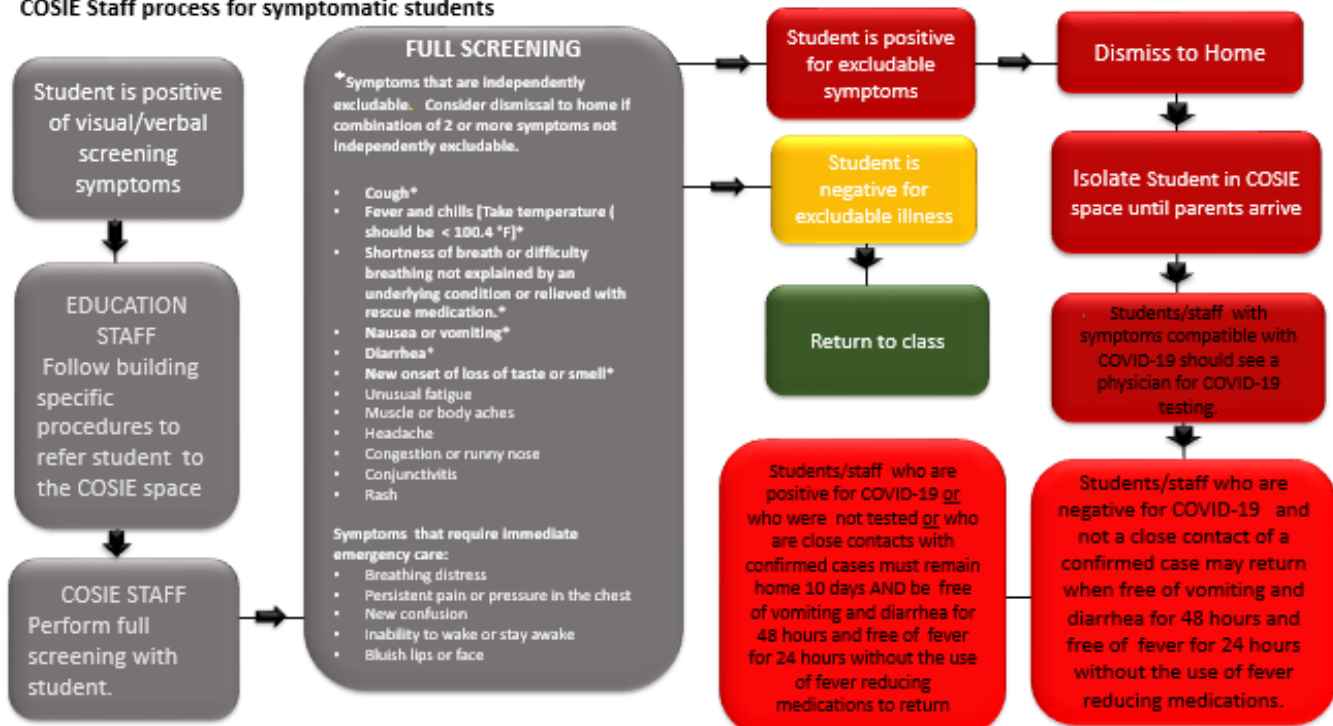
Ensuring a complete screening and process to verify information with key stakeholders can prevent students from unnecessarily missing school or being excluded.

While these steps can provide a guidance to identifying staff who may need to be dismissed, note that staff will not be isolated in the COSIE room.

COSIE Staff Process for Confirmed Cases or Case Contacts



COSIE Staff process for symptomatic students



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.

Dismissal

The intent of an isolation space is to be short-term pending parent pick up. If parents cannot be reached, emergency contacts will be called. If parents are unable to pick up due to transportation barriers, non-high-risk staff may transport student home in pairs, so long as verbal permission was granted over the phone and an adult is at home to retrieve the child. Students who present with distress will have EMS (9-1-1) called on their behalf. Parents and RN will be contacted in the event of distress as well. Parents cannot refuse ambulance transfer unless they are on site to sign refusal and able to take student to access medical care.

ISOLATION MEASURES

- Immediately separate students who have symptoms meeting exclusion criteria to the designated isolation area whether identified at entry, on school bus, or in classroom.
- Remain calm and practice measures to maintain student privacy, confidentiality and dignity to the highest extent feasible.
 - Practice Trauma Informed Care Measures
 - Establish familiarity.
 - Explain to the student each step that is being taken (such as screening or temperature taking)
 - Explain to student isolation measures and exclusion measures in developmentally appropriate terms avoiding words such as isolation, exclusion, quarantine or COVID.
- Do not leave student unattended in the space.
- Student will have mask on at all times in the COSIE space.
- Staff will wear appropriate PPE per *Transmission Based Precautions*, OSHA and RSSL requirements,
- Maintain Physical Distancing of 6 feet or more at all times.
 - With close proximity interactions such as temperature taking, ensure appropriate PPE is worn and the interaction is less than 15 minutes cumulatively.
- If more than one student is in an isolation space, appropriate distance and/or barriers and privacy must be maintained between students.
- Ensure each student is appropriately logged into *Communicable Disease Surveillance Logs*.
- Reinforce appropriate exclusion action with parents (page 55).
- If student is in distress call EMS (9-1-1), RN, and parents and notify administrator.
- Complete Incident Report if Student is transported.
- Ensure handwashing upon entry and exit of isolation space.
- Sanitize each cot or chair and any other high touch areas in between students.

Isolation Space

An appropriate isolation space as described in the *Communicable Disease Plan* (pages 4-14) and consistent with state legislation, will be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.

The isolation space will 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 will be logistically accessible in proximity to the health room, but not in such close proximity that infection risk is a concern.

CDC guidelines (below) will 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.

COVID-19

OBSERVATION

SCREENING

ISOLATION

EXCLUSION

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 will 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 will 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 will 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 will 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 will 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 regard 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 regard 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 will be used in each school setting. Itinerant tracking forms will preferably be in a Google Form for confidentiality and electronic feasibility with 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:

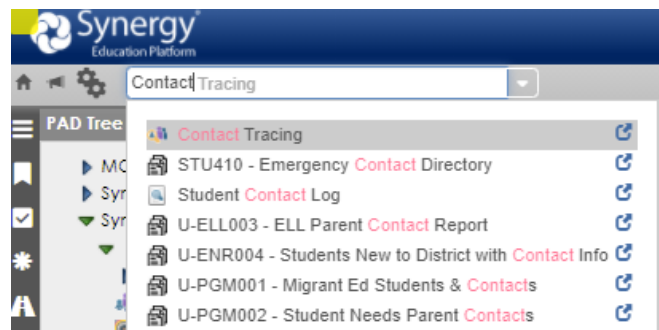
- A list of students and staff that would have encountered a confirmed case if a member of the education community is diagnosed, this includes:
 - Classroom cohorts
 - Intervention and student support cohorts (SLP groups)
 - Lunchtime and recess cohorts (if these students overlap)
 - Transportation roster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

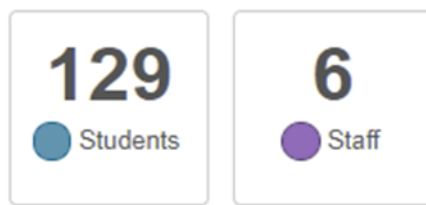
Items 1-4 are accessible in Synergy and can be exported to an Excel® spreadsheet for transmission to the LPHA for the purposes of contact tracing. A report in Synergy titled *Contact Tracing* has been developed for this purpose.

In Synergy enter “Contact Tracing” under “Quick Launch “



After entering “Contact Tracing” into the report finder (Quick Launch) a contact tracing screen will populate (below), designating a search for student or staff.

Enter the student/staff name in the area and the potential exposure dates to assess the select the “Trace” button and all cohorts and teachers will populate.



Once the students and staff are populated, they will be itemized in a list below.

Please note these lists are not all inclusive, contact tracing will be deferred to trained staff and performed in conjunction with the District RN to capture all potential cohort lists.

(Please note that this report was ran in the context of CDL which is different than hybrid cohorts)

There are additionally some Synergy reports that can produce the required information for the LPHA such as demographics and parent contact. These reports include.

- 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 will be reviewed to potential contacts.

