Communicable Disease Management Plan

for COVID-19

Linn County Public Health

https://www.linncountyhealth.org/ph

Marion County Public Health

https://www.co.marion.or.us/HLt/PH/Epid

https://www.co.marion.or.us/HLT/PH/Epid/Pages/CDResources.aspx

Oregon Health Authority:

https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commdisease.pdf

https://www.oregon.gov/oha/ph/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Pages/rules.aspx

Department of Education

https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf?utm_medium=email&utm_source=govdelivery
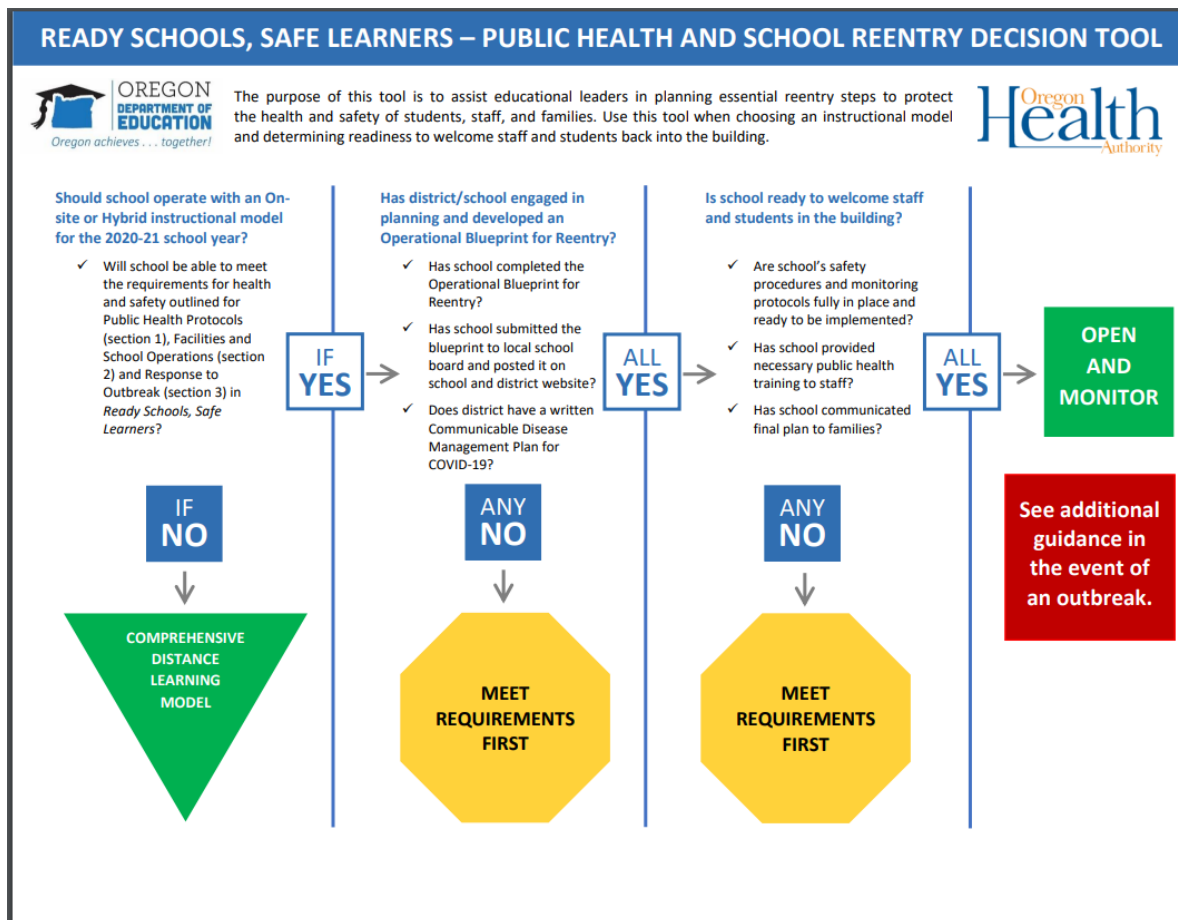
Oregon Legislation:

https://secure.sos.state.or.us/oard/processLogin.action

https://oregon.public.law/rules/oar_333-019-0010

https://oregon.public.law/rules/oar 581-022-22

I. Purpose:

The pandemic addendum communicable disease management plan for COVID-19 is to be used in conjunction with the Santiam Canyon School District (SCSD) Communicable Disease Prevention Plan. This section is the **SCSD COVID-19 Plan:** To meet the requirements of COVID-19 specific interventions in the school setting as designated by the Oregon Department of *Education Ready Schools Safe Learners guidance*. This document addresses district specific processes to comply with the listed interventions. This document also uses guidance from the Centers for Disease Control, Oregon Health Authority, and local health departments.

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

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

Should school operate with an On-site or Hybrid instructional model for the 2020-21 school year?

✓ Will school be able to meet the requirements for health and safety outlined for Public Health Protocols (section 1), Facilities and School Operations (section 2) and Response to Outbreak (section 3) in *Ready Schools, Safe Learners*?

IF YES →

Has district/school engaged in planning and developed an Operational Blueprint for Reentry?

✓ Has school completed the Operational Blueprint for Reentry?

✓ Has school submitted the blueprint to local school board and posted it on school and district website?

✓ Does district have a written Communicable Disease Management Plan for COVID-19?

ALL YES →

Is school ready to welcome staff and students in the building?

✓ Are school's safety procedures and monitoring protocols fully in place and ready to be implemented?

✓ Has school provided necessary public health training to staff?

✓ Has school communicated final plan to families?

ALL YES →

OPEN AND MONITOR

IF NO ↓

COMPREHENSIVE DISTANCE LEARNING MODEL

ANY NO ↓

MEET REQUIREMENTS FIRST

ANY NO ↓

MEET REQUIREMENTS FIRST

See additional guidance in the event of an outbreak.

II.   Background

Coronavirus disease 2019 (COVID-19 or Novel virus) is a respiratory illness that can spread from person to person through droplet. The virus that causes COVID-19 is a novel (new) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff.   In the school setting, based on the nature of the population, it will require important practice measures and interventions to limit exposures or potential exposures. This document focuses on communicable disease prevention. Below is a visual example of disease process.

This plan is in response to Oregon Department of Education Ready School, Safe Learner plan to incrementally reopen schools.

Guiding Principles

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:

Symptoms

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever or chills, cough, difficulty breathing or shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms such as muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

According to the CDC, Symptoms may appear **2-14 days after exposure to the virus.**

How Covid-19 Spreads

COVID-19 is thought to spread mainly through close contact from person-to-person. Some people without symptoms may be able to spread the virus. We are still learning about how the virus spreads and the severity of illness it causes. (CDC, 2020)

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

The virus spreads easily between people

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily.

The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, **the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.**
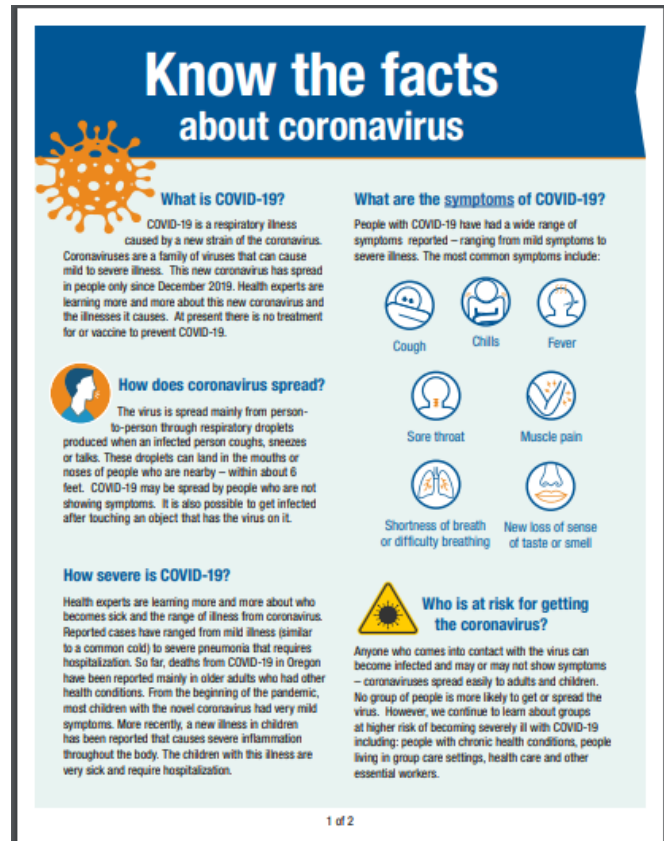
The virus may be spread in other ways
It may be possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.