A designated staff member will 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 will be logged into the student [Health Room Log](#). During this period, all students will 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 Reopening Page](#)

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 required).
- 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 and will be posted to the [Weekly Wellness Resource](#) page.
- In addition to posting exclusion criteria on web pages and in newsletters families will be advised on policies related to sick students, potential, home isolation criteria, and student exclusion criteria.
- Families and staff will have communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed.
- Age-appropriate classroom curriculum will be used to encourage positive hygiene behaviors.
- Families will be advised to report if:
 - Their student has symptoms of COVID-19,
 - Their student has had a positive test for COVID-19,
 - Their student was exposed to someone with COVID-19 within the last 14 days.
 - The point of contact, to the best of their ability will 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 will 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* (page 72). In the event of a confirmed case, staff who are made aware will not share information with other staff or families. All measures will 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.

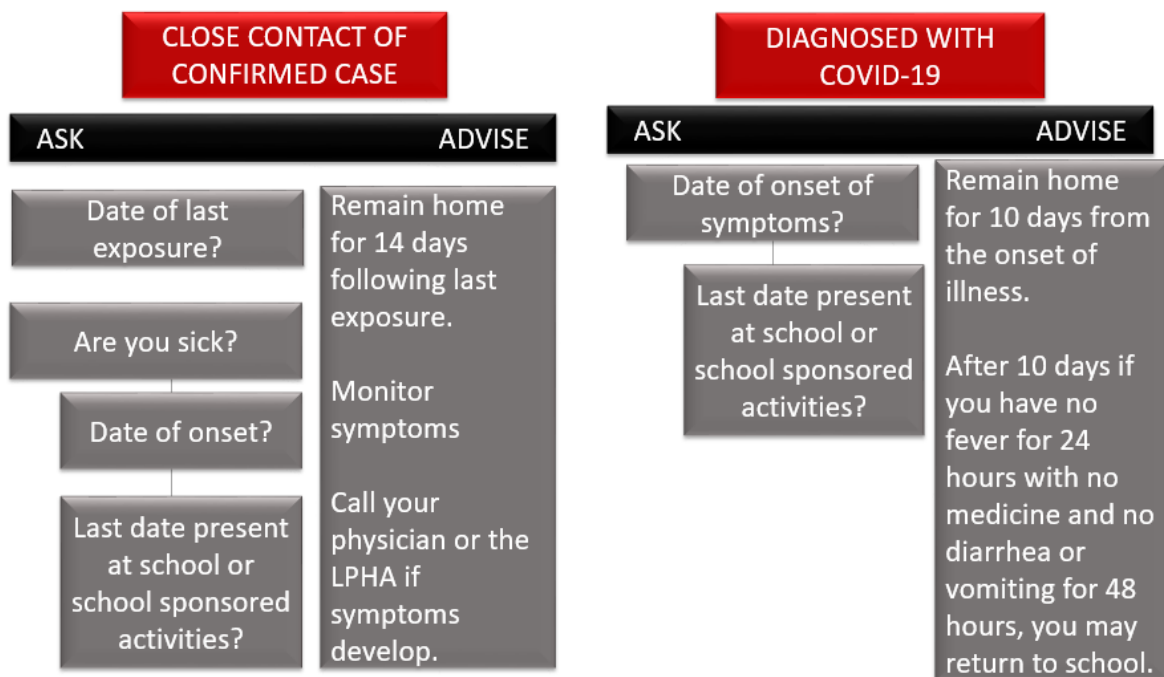
- District specific protocols and practices will be communicated by the superintendent.
- Building specific protocols and interventions will be communicated by the building administrator.
- The RN will inform principals and superintendent of confirmed cases when notified by the LPHA.
- Staff will inform the administrator of reports of positive cases reported to them.
- Staff will notify their administrator if they are positive for COVID-19.

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](#)

Staff	Principals	School Health	Human Resources	District Team	OUTCOMES
Inform Admin of Diagnosis or Exposure. Contact School Health Services if unable to reach administrator.	Obtain basic information: <ul style="list-style-type: none"> • Date of onset or date exposure • Date in the building Consult with School Health Services Consult with HR.	Liaison to LPHA <ul style="list-style-type: none"> • Confirm diagnosis • Obtain additional information as needed. 	Identify impact to staff in building as it relates to potential isolation or quarantine	<ul style="list-style-type: none"> • Admin Team • Human Resources • School Health • Communications Develop case specific communications for staff and families	Communication is developed on a case by case basis with the team, based on the incidence (single case vs. outbreak), exposure risk and potential actions to taken (such as closure or quarantine), or the disposition of the individual or individuals involved.

Administrator Tools for Reports of Cases

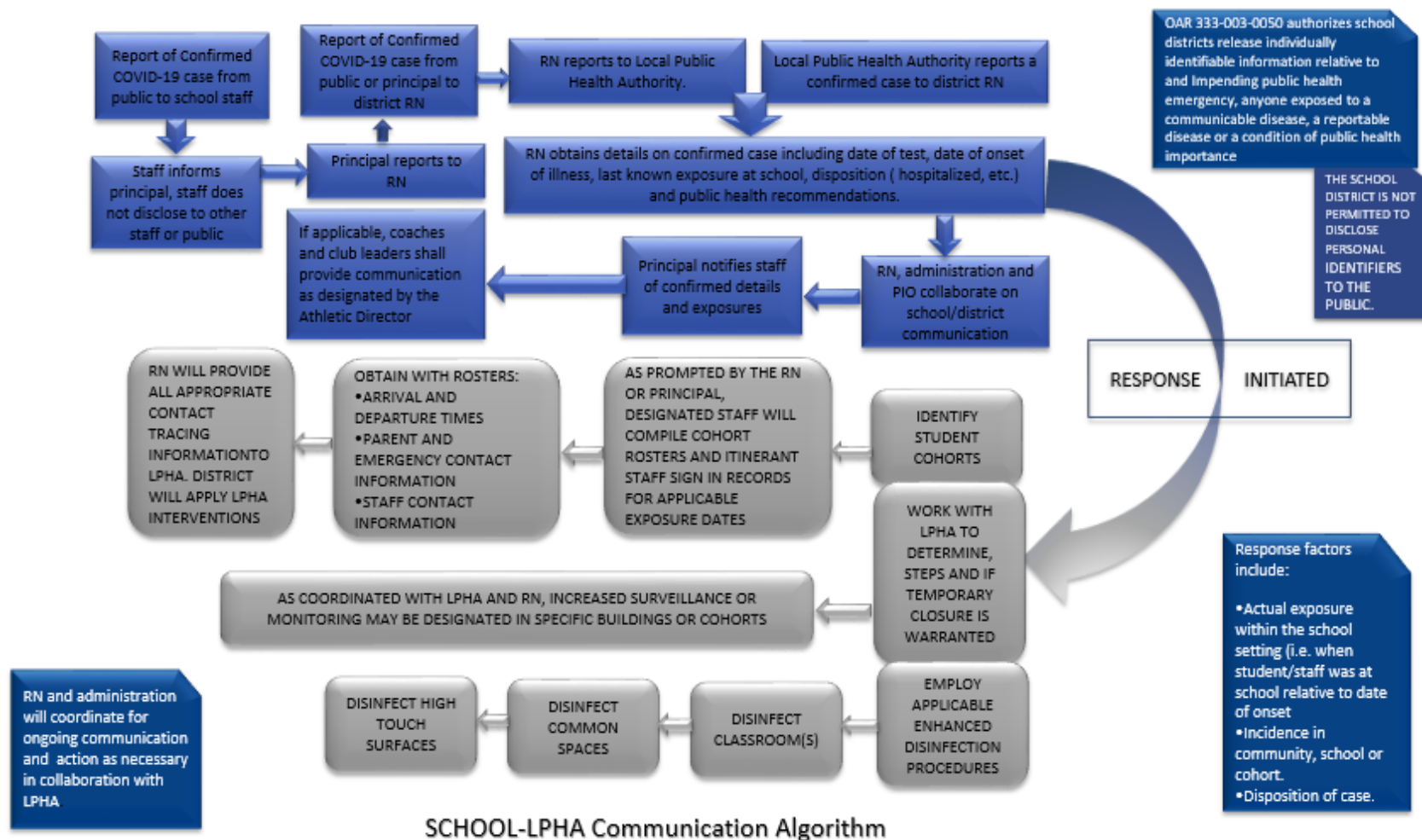
When administrators are notified of cases or case contacts they may proceed with the investigation or consult with the RN to do so, ensuring they use guidance on questions to ask and exclusion guidelines to advise. Administrators will enter data into [case/contact tracking form](#)



Public Health Communication

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

Communication & Response Algorithm



NUTRITION SERVICES

Food Service personnel will 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. Young children do not pose a significant source of spread, thus congregating without masks for a limited period of time will not pose a major increase in risk in elementary children.