Vulnerable Population

Vulnerable Individuals (CDC, 2020)

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

Students and staff with specific underlying conditions may be at increased risk of complications from COVID-19. These individuals may be offered an alternative setting or accommodation.

Families of students who are high risk may will be encouraged to contact their child's health care provider to discuss what is best for their child. Schools will work with families to identify accommodations and an appropriate educational plan.

Families of students with asthma will be reminded that regular asthma management as outlined by their health care provider is important. In addition to careful monitoring for asthma symptoms.

Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur. COVID-19 has become a worldwide pandemic. This COVID-19 plan is to prevent and reduce the spread of disease within the school setting.

Guidance about staying home when sick is covered in SCSD Communicable Disease Prevention Plan.

Staying Home when Appropriate

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

Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms.

Symptomatic staff or students should seek COVID-19 testing from their regular physician or through the local public health authority.

IF...	THEN...
Staff/ Student has tested positive for COVID-19, is awaiting test results or have signs and symptoms of COVID	Individuals should stay at home as directed by their physician and/or the local health department. This should be a minimum of 10 days since the onset of illness and 24 hours symptom free without the use of fever reducing medication.
	Alternatively, a person who had a positive viral test may return to school when they have received two subsequent negative COVID-19 viral tests at least 24 hours apart and 24 hours have passed since fever is gone, without use of fever reducing medicine, and other symptoms are improving.
Students/staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms, or if anyone in their home or community living spaces has been diagnosed with COVID-19.	Individuals should stay home until 10 days after the last exposure and monitor for symptoms of illness.
If there has been COVID-19 currently identified in the school setting.	Follow public health guidance. Encourage cohorts to monitor for signs and symptoms regularly. Increase sanitizing of high touch surfaces in the affected cohort

(Ready Schools Safe Learners, 1f)

Physical Distancing (Social Distancing/Spatial Distancing)

Physical distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. As schools reopen spatial measures must be taken to ensure distance between individuals. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020).

Modified Layouts

- Each room max occupancy will be calculated at 35 square feet per person (including all students and adults in that room)
- Remove excess furniture from the classroom to promote increased spacing
- Space seating/desks 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 apart.
- Create distance between children on school buses (g., seat children one child per row, skip rows) when possible.

Physical Barriers and Guides

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, 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).

Communal Spaces and Gatherings

- Communal and shared spaces (such as cafeteria and playgrounds) will be used in staggered groups, with limited numbers of students to allow for distancing.
- Cafeteria tables will be disinfected between each group.
- Common staff space (such as staff lunchrooms) will be modified to assure for social distancing with appropriate visual reminders and signage.
- All school activities such as assemblies will not be held in person, virtual events should be considered.
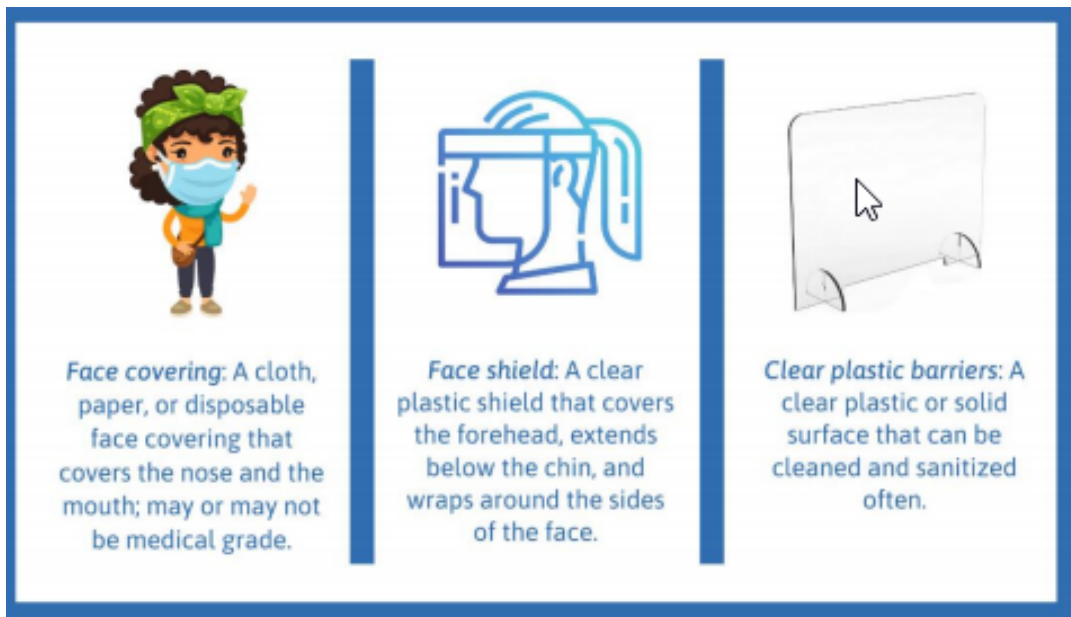
Hand Hygiene and Respiratory Etiquette

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used
- Encourage staff and students to cover coughs and sneezes by using a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- Students and staff may also be encouraged to cough into their elbow and away from other individuals when tissues and handwashing is not immediately accessible.

Personal Protective Equipment

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

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

Face covering: A cloth, paper, or disposable face covering that covers the nose and the mouth; may or may not be medical grade.

Face shield: A clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.

Clear plastic barriers: A clear plastic or solid surface that can be cleaned and sanitized often.

(CDC, 2020)

N95 Masks and Surgical Masks

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 (COVID19). 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.

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.

Personal Protective Equipment/Barriers		
Individuals	**Required PPE**	**Recommended PPE**
Front office staff	Face Shield, Face Covering or Clear Plastic Barriers	Cloth face covering, Face shields, if Plexiglas barriers are not an option
Bus Drivers	Face Coverings or Face Shields	Cloth face covering or face shields
Speech and Language Pathologists. Anyone participating in articulation services. Staff teaching students with hearing impairment	Face Shield, Face Covering or Clear Plastic Barriers	Face Shield, Cloth Face Covering or Clear Plastic Barriers
Staff who sustain close contact and interactions with students or other staff. (Within 6 feet)	Face Coverings or Face Shields	
Staff providing direct services, such as feeding, personal care or instruction requiring direct physical contact.	Face Coverings or Face Shields	Additionally may also require gown, gloves and/or eye protection, depending on the situation.
Staff moving in between cohorts and classes.	Face Coverings or Face Shields	
Child Nutrition Staff - Preparing or Serving Food	Face Coverings or Face Shields	Additionally gloves in accordance with food service procedures
Staff interacting with public	Face Coverings or Face Shields	
Music, Choir, Band Teacher	Face Coverings or Face Shields	
PE Teacher	Face Coverings or Face Shields	
Any staff interacting with multiple cohorts	Face Coverings or Face Shields	
All education staff	Face Coverings or Face Shields	Face Covering
Any persons in an environment where physical distancing cannot be maintained	Face Coverings or Face Shields	
Staff of advanced age or with chronic illness	Face Coverings or Face Shields	Face coverings or PPE recommended by personal physician if permitted to be at work.
Clinical Staff - District Nurse	Appropriate PPE per Transmission Based Precautions	N95 Masks and gloves. Surgical Masks if N95 shortage persists
Front line staff caring for or monitoring students with symptoms	Mask (surgical masks or N95), shield, gown and gloves	Mask (surgical masks) and gloves
Students/Staff that are coughing or symptomatic due to potential acute illness	Face Coverings or Face Shields	Face covering, as developmentally appropriate

*Additional guidance about face coverings is found in the SCSD Communicable Disease Prevention Plan

Face masks refer to medical-grade face masks in this document

Adequate Supplies

- Support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60 percent alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch trash cans.
- Assure access to PPE

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).
- Parents will be provide regular communication about health and safety issue as well as procedural changes that are in effect this year.