- Children will wash hands prior to eating.
- Children will place mask in a disposable bag next to themselves while eating and immediately replace mask after 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 will 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 will 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 will wash their hands after removing their gloves or after directly handling used food service items.
- Buffet style meals and salad bars will be prohibited.
- Shared food and drinks will be prohibited.
- 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.
- Staff supervising lunches will wear appropriate PPE and maintain 6-foot distancing.
- Staff will avoid eating with one another in common areas to the greatest extent feasible.

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).
 - Drivers must wear masks or face coverings as designated in RSSL:
 - This includes while driving, unless the mask or face covering interferes with the driver's vision (e.g., fogging of eyeglasses).
 - Drivers must wear face coverings when not actively driving and operating the bus, including while students are entering or exiting the vehicle.
 - A face shield may be an acceptable alternative,
 - 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](#).

Students

Students must wear masks during transport. Students will not be permitted to eat while on the bus with the exception of treatment of low blood glucose levels.

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 will 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 will request that parent keep student at home. All efforts will be made to maintain dignity of student and family.
Student is visibly ill, and parents are not present	Student will be seated close to the front and as separate from other students as feasible and the bus driver will radio dispatch in attempts to reach parents and notify school. Student will be immediately isolated upon arrival if parents or emergency contacts cannot be reached. All efforts will be made to maintain privacy and dignity of students.
Student becomes ill on bus route	Bus driver will provide student face mask if it is feasible for student to wear and contact dispatch to notify appropriate school and parents. Ill student will be the first to exit the bus and will be taken to the COSIE space upon arrival to school. School staff will report to bus to retrieve student and take to isolation space. All efforts will be made to maintain privacy and dignity of student.
Student is in distress during bus route	Follow existing emergency transportation procedures to contact EMS.

OUTDOOR LEARNING SPACES

Outside learning space means an open-air space, or a structure with at least 75% of the area of its sides open for airflow. To offer multiple outdoor learning spaces there must be sufficient space to accommodate the number of students and staff in any outside learning space with 6 feet of separation between all students and staff, a natural or artificial barrier separating the spaces, separate drop-off and exit sites, separate bathroom and handwashing facilities, and separate food distribution centers. Separate learning spaces will not have any mingling of individuals between the spaces.

ODE has provided supplemental guidance to support [Learning Outside](#). This guidance document has also been revised to support increasing learning opportunities outdoors.

Learning outside requires

- That 75 % of the square footage of its side open for airflow.
- Use of PPE and control measures including masks and 6-foot distancing.
- Sanitizing between cohorts
- Sanitizing and disinfecting high touch surfaces regularly
- Safe charging stations for electronic devices
- That Ill students still follow screening and isolation process.

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 will 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

- Itinerant staff will minimize the number of cohorts that they interact with per week to the extent feasible.
- 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 will 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 under the supervision of the Athletic Director.
- 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.
- Contact tracing for sports will be logged into FamilyID and electronically accessible.

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 will continue operations as per the district [School Health Services Procedure Manual](#).

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

The health room and isolation room must be two separate spaces.

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 will observe social distanced methods or online delivery as feasible in each building.

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

References

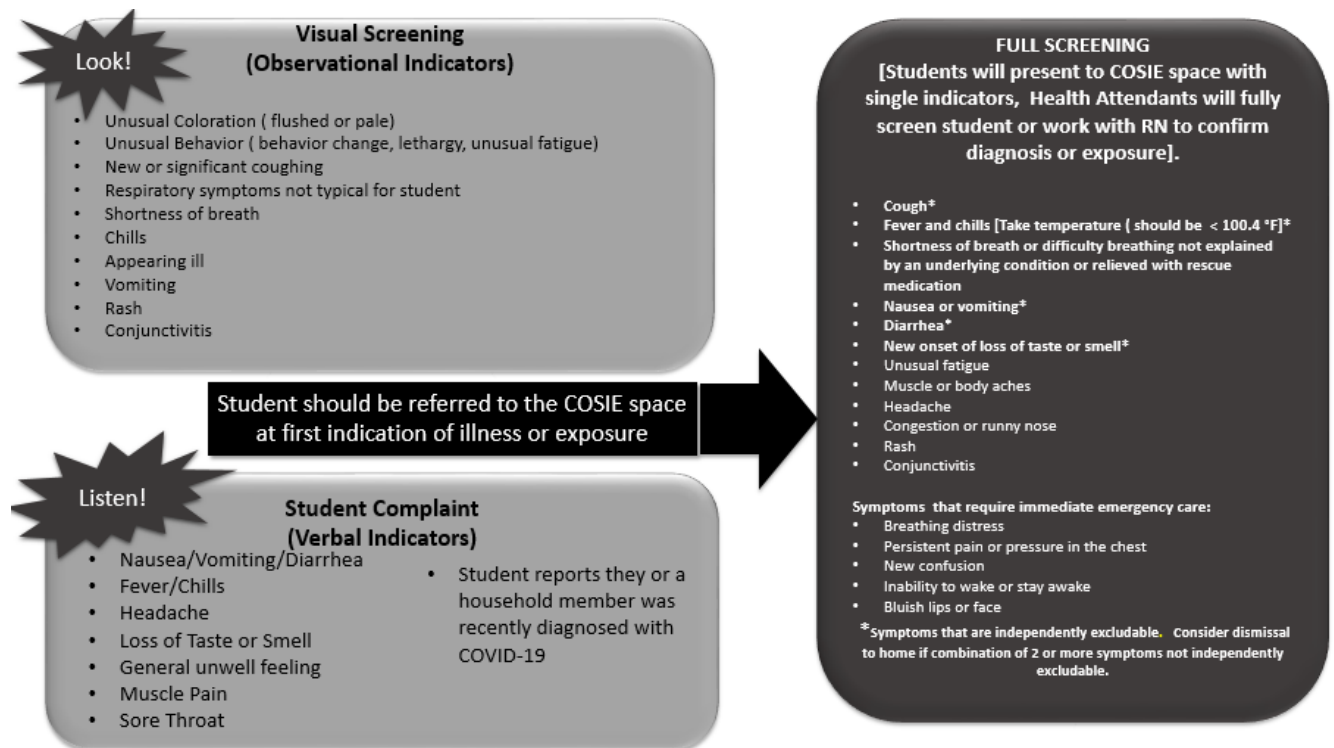
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Appendix A

Screening Procedure at School

Families are advised to screen at home. Students positive for excludable symptoms should not report to school. Students riding the bus will be screened upon entry; students who develop illness on the bus will be immediately deferred to the COSIE space at school.

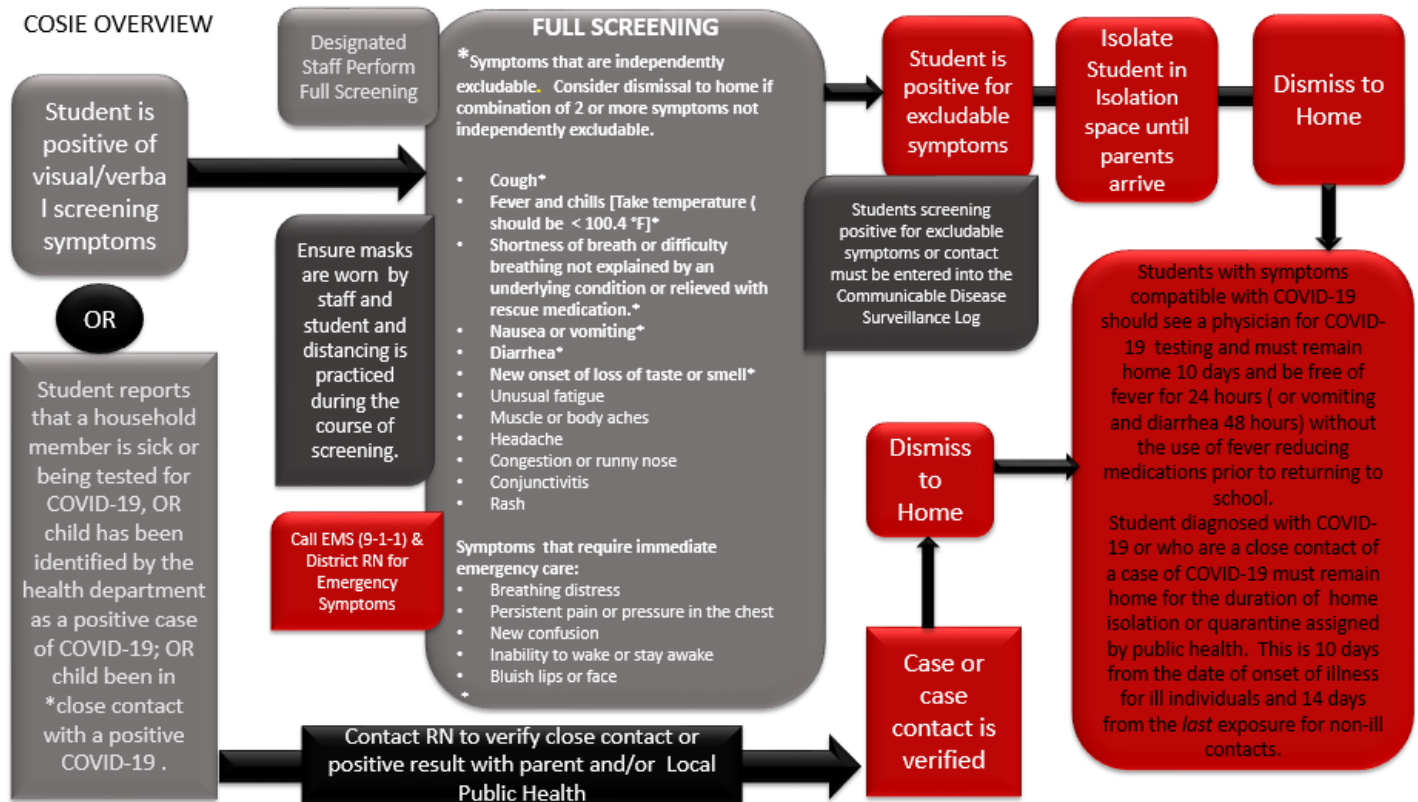
1. Students will undergo a visual screening upon entry to the school each day.
 - a. Screeners will be designated by the building administrator.
 - b. For multiple entry points, the administrator will assign cohorts and staff to specific entry points.
 - c. For single entry points, the administrator will designate screening point.
2. Students positive for one *visual* or *verbal indicator* (below) will be referred to the COSIE space for a *Full Screening*.
3. Building specific procedures should be followed to get student from screening point to COSE space.