Identifying Small Groups and Keeping Them Together (Cohorting)

- Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff as much as feasible.
- Mixing between groups will be limited as much as feasible.
  - When groups will be mixed, ensure that this information is appropriately documented on the cohort record for contract tracing, if needed.
  - Roster of each cohort must be maintained for all group encounters throughout the school day including transportation and after school activities.
  - Records of staff who intermittently interact with cohort will be documented with each day's cohort record.
  - Office staff will maintain records of all student who come to the office and interact with the staff behind protective barrier.

- **Staggered Scheduling**
  - Arrival and drop-off times will be staggered by locations and when feasible by time, by cohort.
  - During drop off and pick up direct in person contact with parents limited as much as possible. Virtual opportunities for parent communication will be used whenever possible.
  - Though out the day schedules for meals, recess will be staggered

Visitors/Volunteers

- Restrict non-essential visitors. Only allow visitors if six feet of physical distance between all people can be maintained.
- Log visitor entry by day, time (in/out) and location. Maintain records of visitor and volunteer contact information.
- Visitors must wash or sanitize their hands upon entry and exit.
- Visitors must wear face coverings in accordance with local public health authority and CDC guidelines.

- Screen all visitors for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19 within the preceding 14 calendar days.

Maintaining Healthy Environments

Schools may consider implementing several strategies to maintain healthy environments.

Cleaning and Disinfection

- Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses at least daily and between use as much as possible.
- Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
    - School buses will be cleaned on regular basis. With increased cleaning as warrantied.
- Superintendent and Building Principal will develop and supervise a schedule for increased, routine cleaning and disinfection.
- Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. Use products that are district approved and meet EPA disinfection criteria.
- To reduce the risk of asthma, choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds

Protocol for Routine Infection Prevention Cleaning and Disinfection

All recommended preventive building cleaning measures are what we do on a daily basis to combat the spread colds and flu. However, in response to increased concern, we are coordinating resources and supplies for additional preventive cleaning. We have authorized enhanced disinfecting of our facilities and the transportation department will be doing additional daily cleaning on school buses.

Purpose: To set forth the district plan for cleaning buildings to prevent the spread of disease based on the CDC recommended *Guidance for Cleaning and Disinfecting* linked HERE. This applies to all schools, offices, programs, auxiliary service buildings and school buses. There are four modes of cleaning which apply to various circumstances:

Routine cleaning is performed on a regularly scheduled basis by district custodial staff assigned to that building or area. Routine cleaning includes daily cleaning and disinfecting of all restrooms, scheduled sweeping of all floors, sanitizing of cafeteria tables, emptying trash and other building based tasks.

District-used EPA Approved Disinfectant: Virex II 256 (product info sheet linked HERE)

Supplemental cleaning is performed by either regular custodial staff, substitute custodial staff or temporary custodial staff assigned to perform cleaning over and above what is considered

routine. All employees may also need to contribute to supplemental cleaning to quickly clean surfaces in between uses or groups of students. Supplemental cleaning is focused on cleaning and disinfecting high touch surfaces, specifically for the purpose of preventing spread of disease.

Personal area cleaning is performed by all employees in their personal workspace, which may include their desk, telephone, keyboard, chair or any other items they use in preforming their duties. This cleaning is customized to personal preference and standards and is done using district suppled cleaning products and equipment.

Emergency cleaning is performed by contracted services on an emergency basis, which cannot be promptly, effectively and safely handled by district staff, in response to a particular, identified incidence of disease.

Definition: High touch surfaces to focus on may include the following (not all apply in every building):

Routine high touch cleaning:

- Restroom stalls and dispensers
- Cafeteria tables
- Toilets, sinks and faucets
- Food preparation surfaces
- Drinking Fountains

Supplemental cleaning:

- Door handles and knobs (including exterior doors)• Elevator buttons • Hand rails
- Recreation equipment • Vending machines • Counter tops
- Light switches
- Copier, printer and fax control buttons • Front desk and lobby surfaces

Personal area cleaning:

- Desks
- Computer keyboards and mouse
- Phones
- Chair arms
- Remote controls
- Cabinet and file drawer handles
- Microwave, refrigerator, appliances• Coffee machines

Supplemental Cleaning - Planned Effort:

The objective of the supplemental cleaning plan is to accomplish the work described above in the definition of supplemental cleaning. The supplemental cleaning plan will be implemented at the direction of the Superintendent or designee in response to a threat or threats to health or when directed by County or State health authorities.