4. Students identified as having any [excludable symptom](#) must be excluded for the timeline indicated by the Oregon Health Authority.
5. Students will be appropriately logged in to [COVID-19 Surveillance Logs](#). Isolation and dismissal process must be observed for students positive for symptoms of illness.

Appendix B

COSIE PROCEDURES



COSIE Room procedures are categorized into two broad categories:

- Case/Case Contact
- Symptomatic Cases

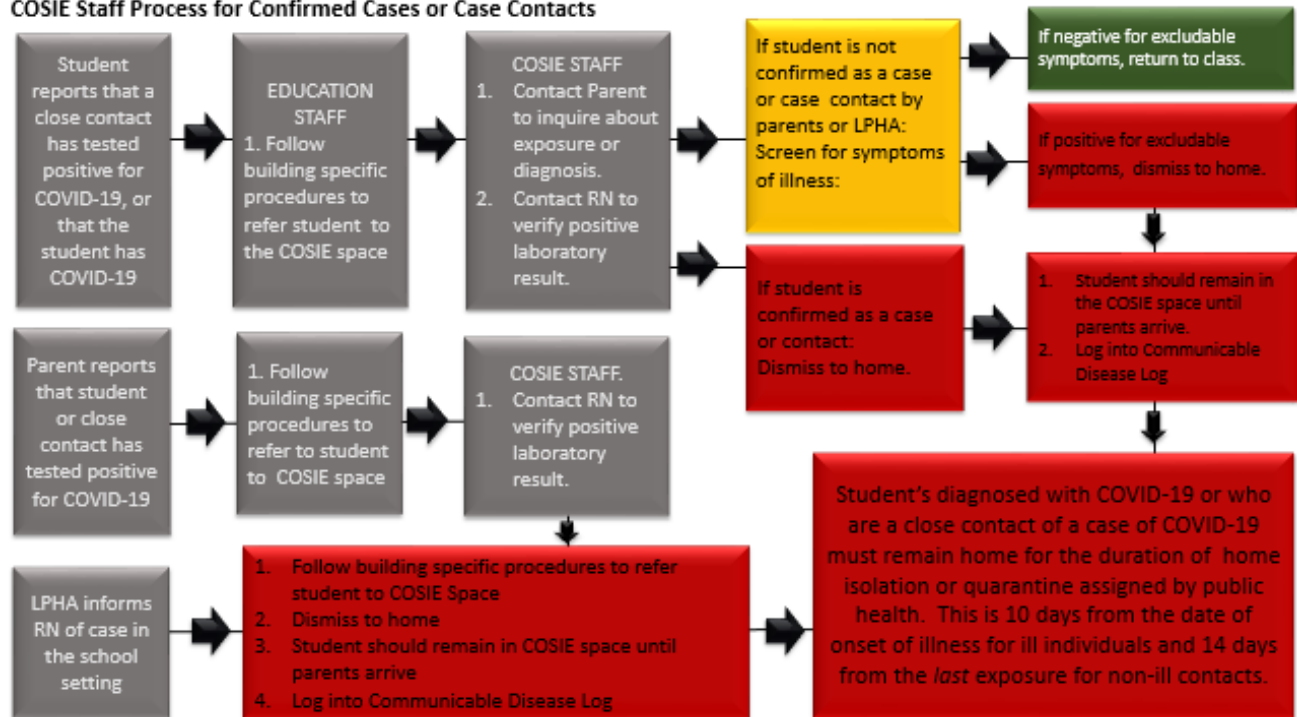
Case/Case Contact

IF A STUDENT REPORTS THEY ARE A CLOSE CONTACT OF SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19:

1. Education staff will use building specific process to refer student to COSIE space.
2. COSIE staff will inquire with student to identify the possible case.
3. Depending on the student age and context of report, COSIE Staff will contact parents to inquire on report.
4. COSIE Staff will report the name and additional information of the case to the RN to confirm report with the local public health authority.
 - a. The RN will contact the LPHA Communicable Disease Department to confirm lab *Note there is a delay in report confirmation when the volume is high.
 - b. The LPHA may not be able to confirm report if two identifiers (i.e., Name and Date of Birth) are not available for the reported case.

5. If the family confirms the student is a case contact, student should be dismissed to home. **Advise that close contacts must remain home for 14 days from last exposure to ill contact.**
6. If the LPHA confirms the student is a case contact, student should be dismissed to home. **Advise that close contacts must remain home for 14 days from last exposure to ill contact.**
7. Prior to dismissal, screen student for all symptoms of COVID-19 to determine potential exposures of a *presumptive case* in the school setting.
8. If neither the LPHA nor the family can confirm contact to a confirmed case, and no further investigation is advised from the RN, then the student should be returned to class if they are asymptomatic.
9. If the student is symptomatic, exclude per exclusion guidelines.
10. Provide education as applicable.

COSIE Staff Process for Confirmed Cases or Case Contacts



IF A STUDENT REPORTS THEY HAVE TESTED POSITIVE FOR COVID-19

1. Education staff will follow building specific procedures to refer student to COSIE space.
2. COSIE staff will contact the family to inquire on report of diagnosis.
3. COSIE staff should make report to RN/ Clinical Consultant to confirm case with LPHA.
4. If the family/LPHA confirms the student is identified as a **confirmed case** of COVID-19: Determine date of test and onset of symptoms.

IF...	THEN...
Date of test was more than 10 days ago, AND student is <u>not</u> symptomatic	Contact Clinical Consultant, student may remain at school, as they are beyond their isolation timeframe.
Date of test was <u>less than</u> 10 days ago	Student must be dismissed to home until 10 days has passed from the <i>date of onset</i> of symptoms.

5. Refer onset date and date of test to Clinical Consultant for follow up and Communication.
6. If LPHA and parent deny diagnosis of COVID-19, screen student for symptoms.
7. If student is positive for excludable symptoms, dismiss to home and isolate while awaiting parent pick up.
8. If student is negative for (diagnosis and) symptoms, return to class.

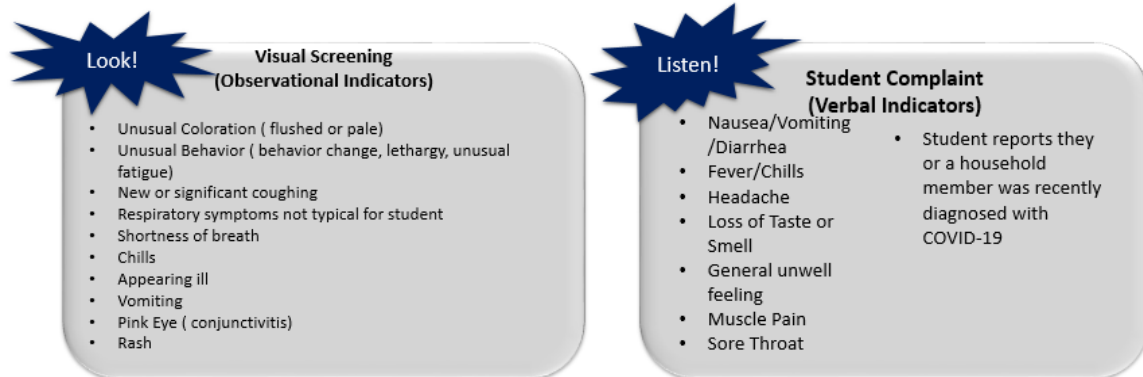
IF THE LPHA INFORMS RN OF CONFIRMED CASE

1. RN informs building staff to isolate student and contact parent.
2. Student is dismissed to home.
3. Clinical Consultant will coordinate follow up and communication with administration as needed.

Student's diagnosed with COVID-19 or who are a close contact of a case of COVID-19 must remain home for the duration of home isolation or quarantine assigned by public health. This is 10 days from the date of onset of illness for ill individuals and 14 days from the *last* exposure for non-ill contacts.

Symptomatic Students

If a student is positive for visual or verbal screening indicator on bus, at entry point or during the day:



1. Education staff will use building specific process to refer student to space.
2. COSIE space staff performs **full screening** of ill student.

Full Screening

- Take Temperature (>100.4 is febrile)
- Ask about/Observe for:
 - Cough
 - Shortness of breath
 - Nausea/Vomiting
 - Diarrhea
 - New onset of loss of taste or smell
 - Unusual fatigue
 - Muscle pain or body aches
 - Headache
 - Congestion
 - Conjunctivitis
 - Rash
 - Other symptoms
- Ask about date of onset
- Ask about contact with a diagnosed case of COVID-19

3. Identify if student has underlying health condition that may explain symptoms (i.e., asthma and shortness of breath/cough).
 - a. Follow students Individual Health Plan/Asthma Action Plan to determine if symptoms resolve.

ROUTINE EXCLUDABLE SYMPTOMS	COVID-19 SPECIFIC EXCLUDABLE SYMPTOMS
<ul style="list-style-type: none"> • Fever (> 100.4°F) • New Cough • Diarrhea • Vomiting • Rash • Headache with stiff neck • Eyes with colored drainage • Lethargy or unusual behavior change • Symptoms that require more care than staff can safely provide. 	<ul style="list-style-type: none"> • Fever (> 100.4°F) • Cough • Shortness of breath • Difficulty breathing • New loss of taste or smell • Nausea/Vomiting/Diarrhea • Or multiple minor symptoms of COVID-19(sore throat, congestion, runny nose, headache, etc.)

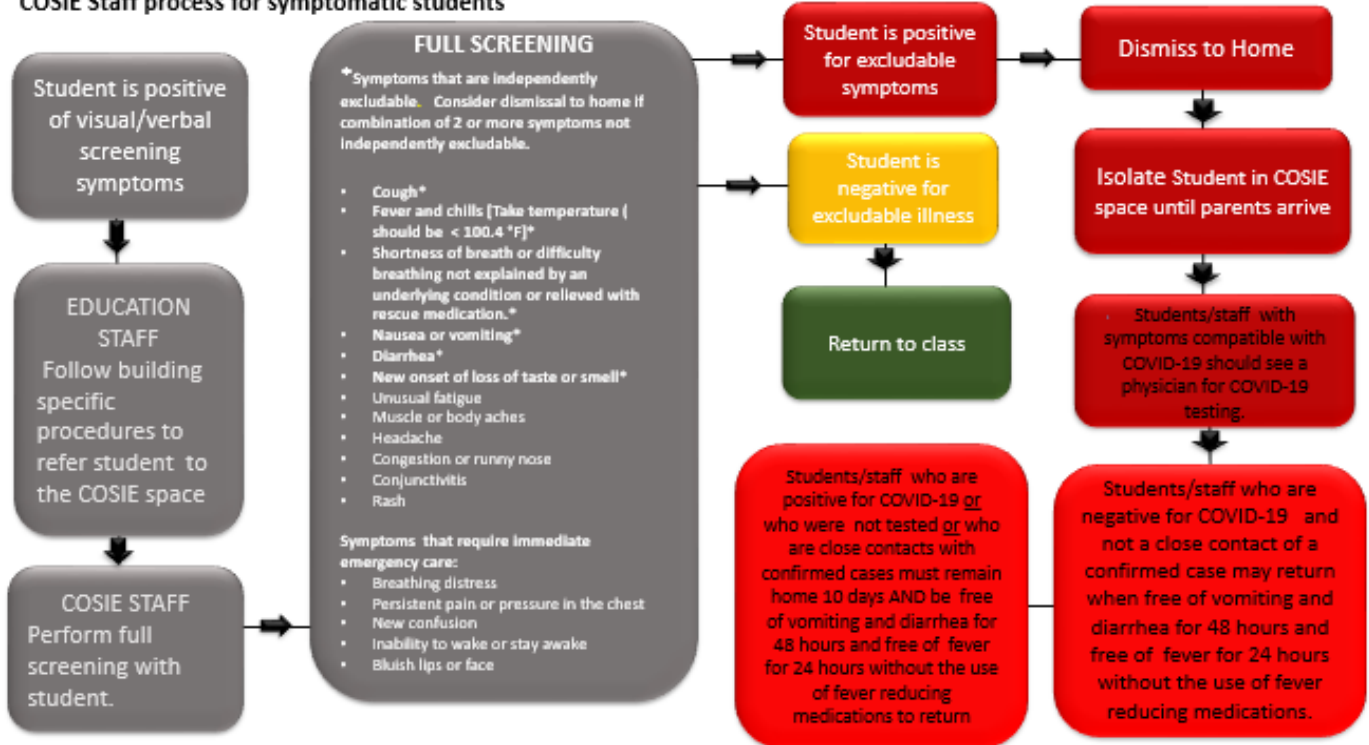
4. If student has excludable symptoms:
 - a. Call parents to dismiss student to home.
 - b. Ensure student remains in COSIE space while awaiting parent pick up.
 - c. Advise parents that:
 - Students/staff who do not have major symptoms of COVID-19 (**bold**); are negative for COVID-19; and not a close contact of a confirmed case may return when free of vomiting and diarrhea for 48 hours and free of fever for 24 hours without the use of fever reducing medications.
 - Students/staff who are positive for COVID-19 or who were not tested and have major symptoms of COVID (**bold**) or who are close contacts with confirmed cases

must remain home 10 days AND be free of vomiting and diarrhea for 48 hours and free of fever for 24 hours without the use of fever reducing medications to return.

- d. Log student information into [communicable disease log](#)
- e. Provide parent post-screening document to parents.

5. If student is negative for excludable symptoms of illness, they may return to class.

COSIE Staff process for symptomatic students



Students Exhibiting Signs and Symptoms of Complication Of COVID-19

Students exhibiting signs and symptoms of COVID-19 complications such as systemic inflammation should be dismissed to home and advised to seek medical attention.

Students who present to the COSIE space in distress should be deferred to EMS (9-1-1)

Symptoms of MIS-C:

- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Feeling extra tired

Be aware that not all children will have all the same symptoms.

Seek emergency care right away if the child is showing any of these **emergency warning signs of MIS-C** or other concerning signs:

- Trouble breathing
 - Pain or pressure in the chest that does not go away.
 - New confusion
 - Inability to wake or stay awake.
 - Bluish lips or face
 - Severe abdominal pain
- (CDC, 2020)

Appendix C

Isolation Requirements

- Isolation space will be referred to as the acronym COSIE space to endorse trauma informed care [Covid, Observation, Screening, Isolation, Exclusion Space]
- Isolation spaces will follow CDC Guidelines:

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 will 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 will 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 will 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 will 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 will 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.

- 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).
- COSIE space will not have signs that violate dignity or health privacy.
- COSIE space must have designated staff trained to screen appropriately, enter data and supervise.
- Staff must practice hand hygiene upon entry and exit of COSIE space.
- Staff must practice hand hygiene and change gloves in between students if direct care is required.
- Staff must wear PPE in the COSIE space at all times.
 - Medical grade mask is required.
 - Mask and face shield in combination are advised when interacting with students.
 - Gloves are required for direct care.
 - Staff must follow appropriate directions on *Donning* and *Doffing* PPE and dispose of dirty PPE appropriately.
- Student spaces must be sanitized between use.
- Students must wear masks at all times and practice hand hygiene upon entry and exit to the COSIE space.