Upon direction to implement a supplemental cleaning plan, each affected school principal or building supervisor will conduct a meeting with the head custodian to develop a plan to meet the objectives of the supplemental cleaning plan and addresses any special areas or needs of their particular building or department.

Emergency cleaning: The emergency cleaning plan will be implemented at the direction of the Superintendent or designee in response to an actual infection located at or attributed to a particular school or location or when directed by County or State health authorities.

Upon direction to implement an emergency cleaning plan, the school principal or building supervisor will be notified of the building closure, if occupied, the facility will be evacuated and plans for the length of closure will be communicated to the public and staff. District level staff will contract for the emergency cleaning, arrange for oversight and monitor progress.

Summary: The overriding purpose for this protocol is to protect the health of school district staff, our students and the public. Implementation of the four modes of cleaning procedures must be done with safety at the top of mind while also acting in deference to collective bargaining agreements and public contracting laws. Clear, timely communication of facts and cooperation of all parties will result in the best outcomes for our students, staff and public.

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.
- If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised will have their own supplies.

Ventilation

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

Water Systems

- To minimize the risk of Legionnaire's disease and other 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 have water turned off or bagged to prevent use of them. Water fill stations will be accessible where present.

Food/Food Service

- District Food Service staff will maintain standards for food sanitization. Staff will follow increased COVID-19 plans for face covering and social distancing as much as feasible.
- Food based celebrations and activities in classrooms will be limited with careful planning for food and COVID safety. No food will be sent in by families for things such as birthday celebrations. No home baked foods are allowed per district policy.
- Ensure that plans are in place to address safety of children with food allergies.

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 Bus Barn and District Office Safety and Security Director will be ongoing.

Students must register for transportation services in advance to assist with cohorting and scheduling. Student may not be picked up or dropped off at a location other than their scheduled stop (ie going home with friends is not an option). Drivers will have list of students designated to ride their bus and a system in place to provide required logs for contract tracing.

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). O

- Bus drivers shall wear PPE as designated under PPE section
- Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus.

Distancing

- Provide at least three feet of physical distance between passengers. Potential exposures on a bus are significantly reduced by three feet of distance, in combination with seatbacks which provide physical barriers between rows.
  - Generally, students will sit one student per row, unless they are from the same household.
- When feasible, provide at least six feet of physical distance between the driver and passengers (except during boarding and while assisting those with mobility devices)

Screening

- Bus drivers shall passively screen students as they enter the bus. In recognition of transportation and safety measures, and the priority of the district to maintain student

safety in all areas, buses will not remain stationed in the roadway for prolonged periods of time to assess students.

Screening for and Identifying & Isolating Ill Students and Staff

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

Health Promotion, Prevention and at Home Screening

Parents will be provided Exclusion Criteria and instructed to screen their students prior to sending to school. Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school. Families and staff will additionally be provided with COVID-19 symptom checkers to use as tools to determine follow up. School staff should not provide medical advice.

Recognize Signs and Symptoms

- Ensure that all staff are aware of symptoms associated with COVID-19.
- Students should be visually screened each day during attendance to determine if illness is present. If students are positive for any items listed in *Visual Screening*, they should be sent to the office to be screened by designated staff.
- Any student ill during the course of the day with respiratory illness or fever should be deferred to designated staff for screening.
- Designated staff will specifically screen students as per the *Symptom Screening Criteria* to determine if symptoms are present that require isolation and dismissal as per *Communicable Disease Plan* and previously listed *Exclusion Criteria.*
- Students meeting exclusion criteria should be dismissed to home.
- Ill students must be placed in separate isolation space until picked up by parents.
- Students presenting to the office should be logged into the health room log.
- Health checks will be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations.
 (Molalla River SD, Comprehensive Communicable Disease Management Plan, 2020)

Visual Screening

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

Symptom Screening Criteria

- **Check temperature to assess for fever**
- **Identify if the following symptoms are present:**
    - **Chills**
    - **New onset of cough**
    - **Shortness of breath (not explained by conditions as asthma**
    - **New onset of loss of smells or taste**

Protocol for Screening Students and Staff

STAFF

1) Attestation/Affirmation from staff that they are not experiencing symptoms.
   a. Recorded on a daily log maintained by the Principal in the office.
   b. Daily logs saved & stored for a 4-week time period in the school office.

STUDENTS

2) Students will undergo a visual screening or will have an attestation from parents that they are not experiencing symptoms that day.
   a. Entry Location Plan with designated screeners who maintain the contact logs for entry
   b. Entry contact logs stored for a 4 week time in the school office.
3) If a student has any of the primary symptoms from the visual screening, they will be sent to the office for a temperature check in the COVID-19 designated area.
4) Primary Symptoms for screening taught to all staff.
   a. Cough
   b. Fever/chills
   c. Shortness of breath/difficulty breathing
   d. COVID-19 symptoms may also include the following, but these are less specific and not recommended as criteria for exclusion from school alone: new loss of taste or smell, headache, muscle or body aches, nausea or vomiting, diarrhea, fatigue, congestion or runny nose.
   e. Some Chronic conditions may cause some of these symptoms. Staff will work with parents and health professionals. (Examples include allergies or asthma)

Isolate Those Who Are Sick

- Thorough communication should be made to families and staff to ensure they know when they should not come to school, and that they should notify appropriate school staff if they become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.
- *Each* school must have designated personnel and a 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*.
- The district **Communicable Disease Management Plan** should be referred to for isolation measures.
- COVID-19 specific isolation measures will be updated as state public health guidance is updated.

Isolation Space

Student in isolation space shall be supervised and monitor for health and safety. Staff supervising students in isolation will use appropriate PPE.

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

CDC guidelines should be visited with four driving principles in mind:
- Isolation spaced must be separate from routine health room
- Students must be supervised
- Staff must have appropriate PPE
- Physical distancing must be maintained

Cleaning and Sanitizing Isolation Space

After dismissal of ill student, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting.

Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children

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)

Surveillance
Surveillance is an important measure to identify trends of illness including increased incidence within the school setting. Surveillance has two primary response 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. Surveillance may include:
    - Logging symptom specific complaints of ill students and staff
    - Communication to families and staff asking for specific information
    - Logs will include both sick calls for students and staff who call in sick and sick visits to the office.

In these situations, school staff will respond as directed by the district nurse. For specific indicators and identification of clusters of illness within the school setting, please refer to the district *Communicable Disease Prevention Plan*.

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. The Local Public Health Authority (LPHA) is responsible for

contract tracing for COVID-19. School Districts are responsible to provide accurate and timely cohort tracking information to the LPHA. Regarding COVID-19 schools are required to report data on close contacts to the LPHA.

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.

The LPHA will provide specific guidance with regards to who constitutes a close contact in the school setting.

To be able to provide necessary information for the LPHA, each school must:
- Having easily accessible attendance rosters of each stable cohort. This can be accomplished through accurate student rosters of each classroom and each intervention group. Cohort list must include the students' entire day, including lunch and transportation.
- Accurate arrival and departure times must be maintained as a part of cohort logs.
- Maintain accurate rooster for all staff and visitors who interact with a cohort including time of arrival and departure.
- Having a mechanism for sign in at the front office and in each classroom.
- Reinforcing accurate attendance is crucial in provision of accurate information
- RN communication to families and staff asking for specific information or advising on specific practices.
- Schools must work with families to maintain accurate up to date contact information.
- Each building must have a system to assure organized prompt access to cohort rosters. A clear point of contact needs to be identified. Rooster will be maintained for 4 weeks.

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 Prevention Plan*.

<u>Protocol Designating Who is Responsible for Keeping Daily Logs of Student Cohorts</u>

1) Student Daily Entry Logs (paper copy)
    a. Designated individuals at Designated entry points for cohorts
        i. Trained staff will fill out Log upon entry of building and/or designated area
        ii. Trained staff will fill out Log upon transition to different cohorts/classes/groups
    b. Recorded and then stored in the school office for 4 weeks
    c. Student Logs may be recorded by any trained staff member
    d. The Principal is responsible for setting up the cohort/entry points and training of staff

2) Daily Log Format Attached to plan
    a. Child name
    b. Drop off/pick up time
    c. Parent/guardian name and emergency contact information
    d. All staff that interact with child's stable group of children (including floater staff)

Logs

As per OAR **166-400-0010** any student reporting to the office for health needs or other reasons needs to be documented in the office health/activity log. During this period, all students should be accounted for whether injured or ill or visiting the office for alternate reasons. It is important to be able to determine potential exposures.

Two different types of logs will be maintained:
- Tracking of sick calls for students and staff with symptoms reported
- Office health/activity log which tracks all individuals in the office area with times.

The Student Illness Tracking Log documents the reason and symptoms for students missing school due to illness. It will be helpful if this log documents absence due to non-illness as well, since these absences would not impact the epidemiologic assessment of a school. The review of student symptoms and which classes each student is assigned to will be an important consideration in the identification of illness trends.

The District Nurse will be notified of potential trends or patterns. Such as a number of students in the same class or grade are out with similar illnesses.

COMMUNICATION

Communication during COVID-19 is very important. Communication needs to be accurate, timely and concise. Arrangement for translation of communication must occur at the time of all district communication.

Privacy laws do not allow for the disclosure of individual COVID-19 cases. All communication about positive or suspect COVID cases will be at the direction of the LPHA.

Plans need to be in place to communicate about shift to distant learning for small groups, schools or district wide.

SCHOOL COMMUNICATION
- Health promotion material will be provided in a variety of formats prior to the reopening of school with the specifics to COVID-19
- Exclusion criteria will be communicated on web pages and in newsletters families will be advised on polices related to sick students, potential home isolation criteria, and student exclusion criteria.
- Families and staff will have communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed
- Families will be advised to report if:
  - Their student has symptoms of COVID-19,
  - Their student has had a positive test for COVID-19,
  - If anyone in their home or community living spaces has COVID -19 symptoms
  - If anyone in their home or community living space has COVID-19
  - Their student was exposed to someone with COVID-19 within the last 14 days
- The District Nurse (or individuals designated by the District Nurse) will be responsible for obtaining needed clinical information from families.

STAFF COMMUNICATION
Staff will be advised to report to their building supervisor/principal if they:
- Have symptoms of COVID-19,
- Have had a positive test for COVID-19,
- Were exposed to someone with COVID-19 within the last 14 days.
- If anyone in their home or community living spaces has COVID -19 symptoms
- If anyone in their home or community living space has COVID-19
- Sick staff members or students should not return until they have meet criteria to return to school as per guidance from LPHA

Communication protocol and plan for communicating confirmed COVID-19 cases will be developed by the Superintendent.

This communication should include collaboration with the LPHA.

PUBLIC HEALTH COMMUNICATION

The district will have a written communication plan that identifies whose responsibility will be for communicating with LPHA. This plan will detail communication about individual cases or suspect cases. In addition, this plan will address the process for communicating about closure of part or all of the district including sources of ongoing information, resources for families regarding COVID, plans for distant learning and reopening information. The RN working in the district shall be integral to all communication with LPHA.

<u>Protocol to Notify Public Health Authority</u>

1) Building Principal Message to parents/guardians with plan to inform them the importance of notifying the school immediately of a positive COVID19 identification.
2) Building Principal Message to all Staff to inform them of the importance of notifying the **Principal or the Principal Designee (Office Manager)** with a positive COVID-19 test result.
3) When a school is made aware of a positive result(s), immediately contact the **District Representative- Superintendent and School Nurse**.
4) Upon report from a building, District Representative will report to the appropriate County Health Contact.
    - Linn County: **Neva Anderson**, Emergency Preparedness Coordinator
      Email: nanderson@co.linn.or.us Phone: (541) 967-3888, ext. 2677