Appendix D

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 will 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 will 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 will 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 waste 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 willers, 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 earpieces.
- 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.

Video Resources

[Donning PPE \(CDC\)](#)

[Doffing PPE \(CDC\)](#)

[Handwashing \(CDC\)](#)

(Adapted from diagrams by Queensland DoH and CDC)

Appendix E

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 learning 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 will 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 F

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 G
Sample Letter to Families- Notification

DATE

SCHOOL

Address

City, State, Zip



Dear Families:

We have been recently notified that a student in your child's _____ has tested positive for COVID-19. We have been working closely with Clackamas County Public Health to respond to this report and determine the best steps to protect the health of our school community. Because individual health information is protected, we are unable to reveal the identity of the diagnosed case, but we can inform you that it was **NOT** due to contact in the school setting.

It is important that we notify you of this situation, and we want you to know that **your child may continue to attend school in person.** Although your child is in the same class, your child was not identified as a “close contact” and your child is **NOT** required to quarantine.

Clackamas County Public Health has advised that since physical distancing is being regularly practiced in the school setting, being a member of the same class does not require immediate quarantine of your child. Rather, only “close contacts” at school will be advised to quarantine.

The period of exposure in the school setting in this case was extremely limited. Any students and staff that have been identified as a ***close contact*** (Within 6 feet for longer than 15 minutes) will be asked to quarantine **for a minimum of 14 days from the last date of exposure,** per the health and safety guidelines of both Oregon Health Authority and the Ready Schools, Safe Learners guidance. Again, because your child was not identified as a close contact, your child is not required to quarantine and may continue to attend school in person.

With that in mind, it is important to be aware of the potential for Illness from COVID-19. COVID-19 can be mild and seem like the common cold, or it can be severe. Please be alert for any symptoms of illness and stay home at the first sign of illness. Symptoms of COVID-19 include:

- Fever
- Cough
- Difficulty breathing
- Loss of taste or smell
- Sore throat
- Congestion
- Fatigue
- Muscle aches
- Headache
- Nausea, vomiting, or diarrhea.

Staying home at the first sign of illness is the MOST important step we can take to keep our community healthy. Call your medical provider if you need medical advice based on your individual circumstance.

We will keep you updated with any new information as it comes out, while meeting the requirements to honor everyone's right to privacy. If you have any questions whatsoever, please feel free to call Nurse Bickford directly at the number below. Thank you for your important partnership in keeping our community healthy.

Sincerely,

Signature Image

Signature Image

Principal
Principal Email
Principal Phone

Nurse
Nurse Email
Nurse Phone

Additional information can be found on:

- [Oregon Department of Education's COVID-19 page](#)
- [Oregon Health Authority's COVID-19 page](#)

Appendix H
Sample Letter to Families -Quarantine

SCHOOL

Address

City, State, Zip



Dear Families:

Date

Dear (Parent Name),

We have been recently notified that a member of _____ (INSERT- student's first and last name) _____(CHOOSE ONE: X grade Class, Cohort, School) has received a positive test for or has been diagnosed with COVID-19. We are working closely with Clackamas County Public Health to respond to this news and protect the health of our school community. We are unable to reveal the identity of the diagnosed case as information about an individual's health is protected by federal and state privacy laws.

As a result, fellow students/employees that have been identified as close contacts of the person with the diagnosed case, are being asked to quarantine for a minimum of 14 days per the health and safety guidelines of both Public Health and the Ready Schools; Safe Learner guidance.

The 14-day quarantine period for your student will be from X/XX-X/XX/2021. We will resume our hybrid in-person school model for these students at the end of the quarantine period.

During the quarantine period list above, we will continue to support your student's educational experience. Your students teacher will be contacting you (phone call or email) with information on how student learning will proceed for the duration of the 14 days.

(INSERT- grade-level specific plan.....)

Illness from COVID-19 can be mild and seem like the common cold. Illness can also be severe in some people. Be alert for any symptoms of illness and stay home at the first sign of illness. Symptoms to watch for include: fever, cough, new difficulty breathing, sore throat, congestion, fatigue, muscle aches, headache, new loss of taste or smell, or nausea or vomiting, or diarrhea. Staying home at the first sign of illness is the MOST important step we can take to keep our community healthy. Call your medical provider if you need medical advice based on your individual circumstance.

We will keep you updated with any new information as it comes out, while meeting the requirements to honor everyone's right to privacy. If you have any additional questions, please feel free to give us a call. Thank you for your important partnership in keeping our community healthy.

Sincerely,

Sincerely,

Signature Image

Signature Image

Principal
Principal Email
Principal Phone

Nurse
Nurse Email
Nurse Phone

Additional information can be found on:

- [Oregon Department of Education's COVID-19 page,](#)
- [Oregon Health Authority's COVID-19 page](#)
- [MRSD District website.](#)

Appendix I

In-Building Work During Comprehensive Distance Learning

Molalla River School District Updated 08/27/2020

Remote Work

During comprehensive distance learning remote work will be regarded as the routine practice for education staff, unless there is a barrier to effectively delivering online instruction at home.

If there is a barrier to delivering remote instruction, staff must work with building administrator to determine if the barrier can be problem solved, or to approve in person work.

When to Stay Home

Although there will not be students in the building during the day, staff must still follow strict illness exclusion and stay at home measures.

Illness Exclusion

Illness exclusion means that individuals must not present to the building or must be dismissed from the building if they are experiencing symptoms of communicable disease.

During the COVID-19 pandemic, all [existing communicable disease exclusion criteria and actions](#) remain in place.

In addition, individuals experience signs and symptoms specific to COVID-19 that are not excludable routinely may require exclusion.

***Symptoms that are independently excludable. Consider dismissal to home if combination of 2 or more symptoms not independently excludable.**

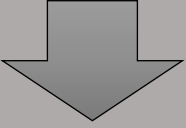
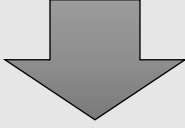
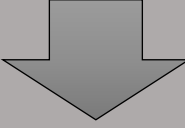
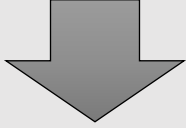
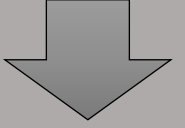
- **Fever and chills [Take temperature (should be < 100.4 °F)] ***
- **Shortness of breath or difficulty breathing not explained by an underlying condition or relieved with rescue medication [Assess SpO2 as needed] ***
- **Nausea or vomiting***
- **Diarrhea***
- New onset of loss of taste or smell
- Unusual fatigue
- Muscle or body aches
- Headache

Stay at Home Measures

Stay at home measures, refer to specific circumstances in which individuals must remain home because of illness or exposure to illness. Specifically, individuals will not report to buildings if they:

- are experiencing any of the above referenced symptoms.
- have been in contact with confirmed cases of COVID-19 within the past 14 day.

Overview of [Exclusion and Quarantine Guidelines](#)

<p>Staff has illness compatible with COVID-19</p>  <ul style="list-style-type: none"> • If the individual is not tested or they test positive, they must stay home for at least 10 days and until 24 hours fever free. Positive labs refer to. "confirmed case." • If the individual is tested and is negative, they must remain home until 24 hours' symptom free. 	<p>Staff has compatible illness and has been in contact with a confirmed case of COVID-19</p> <p>Presumptive Case</p>  <ul style="list-style-type: none"> • Illness + Exposure= Presumptive Case. • If staff tests negative, they must still remain home for at least 10 days and until 24 hours' symptoms free. 	<p>Staff is NOT symptomatic, but has been in contact with a confirmed case of COVID-19</p>  <ul style="list-style-type: none"> • Staff must remain home and self-monitor for 14 days after the last exposures. • This means that if the exposure is a household contact, the 14-day quarantine begins after the 10-day home isolation for the household contact, for a total of 24 days. 	<p>Staff is diagnosed with COVID-19 by lab</p> <p>Confirmed Case</p>  <ul style="list-style-type: none"> • Home isolation for 10 days from the date of onset of illness. • Staff may not return to buildings until the 10 days has past AND their symptoms are improving AND they have been fevering free at least 24 hours without the use of fever reducing medication. 	<p>If staff member is a household contact with someone who is in quarantine but that do not contact is not sick and the staff are not contacts of the ill person</p>  <p>No exclusion may report to building as previously arranged.</p>
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Staff Illness

Staff experiencing illness compatible with COVID-19 will notify their supervisor. Any staff who have been in contact with a confirmed case of COVID-19 or otherwise advised by their provider or the local health department to isolate at home or quarantine and monitor at home will advise their administrator immediately.

Entering Buildings

Staff entering buildings must maintain sign in each day. Sign-in will be done electronically to maintain records for contact tracing if needed and to avoid use of shared forms and papers. Staff within each building may be regarded as a cohort in the event of a diagnosed case among staff. For this reason, it is important to specifically document specific dates and arrival and departure time as well as locations of the building that each staff member worked in.



Clarkes Elementary



Molalla Elementary



Molalla High School



Molalla River Middle School



Mulino Elementary



Rural Dell Elementary



MRSD District Office



Molalla River Academy



Renaissance Public Academy

In addition to signing in, upon entry to school, staff must.

- [Don cloth facial covering/mask](#)
- [Wash hands](#)

While in Buildings

Staff must maintain appropriate control measures while in buildings:

- Maintain appropriate distancing (6 feet from colleagues)
- Maintain facial covering while around other staff (Individuals may remove their face coverings while working alone in private offices).
- Practice appropriate hand hygiene.
- Practice appropriate respiratory etiquette.
- Minimize activity within building to as few spaces as possible.
- Report to administrator immediately if symptoms of illness develop while in the building.
- Avoid commons areas as much as feasible.
- During mealtimes distancing must be maintained.

Appendix J



Addressing Staff Concerns About Medical Exceptions to Face Covering Requirements

Schools have a unique responsibility when addressing staff requests for exemptions from wearing face-coverings. Colleagues with respiratory conditions who come to work can make their own determinations about being put at higher risk if some staff are allowed in buildings without wearing face coverings; those adults have the capacity to advocate for working in a separate space. Children on the other hand, are a captive audience which is entrusted to educators. Therefore, schools have the responsibility of upholding evidence-based guidance and adhering to best practice with respect to student and staff safety.

Key considerations:

- Increasing evidence supports the use of face coverings/masks; failure to wear a face covering or mask may increase liability if linked to positive cases.
- Face shields do not provide equivalent protection to face coverings/masks, either to the wearer or to the person exposed to the wearer.
- In clinical settings such as hospitals, face shields are considered eye protection, splash guards. They are used over a medical-grade face mask. A face shield is not considered respiratory protection.
- While face shields are better than nothing, they will not be considered a long-term option for respiratory protection.
- Face shields will be used in combination with other protection.
- Oregon mandates that address medical exemptions to face covering requirements, in other public settings, permit those exempted to receive accommodations (e.g., a person is **not** permitted to enter a store without a face covering/mask, but will be accommodated with curb-side grocery delivery). Exemptions to wearing a face covering do not release the individual from responsibility to adhere to public health guidance.

What does the Ready Schools, Safe Learners guidance say?

It is essential that we look at the Ready Schools, Safe Learners guidance in its entirety when ascertaining its specific directives about PPE and intentions with respect to public health. Though it does use the language “Face coverings or face shields for all staff” in its general statement of the requirement, reading the entire section clarifies the circumstances in which face shields may be used without face coverings, “Clear plastic face shields remain an acceptable alternative in some instances because they enable students to see whole faces. This avoids potential barriers to phonological instruction and reinforces social emotional cues.” Here the guidance specifically lists the select purposes for which the face covering can be removed, and the face shield can be used alone.

The guidance goes on to explain the public health, evidence-based function of face coverings, “It is now established that asymptomatic people can spread the virus that causes COVID-19, and this is a significant contributor to person-to-person spread. Face coverings decrease the spread of COVID-19 a ‘source control’ of a contagious person’s respiratory secretions... In general, face coverings are preferred over face shields, as they may provide better containment of small aerosols that can be produced while talking.” Therefore, by outlining the specific instances when face coverings can be removed and iterating the critical importance of face coverings for mitigating the spread of the virus, the RSSL guidance leaves no doubt that the role of a face shield alone in the school setting is limited.

What is in the literature?

Research has been clear that face coverings are important not only for source control, but also for protection of the wearer, and the medical community has clearly articulated the need for those at high risk for a poor outcome from COVID to wear face coverings. Indeed, in response to the Centers for Disease Control and Prevention (CDC) recommendation that facial coverings be worn in public settings during the COVID-19 pandemic, specifically addressing its assertion that “masks will NOT be worn by... anyone who has trouble breathing”, four major medical entities associated with respiratory health (The American College of Chest Physicians, American Lung Association, American Thoracic Society and COPD Foundation) released a statement which asserts that.

- “Individuals with normal lungs and even many individuals with underlying chronic lung disease will be able to wear a non-N95 facial covering without affecting their oxygen or carbon dioxide levels.”
- “...There may be individuals who for a variety of reasons are unable to tolerate breathing with a facial covering in place and will seek an exemption from their physician. The individual’s concerns will be weighed against societal needs to mitigate spread of the virus”.

Their statement does allow that, “though face masks and face shields will not be viewed interchangeably, available data suggest face shields can reduce the amount of inhalation exposure to another droplet-spread respiratory virus, namely influenza,” this statement speaks only about the relative safety of the wearer with respect to droplet protection and does not address the risks of aerosolized particles. Furthermore, it does not address source control issues; face shields may not contain small particles, thereby putting others at risk.

[An article from JAMANET](#) (Journal of the American Medical Association) makes the following points:

- “An individual with a chronic pulmonary illness is at higher risk for severe disease from severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19. Conversely, if that same individual was infected with SARS-CoV-2, he or she would likely also be at higher risk for spreading viral illness because many pulmonary illnesses are associated with a chronic cough.”
- “...a delicate balance arises between the public health interest and individual disability modifications. Inappropriate medical exemptions may inadvertently hasten viral spread and threaten public health.”
- “Few medical conditions are truly incompatible with all forms of mask wearing, and the same guiding principles of preserving public health and reducing individual risk remain relevant. As other workers cannot reasonably exempt themselves from the presence of

an unmasked coworker, workplace accommodations will be conceptualized in a broader framework than a simple mask exemption. These accommodations might include remote work, placement in non–public-facing positions, or, under certain conditions, leave. These may all be considered reasonable accommodations under title I of the ADA, which regulates employment.”

The American Lung Association released an [FAQ](#) document, and in response to the question, “My state is requiring use of face masks when in public areas such as a grocery store, but I have chronic lung disease which makes it hard to breathe when I wear a face covering. What will I do?” answered as follows:

- “Individuals living with chronic lung diseases may be asymptomatic (no symptoms) carriers of COVID-19 who can go on to infect others and will wear cloth face masks when in public areas. When my patients ask about not wearing a face covering, I review options with them and reiterate why wearing a mask is important to stop the spread of COVID-19. And I tell them if their lung disease is so severe that it makes breathing with a cloth face covering difficult then they are certainly at increased risk of severe illness from COVID-19 and really need to remain home and distanced from others.”

An article out of Texas, [Few Medical Reasons for Not Wearing a Face Mask](#), summarizes these issues well,

- “Medical experts say... individuals with chronic conditions like asthma or chronic obstructive pulmonary disease (COPD) are not at heightened risk from wearing a mask, unless they are in active respiratory distress.”
- “The ADA requires businesses to ‘reasonably accommodate’ people with disabilities and medical conditions, but the Justice Department says it ‘does not provide a blanket exemption to people with disabilities from complying with legitimate safety requirements necessary for safe operations.’”
- “The American Lung Association and other top lung health groups are encouraging people who want an exemption from mask mandates to weigh their concerns against societal needs to mitigate spread of the virus.”

Given all of this, how do schools navigate supporting staff health concerns while keeping students safe? A great deal is written about strategies which can be used to support staff who do not truly need a medical exemption but still struggle with face coverings.

In addition, school staff have concerns around students whose parents send them to school wearing only a face shield rather than a cloth face covering. Given that face shields are not an effective means of source control in containing respiratory/aerosolized droplets of a potentially infected individual, and given that so many of our school buildings in Oregon do not have adequate ventilation to help prevent aerosolized spread, what is the remedy for other staff and students who are captive audiences within that space?

OSNA asks that ODE and OHA make less-vague statements about staff or students using face shields as respiratory source control in our schools, as a substitute for cloth face coverings. We would like to see language added to RSSL that makes it **explicit** that the expectation is that everyone wear *at minimum* a cloth face covering to contain their respiratory droplets, and that

the use of face shields alone will only be allowed in specific situations such as the temporary removal of a face covering (while also wearing a face shield) for staff providing SLP services, briefly needing to emphasize phonetics or reinforcing social emotional cues, OR, where other specific safety measures can also be maintained, such as taking that individual to a space with increased ventilation, increased social distancing, etc.

[Steps You Can Take to Get Used to Wearing a Mask](#)

[9 Hacks to Make Mask Wearing Less Annoying](#)

Other useful links for supporting children:

[Caregiver Tips for Making Mask Wearing Easier for People with Autism](#)

[Toolkit for Helping Your Child Wear a Mask During COVID](#)

[Coronavirus \(COVID-19\): Helping Kids Get Used to Masks](#)

[Tips to Make Kids More Comfortable with Masks Broken Down by Age](#)

[How to Make Face Masks More Comfortable for Kids](#)

Appendix K

PPE Descriptions

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 will be fit tested and trained for appropriate use.
- KN95 masks are filtering face piece respirators that provide 95% protection against particulates. Unlike N95's they do not have to be fit tested. These masks are currently 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 will be worn by staff and students (particularly older students) as feasible and are **most** essential in times when physical distancing is difficult.
- Individuals will be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information will 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.

Appendix L

COVID-19 QUICK REFERENCE FOR STAFF

IF...	THEN...
<p>You have any excluding factors such as:</p> <ul style="list-style-type: none"> • Contact with a confirmed COVID-19 case. • Symptoms compatible with COVID-19 • Testing Positive for COVID-19 	<ul style="list-style-type: none"> • Don't come to school. • If you develop illness while you are at school, remove yourself from your cohort (staff may be screened in the COSIE space). • Call your administrator. • If your administrator is unavailable contact your Associate Administrator, Human Resources, or School Health Services <ul style="list-style-type: none"> ○ If you are sick: <ul style="list-style-type: none"> ▪ identify your date of onset. ▪ Identify the last date you were in a district building.
<p>A student reports that they have any symptoms of illness or exhibit any symptoms of illness:</p> <ul style="list-style-type: none"> ○ Cough ○ Shortness of breath ○ Fever/chills ○ Nausea/Vomiting ○ Diarrhea ○ Headache ○ Sore throat ○ Muscle pain/weakness ○ General unwell feeling ○ Change in behavior/lethargy. ○ Loss of taste or smell ○ Change in coloration 	<ul style="list-style-type: none"> • Use building specific procedures to refer the student for screening [COSIE space]
<p>You are working in the building during CDL, including LIPI</p>	<ul style="list-style-type: none"> • Sign into the building specific staff log • Wash hands on entry • Wear mask (unless you are alone in your room/office).
<p>You are working in the building during hybrid delivery</p>	<ul style="list-style-type: none"> • Sign into building specific staff log only if you are itinerant staff (regular staff do not have to sign in during hybrid) • Wash hands on entry • Wear mask (unless you are alone in your room/office).

Appendix M

Post Screening Form for Parents

MOLALLA RIVER SCHOOL DISTRICT

Student Name		Date	
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Your student was screened today for COVID-19 because they:

- ☐ Reported/displayed symptoms of illness.
- ☐ Reported contact with an individual who has tested positive for COVID-19.

ROUTINE EXCLUDABLE SYMPTOMS	COVID-19 SPECIFIC EXCLUDABLE SYMPTOMS
<ul style="list-style-type: none"> Fever (> 100.4°F) New Cough Diarrhea Vomiting Rash Headache with stiff neck Jaundice Eyes with colored drainage Lethargy or unusual behavior change Symptoms that require more care than staff can safely provide. 	<ul style="list-style-type: none"> Fever (> 100.4°F) Cough Shortness of breath Difficulty breathing New loss of taste or smell Nausea/Vomiting/Diarrhea Or 2 or more minor symptoms of COVID-19(sore throat, congestion, runny nose, headache, etc.)

☐ Your student is positive for one of more excludable symptom per Oregon guidance:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fever
<input type="checkbox"/> Cough
<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> New loss of taste or smell
<input type="checkbox"/> 2 or more minor COVID-19 symptoms
<input type="checkbox"/> Lethargy
<input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Symptoms requiring more care than staff can safely provide.
<input type="checkbox"/> Unexplained behavior change.
<input type="checkbox"/> Headache with stiff neck
<input type="checkbox"/> Jaundice |
|--|--|---|

It is recommended that you follow up with your physician.

In all situations your child must have improving symptoms AND be fever free for more than 24 hours without the use of fever reducing medication AND free of vomiting and diarrhea for 48 hours prior to returning to school. In COVID-19 specific situation your student must meet quarantine or isolation requirements

Isolation Requirements:

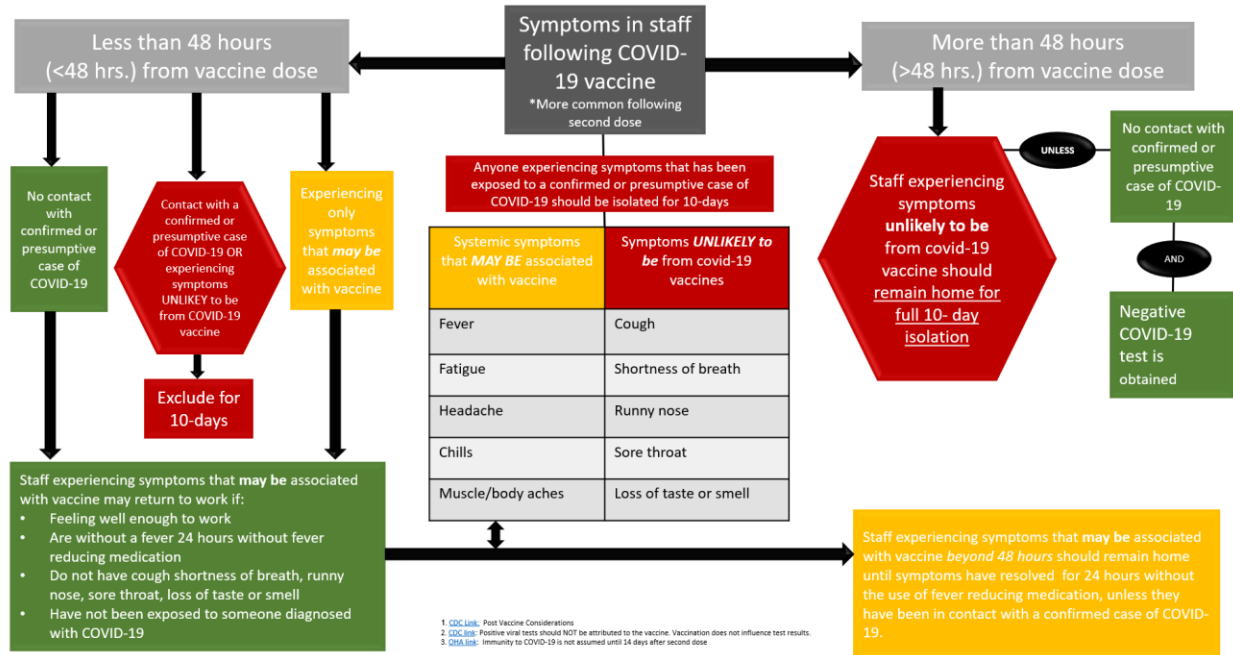
- If your student is positive for a symptom listed under COVID excludable symptoms, it is suggested that your child have a COVID-19 test performed.
- If your child's test is negative AND they have not had contact with any diagnosed cases of COVID-19, they may return when fever, vomiting and diarrhea is resolved per guidance below.
- If your child has major symptoms compatible with COVID-19 (bold) and they do not have a test performed, they have a positive test or they are a contact of another COVID-19 case, then **they must remain home for 10 days from the first day of symptoms.**

Quarantine Requirements:

- If your student is a contact someone who has been diagnosed with COVID-19 in the last 14 days, **they must remain home for 14 days beyond the last day of exposure of COVID-19, unless they are also ill, then they must remain home 10 days from the date of onset of illness.**

Appendix N

Vaccines



POST TRAVEL MONITORING

Travel restriction is recommended in Oregon: [Guidelines updated 02/23/2021](#)

[Executive Order No. 20-66, ORS 433.441, ORS 433.443]

Specifically, this order states: Travel should be restricted to essential which means work, education, athletics, and family emergency. Nonessential means recreation and tourism.

Post travel quarantine falls into two categories, **recommended**, and **required**. For the purposes of staff practice, the district will follow **required** procedures.

*NOTE: all individuals who have been in contact with a confirmed or presumptive case of COVID-19 are required to quarantine for 14 days.

REQUIRED:

