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OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 8/11/2020

Under ODE's ***Ready Schools, Safe Learners*** guidance, each school[1] has been directed to submit a plan to the district[2] in order to provide on-site and/or hybrid instruction. Districts must submit each school's plan to the local school board and make the plans available to the public. This form is to be used to document a district's, school's or program's plan to ensure students can return for the 2020-21 school year, in some form, in accordance with Executive Order 20-25(10). Schools must use the ***Ready Schools, Safe Learners*** guidance document as they complete their Operational Blueprint for Reentry. ODE recommends plan development be inclusive of, but not limited to, school-based administrators, teachers and school staff, health and nursing staff, association leadership, nutrition services, transportation services, tribal consultation,[3] parents and others for purposes of providing expertise, developing broad understanding of the health protocols and carrying out plan implementation.

1. Please fill out information:

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	Myrtle Creek Elementary, South Umpqua School District
Key Contact Person for this Plan	Ariel Mainz
Phone Number of this Person	541-863-3168 Ext: 3001
Email Address of this Person	Ariel.mainz@susd.k12.or.us
Sectors and position titles of those who informed the plan	Superintendent, Director of Student Achievement, Director of Student Services, Transportation Supervisor, Middle School Principal, Coordinator of Operations and Safety, Technology Supervisor, Food Services Director, 6th Grade Teacher, 7th Grade Teacher, 8th Grade Teacher, School Counselor.
Local public health office(s) or officers(s)	Douglas County Public Health
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Ariel Mainz
Intended Effective Dates for this Plan	August 2020 – June 2021
ESD Region	Douglas

2. Please list efforts you have made to engage your community (public health information sharing, taking feedback on planning, etc.) in preparing for school in 2020-21. Include information on engagement with communities often underserved and marginalized and those communities disproportionately impacted by COVID-19.

[1] For the purposes of this guidance: "school" refers to all public schools, including public charter schools, public virtual charter schools, alternative education programs, private schools and the Oregon School for the Deaf. For ease of readability, "school" will be used inclusively to reference all of these settings.
[2] For the purposes of this guidance: "district" refers to a school district, education service district, public charter school sponsoring district, virtual public charter school sponsoring district, state sponsored public charter school, alternative education programs, private schools, and the Oregon School for the Deaf.
[3] Tribal Consultation is a separate process from stakeholder engagement; consultation recognizes and affirms tribal rights of self-government and tribal sovereignty, and mandates state government to work with American Indian nations on a government-to-government basis.

We have used multiple methods of communication to reach and engage all student groups within our community. Information shared included specific cleaning and sanitation plans, health and safety information about hand washing/masks/social distancing, and reopening plans/metrics. We specifically prioritized feedback received from our typically underserved and marginalized groups of students, including our Native American students, students of color, and students experiencing homelessness. Additionally, we have prioritized our students living in remote areas who do not have access to high speed internet services, as this group of students would not be able to access any educational services without support. Methods of sending communication and receiving feedback included:

- Social Media & Website Posts
- Social Media & Website Survey of Needs
- Email info to students/families
- Email Survey of Needs to students/families
- Teacher, principal, and office manager calls and surveys of needs with individual students/families
- Cow Creek Band of Umpqua Tribe Consultation (Sandy Henry)
- Transportation/Nutrition/Facilities/Custodial consultations
- Douglas County Health (weekly consult w/Dr. Dannenhoffer)
- School Board Info/Feedback at Public Meetings
- Staff Info/Feedback through virtual meetings
- School based planning teams (administrator, teachers, office managers)
- SIA Planning Meeting Feedback Meeting data from typically underserved and marginalized groups, including students of color
- Superintendent and Director consultations with individual parents regarding specific student needs and/or concerns

3. Indicate which instructional model will be used.

   Select One:
   ☒ **On-Site Learning** ☐ **Hybrid Learning** ☒ **Comprehensive Distance Learning**

4. If you selected Comprehensive Distance Learning, you only have to fill out the green portion of the Operational Blueprint for Reentry (i.e., page 2 in the initial template).

5. If you selected On-Site Learning or Hybrid Learning, you have to fill out the blue portion of the Operational Blueprint for Reentry (i.e., pages 3-19 in the initial template) and submit online. (https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a) by August 17, 2020 or prior to the beginning of the 2020-21 school year.

* **Note:** Private schools are required to comply with only sections 1-3 of the ***Ready Schools, Safe Learners*** guidance.

REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT

This section must be completed by any school that is seeking to provide instruction through Comprehensive Distance Learning. For Private Schools, completing this section is optional (not required). ***Schools providing On-Site or Hybrid Instructional Models do not need to complete this section.***

Describe why you are selecting Comprehensive Distance Learning as the school's Instructional Model for the effective dates of this plan.

Our county and State do not currently meet the metrics for on-site learning. As a result, we are opening in a CDL model for the 20.21 school year. We do plan to take advantage of the exception for K-3 and have K-3 onsite to start our school year. It is our understanding that we are still a CDL school who is using an exception, and not a hybrid school, however, we included information for onsite learning since we will have K-3 onsite.

In completing this portion of the Blueprint you are attesting that you have reviewed the Comprehensive Distance Learning Guidance. Here is a link to the overview of CDL Requirements. Please name any requirements you need ODE to review for any possible flexibility or waiver.

We have reviewed the requirements and believe we can accomplish all of them with our students. There are no areas we need ODE to review for any possible flexibility or waiver.

Describe the school's plan, including the anticipated timeline, for returning to Hybrid Learning or On-Site Learning consistent with the *Ready Schools, Safe Learners* guidance.

We will open the year using CDL. Our teachers will use Schoology as their distance learning platform. Teachers will provide instruction via live and recorded lessons. Teachers will provide core instruction in the morning and then have office hours in the afternoon. We will be in CDL for the first quarter of our school year, then re-evaluate to see if we can bring students onsite. Our first decision point will be October 16, which is two weeks prior to the end of our first quarter. If we meet metrics at that time we will gradually begin bringing students back so that we have them all ready to go for the first day of the second quarter, which starts on November 3.

We have purchased enough laptops to be a one to one school, and are providing wi-fi hot spots for families who need them. Our textbook materials are all online. Students who do not have access to wi-fi will have the option of coming to a classroom where they can access online instruction. We will follow all cohorting, State, and CDC guidelines in this endeavor.

Our original start date for school was August 31. We are taking advantage of the hours provided by the State to provide an extra four days of professional development for our teachers and an extra four days of family outreach/preparation for success for our students. This moves our start date for CDL to September 14. We are asking our teachers to focus on two things in the first two weeks: The social-emotional well being of our students, and student/family use of technology/access and understanding of how to use our learning management systems. We want to set all families, students and teachers up for success. Onsite school for K-3 starts September 8.

The remainder of this operational blueprint is not applicable to schools operating a Comprehensive Distance Learning Model.

ESSENTIAL REQUIREMENTS FOR HYBRID / ON-SITE OPERATIONAL BLUEPRINT

This section must be completed by any school that is providing instruction through On-Site or Hybrid Instructional Models.
Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the* Limited In-Person Instruction *provision under the Comprehensive Distance Learning guidance.

0. Community Health Metrics

METRICS FOR ON-SITE OR HYBRID INSTRUCTION

☐ The school currently meets the required metrics to successfully reopen for in-person instruction in an On-Site or Hybrid model. *If this box cannot yet be checked, the school must return to Comprehensive Distance Learning but may be able to provide some in-person instruction through the exceptions noted below.*

EXCEPTIONS FOR SPECIFIC IN-PERSON INSTRUCTION WHERE REQUIRED CONDITIONS ARE MET

☒ The school currently meets the exceptions required to provide in-person person education for students in grades K-3 (see section 0d(1) of the ***Ready Schools, Safe Learners*** guidance).

☒ The school currently meets the exceptions required to provide limited in-person instruction for specific groups of students (see section 0d(2) of the ***Ready Schools, Safe Learners*** guidance).

☐ The school currently meets the exceptions required for remote or rural schools in larger population counties to provide in-person instruction (see section 0d(3) of the ***Ready Schools, Safe Learners*** guidance).

☐ The school currently meets the exceptions required for smaller population counties to provide in-person instruction (see section 0d(4) of the ***Ready Schools, Safe Learners*** guidance).

☐ The school currently meets the exceptions required for schools in low population density counties (see section 0d(5) of the ***Ready Schools, Safe Learners*** guidance).

☐ The school currently meets the exceptions required for small districts to provide in-person instruction (see section 0d(6) of the ***Ready Schools, Safe Learners*** guidance).

1. Public Health Protocols

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Implement measures to limit the spread of COVID-19 within the school setting. ☐ Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19. ☐ Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA. ☐ Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan. ☐ Process and procedures established to train all staff in sections 1 - 3 of the ***Ready Schools, Safe Learners*** guidance. Consider conducting the training virtually, or, if in-person, ensure physical distancing is maintained to the maximum extent possible. ☐ Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff. ☐ Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas. ☐ Process to report to the LPHA any cluster of any illness among staff or students. ☐ Protocol to cooperate with the LPHA recommendations. ☐ Provide all logs and information to the LPHA in a timely manner.	Please see Myrtle Creek Elementary School's Communicable Disease Management plan in Appendix. Principal Ariel Mainz will establish, implement, and enforce physical distancing requirements. LPHA staff: Robert Dannenhoffer, M.D. – Public Health Administrator Laura Turpen, MPH – Communicable Diseases Local Nurse: Marcella Post – RN Staff will be trained via video and in-person (if allowable) training prior to school starting. This training will be coordinated by the Director of Student Achievement in coordination with the administrative team. Please see our "Guidance for Covid-19 and other Viruses" document for information about notifying LPHA of any confirmed case and clusters. Plans for systematic disinfection of classrooms, offices, bathrooms and other activity areas are included in the appropriate sections below.

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Protocol for screening students and staff for symptoms (see section 1f of the ***Ready Schools, Safe Learners*** guidance). ☐ Protocol to isolate any ill or exposed persons from physical contact with others. ☐ Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the ***Ready Schools, Safe Learners*** guidance). ☐ Create a system for maintaining daily logs for each student/cohort for the purposes of contact tracing. This system needs to be made in consultation with a school/district nurse or an LPHA official. Sample logs are available as a part of the Oregon School Nurses Association COVID-19 Toolkit. • If a student(s) is part of a stable cohort (a group of students that are consistently in contact with each other or in multiple cohort groups) that conform to the requirements of cohorting (see section 1d of the ***Ready Schools, Safe Learners*** guidance), the daily log may be maintained for the cohort. • If a student(s) is not part of a stable cohort, then an individual student log must be maintained. ☐ Required components of individual daily student/cohort logs include: • Child's name • Drop off/pick up time • Parent/guardian name and emergency contact information • All staff (including itinerant staff, district staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student ☐ Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed. ☐ Process to ensure that all itinerant and all district staff (maintenance, administrative, delivery, nutrition, and any other staff) who move between buildings keep a log or calendar with a running four-week history of their time in each school building and who they were in contact with at each site. ☐ Process to ensure that the school reports to and consults with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19. ☐ Protocol to respond to potential outbreaks (see section 3 of the ***Ready Schools, Safe Learners*** guidance).	

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Serve students in high-risk population(s) whether learning is happening through On-Site, Hybrid (partially On-Site and partially Comprehensive Distance Learning models), or Comprehensive Distance Learning models. **Medically Fragile, Complex and Nursing-Dependent Student Requirements** ☐ All districts must account for students who have health conditions that require additional nursing services. Oregon law (ORS 336.201) defines three levels of severity related to required nursing services: 1. Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services. 2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services.	All staff and students/parents will be given the opportunity to self-identify as vulnerable or living with a vulnerable family member. Staff Redeployed staff members assigned to online instructional support, work tasks without in-person contact, (i.e., maintenance projects, office work), or leave options. Students IEP and 504 teams will communicate with parents to revise plans for those students who are identified as vulnerable. Teams will also

OHA/ODE Requirements	Hybrid/Onsite Plan
3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services. ☐ Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law: • Communicate with parents and health care providers to determine return to school status and current needs of the student. • Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services. • Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations. • The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association. • Service provision should consider health and safety as well as legal standards. • Appropriate medical-grade personal protective equipment (PPE) should be made available to nurses and other health providers. • Work with an interdisciplinary team to meet requirements of ADA and FAPE. • High-risk individuals may meet criteria for exclusion during a local health crisis. • Refer to updated state and national guidance and resources such as: o U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020. o ODE guidance updates for Special Education. Example from March 11, 2020. o OAR 581-015-2000 Special Education, requires districts to provide 'school health services and school nurse services' as part of the 'related services' in order 'to assist a child with a disability to benefit from special education.' o OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion.	coordinate and update any services the student may be receiving (Speech, OT, PT, Mental Health Services, etc.). All students identified as vulnerable, either by a physician, or parent/guardian notification, will be enrolled in online instruction. Teachers will be in regular communication to ensure students are finding success in the online learning. Students who experience disability will continue to receive specially designed instruction. Students with language services will continue to receive English Language Development.

1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation. This also applies for professional development and staff gatherings. ☐ Support physical distancing in all daily activities and instruction, maintaining six feet between individuals to the maximum extent possible.	Overall: - Remove extra furniture to make more room for student use - Removal of all fabric covered furniture. For non-removable fabric covered seating, vinyl or plastic seat protectors will be used - Assign seating to maximize physical distancing and minimize physical interaction

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc. ☐ Schedule modifications to limit the number of students in the building (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering). ☐ Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline. ☐ Staff should maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings.	- ***Each site must plan and discuss how to support students with physical distancing requirements, WITHOUT PUNITIVE MEANS. Students are not to be disciplined for failure to comply with social distancing guidelines.*** Additional School site considerations: **Hallways:** - Hallways will be marked with one-way direction markers **Classrooms:** - Mix and match tables and single use desks in classrooms to accommodate more seating that allows proper social distancing between students. - Music teacher: schedule rotations into classrooms for music instruction. Limit use of all band instruments with cleaning between cohorts. Choir activities limited or conducted outside with at least 12 feet between students. **Computer labs/media center** - Students will use individual devices during lab and will remain in their classroom. - Students will use the library and gym with students from their cohorts. Social distancing expectations will be in place. **Cafeteria/lunch:** Students will pick up their lunch from the cafeteria. Each cohort will enter the cafeteria through the side door and exit through the front door of the building. Students will take their lunch and eat in their classroom or outside while remaining socially distant. **Speech:** - Itinerant Speech/Language Pathologist: one space in music room designated for speech and language cohort groups. SLP provided face shield or plexiglass partition. Usable space, ***based on rectangular or square array***: *Please see attached school maps with people per square feet listed for each learning space.*

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff. • The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. ☐ Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Schools should plan to limit cohort sizes to allow for efficient contact-tracing and minimal risk for exposure. ☐ Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a of the ***Ready Schools, Safe Learners*** guidance). ☐ Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms. ☐ Cleaning and disinfecting surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.	Tracking attendance carefully within cohorts will be critical to support contact tracing. **Transportation Cohorts** This is a stable group of students each day. Stable groups can be varied by AM/PM routes. Updated contact-tracing logs are required for each run of a route. **Pre- Kindergarten – 5th Grade Level Cohorts** Each classroom operates as an independent cohort. ***Note: When student needs or administrative logistics require a student to be pulled from a grade band cohort to receive support, it creates a new cohort and additional contact tracing log requirements.*** ***Note: When staff interact with multiple stable cohorts they must wash and sanitize hands between interactions.***

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade-level academic content standards, and peers. ☐ Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.	Intervention and small groups will be held within the same grade level cohorts. - Students will be separated by Plexi Glass during small group instruction, no more than 45 minutes. Special classes such as PE, library, music, etc. will be taught within the same grade level cohorts. Recess will occur within each grade level at designated location. (add locations prior to August 5) - Pre K will have their own recess time and use the playground behind their classroom. - Kdg., 1st, and 2nd will use the playground behind their classrooms. Each grade will rotate between locations on the playground. The locations that will be used is the play structure, the open field, and the blacktop. - 3rd, 4th, and 5th will use the playground located behind the library. Each grade will rotate between locations on the playground. The locations that will be used is the play structure, the open field, and the blacktop. - Each cohort will spend a day at the same location and rotate the following day. Each cohort will have their own playground equipment that will be sanitized daily. Students will be expected to wash their hands before going to play and when they return to their classroom. - Students and staff will be trained in social distancing protocols around recess, structured play, and transitions. **Daily Student Logs:** Teachers will keep daily logs for each student and track students' locations on their logs daily. Teachers will continue to log any activity for each student throughout the day and at dismissal. **Cleaning and Sanitation:** Classroom surfaces such as tables, sinks, desk, etc. will be cleaned throughout the day by designated staff. **Staff Hand Washing and Sanitation:** All students are to wash their hands with soap and water for 20 seconds or use alcohol – based sanitizer with 60-95% alcohol upon arrival.

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Communicate to staff at the start of On-Site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease. ☐ Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. • The definition of exposure is being within 6 feet of a COVID-19 case for 15 minutes (or longer). ☐ Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school or district is responding. ☐ Provide all information in languages and formats accessible to the school community.	A letter outlining the instructional model, the rationale and vision behind it and specific infection control measures will be shared with all families in their native language through print and electronically when available. Additional communication regarding protocols will be shared with families and staff in August prior to the start of on-site instruction. Updated communication will be shared with families at least monthly or as updated information is available throughout the school year.

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Direct students and 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 COVID-19. COVID-19 symptoms are as follows: • Primary symptoms of concern: cough, fever (*temperature* greater than 100.4°F) or chills, shortness of breath, or difficulty breathing. • Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19. More information about COVID-19 symptoms is available from CDC. • In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 of OHA/ODE Communicable Disease Guidance. • Emergency signs that require immediate medical attention: o Trouble breathing o Persistent pain or pressure in the chest o New confusion or inability to awaken o Bluish lips or face (lighter skin); greyish lips or face (darker skin) o Other severe symptoms ☐ Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. Staff members can self-screen and attest to their own health. • Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i of the ***Ready Schools, Safe Learners*** guidance) and sent home as soon as possible. See table *"Planning for COVID-19 Scenarios in Schools."* • Additional guidance for nurses and health staff. ☐ Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19. See table *"Planning for COVID-19 Scenarios in Schools."* ☐ Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school. ☐ Hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.	**Student Arrival and Entry:** Students will enter the building at the following locations. Pre-K, Kg., 4th, and 5th students will enter the building through the back door of their classroom. 1st and 2nd grade will enter the building through the doors located next to room 5. 3rd grade will enter the building through the front doors. Each student will be screened by their classroom teacher upon arrival. All students are to wash their hands with soap and water for 20 seconds or use alcohol – based sanitizer with 60-95% alcohol upon arrival. If students arrive after the first bell at 8:50, they must enter through the front doors and will be screened by the office staff. **Screening Students Upon Entry:** Each student will enter in their designated entrance and screened by a designated adult. If staff or students show the following COVID 19 symptoms, they will be asked to stay home. - Primary symptoms of concern: cough, fever or chills, shortness of breath, or difficulty breathing. If students arrive at school with COVID 19 symptoms, they will be isolated in the isolation room off of the office and parents will be notified. Students will be asked to stay home until symptoms clear and they are free of a fever for 72 hours. If student or staff have known to have been exposed to COVID- 19, they will be restricted from school for 14 calendar days. Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school. **Logging for Contact Tracing:** Teachers will keep daily logs for each student and track students' locations on their logs daily. Teachers will continue to log any activity for each student throughout the day and at dismissal. Site Considerations: Each teacher will maintain a contact log. This includes services such as speech, special education, mental health services, etc. **Screening Staff:** - Staff are required to report when they may have been exposed to COVID-19. - Staff are required to report when they have symptoms related to COVID-19. - Staff members are not responsible for screening other staff members for symptoms.

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Restrict non-essential visitors/volunteers. • Examples of essential visitors include: DHS Child Protective Services, Law Enforcement, etc. • Examples of non-essential visitors/volunteers include: Parent Teacher Association (PTA), classroom volunteers, etc. ☐ Screen all visitors/volunteers for symptoms upon every entry. Restrict from school property any visitor known to have been	Visitors/Volunteers will be unable to work in schools, or complete other volunteer activities that require in person interaction, at this time. Adults in schools are limited to essential personnel only. Visitors must wash or sanitize their hands upon entry and exit.

OHA/ODE Requirements	Hybrid/Onsite Plan
exposed to COVID-19. See table *"Planning for COVID-19 Scenarios in Schools."* ☐ Visitors/volunteers must wash or sanitize their hands upon entry and exit. ☐ Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.	Visitors must wear face coverings in accordance with LPHA and CDC guidelines. Visitors will be screened for symptoms upon every entry and restricted from school property if exposed to Covid-19 within the preceding 14 calendar days.

1h. FACE COVERINGS, FACE SHIELDS, AND CLEAR PLASTIC BARRIERS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines for Face Coverings. Individuals may remove their face coverings while working alone in private offices. ☐ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines for Face Coverings. ☐ If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time: • Provide space away from peers while the face covering is removed. In the classroom setting, an example could be a designated chair where a student can sit and take a 15 minute "sensory break;" o Students should not be left alone or unsupervised; o Designated area or chair should be appropriately distanced from other students and of a material that is easily wiped down for disinfection after each use; • Provide additional instructional supports to effectively wear a face covering; • Provide students adequate support to re-engage in safely wearing a face covering; • Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day. ☐ Face masks for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role. • Additional guidance for nurses and health staff. **Protections under the ADA or IDEA** ☐ If any student requires an accommodation to meet the requirement for face coverings, districts and schools should limit the student's proximity to students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include: • Offering different types of face coverings and face shields that may meet the needs of the student. • Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised. • Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease; • Additional instructional supports to effectively wear a face covering; ☐ For students with existing medical conditions and a physician's orders to not wear face coverings, or other health related concerns, schools/districts **must not** deny any in-person instruction. ☐ Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020. • If a student eligible for, or receiving services under a 504/IEP, **cannot** wear a face covering due to the nature of the disability, the school or district must:	Face coverings are required for all staff, students, contractors, and service providers ages 5 and up. The district is providing face coverings for staff and students. Students will be instructed in the proper wearing and cleaning of face coverings. 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. Plexiglass barriers have limited utility for schools and are not practical for classroom use. Examples of where barriers could be used include the library check-out station, cafeteria check-out, or front office

OHA/ODE Requirements	Hybrid/Onsite Plan
1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan including on-site instruction with accommodations or adjustments. 2. Placement determinations cannot be made due solely to the inability to wear a face covering. 3. Plans should include updates to accommodations and modifications to support students. • Students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, the school or district must: 1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan. 2. The team must determine that the disability is not prohibiting the student from meeting the requirement. o If the team determines that the disability is prohibiting the student from meeting the requirement, follow the requirements for students eligible for, or receiving services under, a 504/IEP who cannot wear a face covering due to the nature of the disability, o If a student's 504/IEP plan included supports/goals/instruction for behavior or social emotional learning, the school team must evaluate the student's plan prior to providing instruction through Comprehensive Distance Learning. 3. Hold a 504/IEP meeting to determine equitable access to educational opportunities which may include limited in-person instruction, on-site instruction with accommodations, or Comprehensive Distance Learning. ☐ For students not currently served under an IEP or 504, districts must consider whether or not student inability to consistently wear a face covering or face shield as required is due to a disability. Ongoing inability to meet this requirement may be evidence of the need for an evaluation to determine eligibility for support under IDEA or Section 504. ☐ If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.	

1i. ISOLATION AND QUARANTINE

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Protocols for exclusion and isolation for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day. ☐ Protocols for screening students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day. • Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, ensure that six feet distance is maintained. Do not assume they have the same illness. • Consider required physical arrangements to reduce risk of disease transmission.	Refer to district Communicable Disease Mgmt Plan for appropriate isolation determination and processes (plan still under construction by district and OHA). Each school principal or designee will connect weekly with school nurse on updates for plan and isolation measures taken to that point. All students who become ill at school with excludable symptoms will remain at school supervised by staff until parents can pick them up in the designated isolation room. This room is located in the front of the school, connected to the front office. Student will be provided a facial covering (if they can safely wear one). Staff should wear a facial covering and maintain physical distancing, but never leave a child unattended.

OHA/ODE Requirements	Hybrid/Onsite Plan
• Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. • Additional guidance for nurses and health staff. ☐ Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields. • School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space. • After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol. • If able to do so safely, a symptomatic individual should wear a face covering. • To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing. ☐ Establish procedures for safely transporting anyone who is sick to their home or to a health care facility. ☐ 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. Refer to table in *"Planning for COVID-19 Scenarios in Schools."* ☐ Involve school nurses, School Based Health Centers, or staff with related experience (Occupational or Physical Therapists) in development of protocols and assessment of symptoms (where staffing exists). ☐ Record and monitor the students and staff being isolated or sent home for the LPHA review.	While exercising caution or maintain (ensure) safety is appropriate when working with children exhibiting symptoms, it is also critical that staff maintain sufficient composure and disposition so as not to unduly worry a student or family. Staff will maintain student confidentiality as appropriate (FERPA). Daily logs must be maintained containing the following: - Name of students sent home for illness, cause of illness, time of onset, as per designated communicable disease surveillance logs; and Name of students visiting the office for illness symptoms, even if not sent home, as per routine health logs Staff and students with known or suspected COVID-19 cannot remain at school and should return only after their symptoms resolve and they are physically ready to return to school. In no case can they return before: - The passage of 14 calendar days after exposure, or 2 negative COVID-19 molecular tests (PCR), at least 24 hours apart; **and** - symptoms have been resolved for 72 hours without the use of anti-fever medications - Record and monitor the students and staff being isolated or sent home for the LPHA review.

2. Facilities and School Operations

Some activities and areas will have a higher risk for spread (e.g., band, choir, science labs, locker rooms). When engaging in these activities within the school setting, schools will need to consider additional physical distancing or conduct the activities outside (where feasible). Additionally, schools should consider sharing explicit risk statements for instructional and extra-curricular activities requiring additional considerations (see section 5f of the ***Ready Schools, Safe Learners*** guidance).

2a. ENROLLMENT

(Note: Section 2a does not apply to private schools.)

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Enroll all students (including foreign exchange students) following the standard Oregon Department of Education guidelines. ☐ The temporary suspension of the 10-day drop rule does not change the rules for the initial enrollment date for students:	All students will be enrolled following the Oregon Department of Education guidelines.

OHA/ODE Requirements	Hybrid/Onsite Plan
• The ADM enrollment date for a student is the first day of the student's actual attendance. • A student with fewer than 10 days of absence at the beginning of the school year may be counted in membership prior to the first day of attendance, but not prior to the first calendar day of the school year. • If a student does not attend during the first 10 session days of school, the student's ADM enrollment date must reflect the student's actual first day of attendance. • Students who were anticipated to be enrolled, but who do not attend at any time must not be enrolled and submitted in ADM. ☐ If a student has stopped attending for 10 or more days, districts must continue to try to engage the student. At a minimum, districts must attempt to contact these students and their families weekly to either encourage attendance or receive confirmation that the student has transferred or has withdrawn from school. This includes students who were scheduled to start the school year, but who have not yet attended. ☐ When enrolling a student from another school, schools must request documentation from the prior school within 10 days of enrollment per OAR 581-021-0255 to make all parties aware of the transfer. Documentation obtained directly from the family does not relieve the school of this responsibility. After receiving documentation from another school that a student has enrolled, drop that student from your roll. ☐ Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns. ☐ When a student has a pre-excused absence or COVID-19 absence, the school district should reach out to offer support at least weekly until the student has resumed their education. ☐ When a student is absent beyond 10 days and meets the criteria for continued enrollment due to the temporary suspension of the 10 day drop rule, continue to count them as absent for those days and include those days in your Cumulative ADM reporting.	No student will be dropped for non-attendance if they meet the following conditions: - Are identified as vulnerable, or otherwise considered to be part of a population vulnerable to infection with COVID-19 Have COVID-19 symptoms for the past 14 days

2b. ATTENDANCE

(Note: Section 2b does not apply to private schools.)

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Grades K-5 (self-contained): Attendance must be taken at least once per day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). ☐ Grades 6-12 (individual subject): Attendance must be taken at least once for each scheduled class that day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). ☐ Alternative Programs: Some students are reported in ADM as enrolled in a non-standard program (such as tutorial time), with hours of instruction rather than days present and days absent. Attendance must be taken at least once for each scheduled interaction with each student, so that local systems can track the student's attendance and engagement. Reported hours of instruction continue to be those hours in which the student was present. ☐ Online schools that previously followed a two check-in per week attendance process must follow the Comprehensive Distance Learning requirements for checking and reporting attendance. ☐ Provide families with clear and concise descriptions of student attendance and participation expectations as well as family	On-site student attendance will follow normal reporting policy and procedures. Attendance for students participating in distance learning, attendance will be taken twice per week following ODE guidance. Attendance policies and plans will encourage staff and students to stay home if someone in their household is sick. A designated staff member will notify the principal when the absence rate has increased by 20% or more. The principal will report this increase to the RN. Teachers will use the Respiratory Surveillance spreadsheet to document students with respiratory illness. **Onsite attendance:** A designated adult will monitor and report absence rates. The school handbook will be updated to reflect all attendance policy/procedures requiring updated COVID-19 protocols.

OHA/ODE Requirements	Hybrid/Onsite Plan
involvement expectations that take into consideration the home environment, caregiver's work schedule, and mental/physical health.	

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d of the ***Ready Schools, Safe Learners*** guidance). ☐ Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.	Clean and sanitize each device brought in for updates, repair, return, inventory, or redistribution. Students will be assigned their own technology device. The devices will be cleaned daily by a designated adult. Teachers will keep a log of any technology devices that need to be checked out. All devices will be cleaned by a designated adult when they are returned to school.

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ **Handwashing:** All people on campus should be advised and encouraged to wash their hands frequently. ☐ **Equipment:** Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. ☐ **Events:** Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing. ☐ **Transitions/Hallways:** Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. ☐ **Personal Property**: Establish policies for personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner.	• **Handwashing:** Provide age appropriate hand washing education, define appropriate times to wash hands, and provide hand sanitizer when hand washing is not available. Teachers will provide the hand washing education during the first week of school and will refresh the training as needed. All students will have access to hand washing prior to meal times and after, and frequent opportunities for hand washing provided throughout the day. Handwashing will take place in the classroom using the classroom sink. Hand washing may be supplemented by the use of hand sanitizer. Students will be trained in proper hand washing protocols. Signage will be located at each sink to remind students of proper protocol. • **Equipment:** All classroom supplies and PE equipment will be cleaned and sanitized before use by another student or cohort group. Equipment and supplies will be cleaned by teachers, instructional assistants, and custodial staff. Shared use of classroom supplies will be limited wherever possible. Students will have individual materials when possible. When it is not possible for students to have individual materials, designated staff will sanitize when necessary. • **Safety Drills:** During fire drills (and all other safety drills), all cohort classes will be physically distanced during exit, recovery, and reentry procedures. - Students will be trained on proper social distancing during these drills. - Teachers will provide the training during the first week of school and will refresh the training as needed. • **Events:** Field trips will be designed virtually until further guidance is issued. All assemblies, special performances, school wide parent meetings and other large gatherings will be canceled or held in a virtual format until further guidance is issued. Guidelines and

OHA/ODE Requirements	Hybrid/Onsite Plan
	requirements for athletic events and practices will follow OSAA guidance. • **Transitions/Hallways:** Wherever possible, student cohorts should remain in the classroom with adults transitioning. Hallways will be marked with one-way direction markers. • **Classroom Line Up:** When students are required to line up outside of buildings or classrooms, line up areas are to be marked with visual cues to indicate adequate physical distance. Designated staff will be trained and expected to transition students on time while maintaining social distancing. • **Personal Property:** Each classroom will have a limit on the number of personal items brought in to school. A full list will be sent home prior to class starting with allowable items (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and not shared with other students. If lockers/cubbies are used, they must be single student use spaces. • **Restrooms:** Students will use individual bathrooms within their designated classrooms, where available. These bathrooms will be cleaned daily. Restrooms will be assigned based on cohorts and have designated schedules whenever possible to alleviate large groups and waiting. If this cannot be maintained, the restrooms will be cleaned multiple times throughout the day. • All bathrooms will be cleaned regularly by designated staff.

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. ☐ Create schedule(s) and communicate staggered arrival and/or dismissal times. ☐ Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the ***Ready Schools, Safe Learners*** guidance). ☐ Ensure accurate sign-in/sign-out protocols to help facilitate contact tracing by the LPHA. Sign-in procedures are not a replacement for entrance and screening requirements. Students entering school after arrival times must be screened for the primary symptoms of concern. • Eliminate shared pen and paper sign-in/sign-out sheets. • Ensure hand sanitizer is available if signing children in or out on an electronic device. ☐ Ensure alcohol-based hand sanitizer (with 60-95% alcohol) dispensers are easily accessible near all entry doors and other	Hand sanitizer stations will be placed near all main entry doors or other high traffic areas. ***Reminder: Parents, visitors, volunteers will not be allowed in the building, unless picking up a sick student.*** Entry into the school: Each grade level will enter the school at a designated location Students will enter the building at the following locations. Pre-K, Kg., 4th, and 5th students will enter the building through the back door of their classroom. 1st and 2nd grade will enter the building through the doors located next to room 5. 3rd grade will enter the building through the front doors. Upon drop off, students will enter at their designated entrance and will be screened upon arrival.

OHA/ODE Requirements	Hybrid/Onsite Plan
high-traffic areas. Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible.	- If students arrive after school is in session, students will be checked in at the office and screened before entering the classroom. - Students will be expected to properly wash their hands upon arrival. Grade level teachers will escort their students to their drop off location. Teachers will stay with their class until all students are picked up. - Students will be screened by teachers before dismissal. - If students are to be picked up early, parents will be expected to call ahead of time to allow proper screening before the student leaves school grounds. - Students will be expected to wash their hands after screening. - See previous social distancing guidance and contact tracing guidance in section 1f. Parents will be expected to call the school if needing their student before the end of the school day. This will allow for time to properly screen students. Teachers will need to complete the student's Contact tracing logs before the student leaves campus.

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ **Seating:** Rearrange student desks and other seat spaces so that staff and students' physical bodies are six feet apart to the maximum extent possible while also maintaining 35 square feet per person; assign seating so students are in the same seat at all times. ☐ **Materials:** Avoid sharing of community supplies when possible (e.g., scissors, pencils, etc.). Clean these items frequently. Provide hand sanitizer and tissues for use by students and staff. ☐ **Handwashing:** Remind students (with signage and regular verbal reminders from staff) of the utmost importance of hand hygiene and respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of in a garbage can, then hands washed or sanitized immediately. • Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.	• **Seating:** Rearrange student desks and tables, striving for 6' apart. Assign seating so students are in the same seat at all times. A rectangular or square array will be utilized to safely accommodate the maximum number of students, per space. • **Materials:** Each classroom will limit sharing of community supplies when possible (e.g., scissors, pencils, etc.). If needed to share, these items will be cleaned frequently, between student cohort use. Hand sanitizer and tissues will be available for use by students and staff. • **Handwashing:** Post age appropriate signage and provide regular reminders for hand washing. Signs will be posted above all sinks on campus. • **Furniture:** All upholstered furniture and soft seating has been removed. If not possible to remove, then washable or replaceable coverings must be used. • **Classroom Procedures:** See previous • **Traffic Flow:**

OHA/ODE Requirements	Hybrid/Onsite Plan
	Wherever possible use visual aids (e.g., painters tape, stickers, etc.) to illustrate traffic flow, appropriate spacing, assigned seating areas. • **Environment:** • When possible, windows will be open in the classroom before students arrive and after students leave. Each classroom may hold classes outside when possible and encourage students to spread out.

2g. PLAYGROUNDS, FIELDS, RECESS, BREAKS, AND RESTROOMS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community (see Oregon Health Authority's Specific Guidance for Outdoor Recreation Organizations). ☐ After using the restroom students must wash hands with soap and water for 20 seconds. Soap must be made available to students and staff. ☐ Before and after using playground equipment, students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. ☐ Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect at least daily or between use as much as possible in accordance with CDC guidance. ☐ Cleaning requirements must be maintained (see section 2j of the ***Ready Schools, Safe Learners*** guidance). ☐ Maintain physical distancing requirements, stable cohorts, and square footage requirements. ☐ Provide signage and restrict access to outdoor equipment (including sports equipment, etc.). ☐ Design recess activities that allow for physical distancing and maintenance of stable cohorts. ☐ Clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance. ☐ Limit staff rooms, common staff lunch areas, elevators and workspaces to single person usage at a time, maintaining six feet of distance between adults.	Playground and play structure public usage will follow current OHA and ODE guidelines, including sanitation procedures. Classes may use the playground for recess on a staggered schedule throughout the day. Recess activities will be planned to support physical distancing and maintain stable cohorts. Cleaning requirements must be maintained. Students will wash or sanitize hands before and after using play equipment. Students will be taught recess guidelines with their stable cohort the first week of school to support physical distancing. The students will be taught the expectations by the teacher or principal during the first week of school. When students are having difficulty remembering physical distancing measures for recess they will be retaught by staff exercising patience. Signage will be posted in any locations or on any equipment that is restricted to students. The principal will post this signage before school opens. Each grade will have their own recess equipment that will be properly sanitized each day by the classroom teacher or instructional aide.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Include meal services/nutrition staff in planning for school reentry. ☐ Prohibit self-service buffet-style meals. ☐ Prohibit sharing of food and drinks among students and/or staff. ☐ At designated meal or snack times, students may remove their face coverings to eat or drink but must maintain six feet of physical distance from others, and must put face coverings back on after finishing the meal or snack. ☐ Staff serving meals and students interacting with staff at mealtimes must wear face shields or face covering (see section 1h of the **Ready Schools, Safe Learners** guidance). ☐ Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol before meals and should be encouraged to do so after. ☐ Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items). ☐ Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts.	All students must wash hands prior to and after meals. Students will not share utensils or other items during meals. Tables/desks will be cleaned prior to and after meals being consumed by teachers, instructional aides, and custodial staff. Students will pick up food in the cafeteria and return to their classrooms to eat. Physical distancing requirement must be maintained in transit. If a classroom is unable to travel to the cafeteria, cafeteria staff will deliver meals to the classroom. All meals will be eaten in the classroom. Social distancing will be monitored by a trained designated adult. Meal touch points and meal counting system will be cleaned between cohorts by custodial and cafeteria staff.

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Adequate cleaning and disinfection of tables between meal periods. ☐ Since staff must remove their face coverings during eating and drinking, staff should eat snacks and meals independently, and not in staff rooms when other people are present. Consider staggering times for staff breaks, to prevent congregation in shared spaces.	

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Include transportation departments (and associated contracted providers, if used) in planning for return to service. ☐ Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the ***Ready Schools, Safe Learners*** guidance). ☐ Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This should be done at the time of arrival and departure. • If a student displays COVID-19 symptoms, provide a face shield or face covering (unless they are already wearing one) and keep six feet away from others. Continue transporting the student. o The symptomatic student should be seated in the first row of the bus during transportation, and multiple windows should be opened to allow for fresh air circulation, if feasible. o The symptomatic student should leave the bus first. After all students exit the bus, the seat and surrounding surfaces should be cleaned and disinfected. • If arriving at school, notify staff to begin isolation measures. o If transporting for dismissal and the student displays an onset of symptoms, notify the school. ☐ Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service. ☐ Drivers wear face shields or face coverings when not actively driving and operating the bus. ☐ Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings). ☐ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines applying the guidance in section 1h of the ***Ready Schools, Safe Learners*** guidance to transportation settings.	First Student transportation, who provides our student transportation services, has been fully included in our transportation and sanitation plans. Buses will be cleaned and disinfected after each run. Drivers will visually screen students and will have face coverings available for those who exhibit symptoms. The buses all have a designated area that keeps such students at least 6 feet from other students. School staff will be notified of any student who displays onset of symptoms either when students are on the way to school or on the way home from school. Families will be consulted to appropriately provide service to all students. Drivers will wear face shields or coverings. Families will be kept informed of any changes in busing services or increased route times.

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Clean, sanitize, and disinfect frequently touched surfaces (e.g. door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings and restrooms. ☐ Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with CDC guidance. ☐ Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students.	All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) will be cleaned between use by cohorts, but not less than once daily by custodial staff. Follow CDC guidelines for cleaning. Ventilation systems will be checked and maintained monthly by maintenance staff.

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ 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. ☐ Schools with HVAC systems should evaluate the system to minimize indoor air recirculation (thus maximizing fresh outdoor air) to the extent possible. Schools that do not have mechanical ventilation systems should, to the extent possible, increase natural ventilation by opening windows and doors before students arrive and after students leave, and while students are present. ☐ Consider running ventilation systems continuously and changing the filters more frequently. Do not use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. Consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window, and indoor air out of the classroom via another window. Fans should not be used in rooms with closed windows and doors, as this does not allow for fresh air to circulate. ☐ Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. ☐ Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see CDC's guidance on disinfecting public spaces). ☐ Consider modification or enhancement of building ventilation where feasible (see CDC's guidance on ventilation and filtration and American Society of Heating, Refrigerating, and Air-Conditioning Engineers' guidance).	

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ OAR 581-022-2220 Health Services, requires districts to "maintain a prevention-oriented health services program for all students" including space to isolate sick students and services for students with special health care needs. While OAR 581-022-2220 does not apply to private schools, private schools must provide a space to isolate sick students and provide services for students with special health care needs. ☐ Licensed, experienced health staff should be included on teams to determine district health service priorities. Collaborate with health professionals such as school nurses; SBHC staff; mental and behavioral health providers; dental providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC).	Nurse will be primary consultant in supporting development of this plan. Designated staff will implement plan. A plan for maintaining health services for all students will be implemented.

2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Provide specific plan details and adjustments in Operational Blueprints that address staff and student safety, which includes how you will approach: • Contact tracing • The intersection of cohort designs in residential settings (by wing or common restrooms) with cohort designs in the instructional settings. The same cohorting parameter limiting total cohort size to 100 people applies. • Quarantine of exposed staff or students • Isolation of infected staff or students • Communication and designation of where the "household" or "family unit" applies to your residents and staff	Not applicable

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Review and take into consideration CDC guidance for shared or congregate housing: • Not allow more than two students to share a residential dorm room unless alternative housing arrangements are impossible • Ensure at least 64 square feet of room space per resident • Reduce overall residential density to ensure sufficient space for the isolation of sick or potentially infected individuals, as necessary; • Configure common spaces to maximize physical distancing; • Provide enhanced cleaning; • Establish plans for the containment and isolation of on-campus cases, including consideration of PPE, food delivery, and bathroom needs.	

2m. SCHOOL EMERGENCY PROCEDURES AND DRILLS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ In accordance with ORS 336.071 and OAR 581-022-2225 all schools (including those operating a Comprehensive Distance Learning model) are required to instruct students on emergency procedures. Schools that operate an On-Site or Hybrid model need to instruct and practice drills on emergency procedures so that students and staff can respond to emergencies. • At least 30 minutes in each school month must be used to instruct students on the emergency procedures for fires, earthquakes (including tsunami drills in appropriate zones), and safety threats. • Fire drills must be conducted monthly. • Earthquake drills (including tsunami drills and instruction for schools in a tsunami hazard zone) must be conducted two times a year. • Safety threats including procedures related to lockdown, lockout, shelter in place and evacuation and other appropriate actions to take when there is a threat to safety must be conducted two times a year. ☐ Drills can and should be carried out as close as possible to the procedures that would be used in an actual emergency. For example, a fire drill should be carried out with the same alerts and same routes as normal. If appropriate and practicable, COVID-19 physical distancing measures can be implemented, but only if they do not compromise the drill. ☐ When or if physical distancing must be compromised, drills must be completed in less than 15 minutes. ☐ Drills should not be practiced unless they can be practiced correctly. ☐ Train staff on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement. ☐ If on a hybrid schedule, conduct multiple drills each month to ensure that all cohorts of students have opportunities to participate in drills (i.e., schedule on different cohort days throughout the year). ☐ Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol after a drill is complete.	• **Safety Drills:** During fire drills (and all other safety drills), all cohort classes will be physically distanced during exit, recovery, and reentry procedures. - Students will be trained on proper social distancing during these drills. - Teachers will provide the training during the first week of school and will refresh the training as needed. - Students and staff will wash hands or use hand sanitizer after drills. -

2n. SUPPORTING STUDENTS WHO ARE DYSREGULATED, ESCALATED, AND/OR EXHIBITING SELF-REGULATORY CHALLENGES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Utilize the components of Collaborative Problem Solving or a similar framework to continually provide instruction and skill-building/training related to the student's demonstrated lagging skills.	Staff have either attended the CPS training or regularly receive training in CPS principles and trauma-informed principles. Schoolwide MTSS systems are based in PBIS and trauma-informed practices which support reducing antecedent events and triggers.

OHA/ODE Requirements	Hybrid/Onsite Plan

☐ Take proactive/preventative steps to reduce antecedent events and triggers within the school environment.
☐ Be proactive in planning for known behavioral escalations (e.g., self-harm, spitting, scratching, biting, eloping, failure to maintain physical distance). Adjust antecedents where possible to minimize student and staff dysregulation. Recognize that there could be new and different antecedents and setting events with the additional requirements and expectations for the 2020-21 school year.
☐ Establish a proactive plan for daily routines designed to build self-regulation skills; self-regulation skill-building sessions can be short (5-10 minutes), and should take place at times when the student is regulated and/or is not demonstrating challenging behaviors.
☐ Ensure all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion.
☐ Ensure that staff are trained in effective, evidence-based methods for developing and maintaining their own level of self-regulation and resilience to enable them to remain calm and able to support struggling students as well as colleagues.
☐ Plan for the impact of behavior mitigation strategies on public health and safety requirements:
• Student elopes from area
  ○ If staff need to intervene for student safety, staff should:
  • Use empathetic and calming verbal interactions (i.e. "This seems hard right now. Help me understand... How can I help?") to attempt to re-regulate the student without physical intervention.
  • Use the least restrictive interventions possible to maintain physical safety for the student and staff.
  • Wash hands after a close interaction.
  • Note the interaction on the appropriate contact log.
  ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs.
• Student engages in behavior that requires them to be isolated from peers and results in a room clear.
  ○ If students leave the classroom:
  • Preplan for a clean and safe alternative space that maintains physical safety for the student and staff
  • Ensure physical distancing and separation occur, to the maximum extent possible.
  • Use the least restrictive interventions possible to maintain physical safety for the student and staff.
  • Wash hands after a close interaction.
  • Note the interaction on the appropriate contact log.
  ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs.
• Student engages in physically aggressive behaviors that preclude the possibility of maintaining physical distance and/or require physical de-escalation or intervention techniques other than restraint or seclusion (e.g., hitting, biting, spitting, kicking, self-injurious behavior).
  ○ If staff need to intervene for student safety, staff should:
  • Maintain student dignity throughout and following the incident.
  • Use empathetic and calming verbal interactions (i.e. "This seems hard right now. Help me understand... How can I help?") to attempt to re-regulate the student without physical intervention.
	Staff receive training throughout the year on trauma-informed practices which include best practices for behavior escalation. Each building has a Skill Building Program, with staff who are trained in CPS and the Crisis Prevention Institute to provide extra support for students who are dysregulated.
	
	Each school has built into their schedule time for social-emotional learning with a CASEL approved curriculum. Staff receive training on providing a safe and predictable environment for students.
	All staff receive training to de-escalate children, focus on lagging skill instruction and use restraints only as a last resort when safety is compromised for student or others.
	
	Staff receive training on creating a Culture of Care (Dr. Rick Robinson) which includes self-care. Staff who work specifically with students who need higher behavior supports, regularly utilize Reflective Practices.
	
	Staff have been trained on how to respond to a student leaving the area or campus. This is a written process and once a student engages in this behavior, a safety plan is developed with the team. Any unexpected interaction with other stable cohorts will be documented in the contact log.
	
	We have a designated room for students who need to be removed from their peers to regulate. It allows for physical distancing and is an inviting safe space with sensory materials available and students complete a reflection sheet before re-entering the classroom. Any unexpected interaction with other stable cohorts will be documented in the contact log.
	
	Staff are trained in CPI techniques and safely remove student to an inviting safe space with sensory materials available and students complete a reflection sheet before re-entering the classroom. Any unexpected interaction with other stable cohorts will be documented in the contact log. Students who engage in physically aggressive behaviors will have functional behavior assessments and behavior support plans that are within the CPS paradigm.
	
	Staff will clean and sanitize the space where the child is removed to deescalate behavior afterwards.

OHA/ODE Requirements	Hybrid/Onsite Plan
• Use the least restrictive interventions possible to maintain physical safety for the student and staff • Wash hands after a close interaction. • Note the interaction on the appropriate contact log. o *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. ☐ Ensure that spaces that are unexpectedly used to deescalate behaviors are appropriately cleaned and sanitized after use before the introduction of other stable cohorts to that space. **Protective Physical Intervention** ☐ Reusable Personal Protective Equipment (PPE) must be cleaned/sanitized after every episode of physical intervention (see section 2j of the ***Ready Schools, Safe Learners*** guidance: Cleaning, Disinfection, and Ventilation).	

3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Review the "*Planning for COVID-19 Scenarios in Schools*" toolkit. ☐ Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level.	Coordinate Communication with the Local Public Health Authority. If the region impacted is in Douglas County, the Health Authority will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region a response team should be assembled within the district and responsibilities assigned within the school district. Establish a specific emergency response framework with key stakeholders.

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Review and utilize the "*Planning for COVID-19 Scenarios in Schools*" toolkit. ☐ Ensure continuous services and implement Comprehensive Distance Learning. ☐ Continue to provide meals for students.	Identify baseline absentee rates to determine if rates have increased by 20% or more. Temporarily dismiss students attending childcare facilities, K-12 schools. Modify, postpone, or cancel large school events as coordinated with LPHA. Work with LPHA to establish timely communication with staff and families. 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 county nurse on the diagnosed case. Likewise, the LPHA will impose restrictions on contacts.

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Review and utilize the "*Planning for COVID-19 Scenarios in Schools*" toolkit. ☐ Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds. ☐ When bringing students back into On-Site or Hybrid instruction, consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools.	Distance learning and in-person learning will be planned in collaborative teams, allowing for students (and the school community) to move between an in-person and distance learning model. In the event of school closure, all students and staff will participate in distance learning temporarily. Consult with LPHA for guidance on cleaning, sanitizing and disinfecting surfaces. Follow LPHA guidance regarding the return of students and staff for onsite instruction.

ASSURANCES

This section must be completed by any public school that is providing instruction through On-Site or Hybrid Instructional Models.
Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the* Limited In-Person Instruction *provision under the Comprehensive Distance Learning guidance.
This section does not apply to private schools.

☒ We affirm that, in addition to meeting the requirements as outlined above, our school plan has met the collective requirements from ODE/OHA guidance related to the 2020-21 school year, including but not limited to requirements from:

- Sections 4, 5, 6, 7, and 8 of the ***Ready Schools, Safe Learners*** guidance,
- The ***Comprehensive Distance Learning*** guidance,
- The ***Ensuring Equity and Access: Aligning Federal and State Requirements*** guidance, and
- ***Planning for COVID-19 Scenarios in Schools***

☐ We affirm that we cannot meet all of the collective requirements from ODE/OHA guidance related to the 2020-21 school year from:

- Sections 4, 5, 6, 7, and 8 of the ***Ready Schools, Safe Learners*** guidance,
- The ***Comprehensive Distance Learning*** guidance,
- The ***Ensuring Equity and Access: Aligning Federal and State Requirements*** guidance, and
- ***Planning for COVID-19 Scenarios in Schools***

We will continue to work towards meeting them and have noted and addressed which requirement(s) we are unable to meet in the table titled "Assurance Compliance and Timeline" below.

4. Equity

5. Instruction

6. Family, Community, Engagement

7. Mental, Social, and Emotional Health

8. Staffing and Personnel

Assurance Compliance and Timeline

If a district/school cannot meet the requirements from the sections above, provide a plan and timeline to meet the requirement.

List Requirement(s) Not Met	Provide a Plan and Timeline to Meet Requirements *Include how/why the school is currently unable to meet them*

South Umpqua School District #19

Guidance for Covid-19 and Other Viruses

Rev. July 7, 2020

Introduction

The purpose of this document is to provide guidance on the actions and interventions to help slow the spread of respiratory illnesses, both seasonal and pandemic or novel viruses. As such, this document may be modified to meet changing levels of a pandemic threat.

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

Several viruses routinely circulate in our community to cause upper viral respiratory illnesses. The "common cold" is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in the severity, but include cough, low-grade fever, and sore throat.

Seasonal Influenza

Influenza or more commonly referred to as "flu" is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza "flu" virus: Types A and B. These influenza viruses A and B routinely spread in people (human influenza viruses) and are responsible for seasonal flu outbreaks each year. Influenza can cause mild to severe illness and serious outcomes of flu infection can result in hospitalization or death. Some people, such as very young children, older people, and people with weak immune systems or underlying health conditions, 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.

Novel, Variant and Pandemic Viruses

Novel viruses refer to a virus not previously identified, it may be a new strain or a strain that has not previously infected people. A variant virus is a virus that historically has infected animals but begins to infect people.

A pandemic virus is one which spreads quickly between people, causing illness worldwide, most people will lack immunity to these viruses. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. The pandemic flu can be more severe, causing more deaths than the seasonal flu. Because it is a new virus, a vaccine may not be available right away and could overwhelm normal operations of communities.

Basic Definitions

Infectious disease terms are often mistakenly used interchangeably. Knowing the difference is important to help you better understand public health news and appropriate public health responses.

- ***ENDEMIC*** is something that belongs to a particular people or country. Endemics can also be a constant presence in a specific area, but in relatively low frequency, such as chicken pox in the United States and Malaria in parts of Africa.
- ***AN OUTBREAK*** is a greater-than anticipated increase in the number of endemic cases. It can also be a single case in a new area. If it is not quickly controlled, an outbreak can become an epidemic (example 2019 outbreak of measles in Washington State and New York city).
- ***AN EPIDEMIC*** is a disease that affects a large number of people within a community, population, or region, it actively spreads, and new cases of the disease substantially exceed

what is expected (example when COVID-19 broke out in Wuhan, China it was an epidemic).

- ***A PANDEMIC*** is an epidemic that's spread over multiple countries or continents (such as the COVID-19).

This guidance provides requirements and recommendations based on Oregon Health Authority, CDC, and Oregon Department of Education guidance and recommendations. It is aimed at limiting the novel coronavirus in key environments where it can spread. These recommendations may be changed as/if additional information becomes available.

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then touching the nose, mouth, or eyes. In addition, COVID-19 may be spread by people who are not showing symptoms. Therefore, personal practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principals covered in this document. There are a number of actions which can be taken to help lower the risk of COVID-19 exposure and spread during school sessions and activities.

Signage will be posted at all school entrances requesting that people who have been symptomatic with fever and/or cough not enter.

Schools are required to enforce that staff and students stay home if:

- **They have tested positive for or are showing COVID-19 symptoms *or if anyone in their home or community living spaces has COVID-19*,** until they meet criteria for return.
- **They have recently had close contact with a person with Covid-19,** until they meet criteria for return.

Symptom screening will be conducted of any person entering the building, this includes students, staff, family members and visitors.

In addition to Covid-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policies and protocols (see OHA/ODE Communicable Disease Guidance).

SCREENING FLOW CHART

	Screen for COVID-19 Symptoms
NO FLAGS -----	**Proceed to School**
Exposure, No symptoms --	**Cannot go to School** – Home for 14 days since exposure
Diagnosis, No symptoms –	**Cannot go to School** – Home for 10 days since first positive COVID-19 test.
At least 1 symptom –	**Cannot go to school** – Home until: • 10 days since first symptoms • No fever for 3 days (without fever medicine) • 3 days of symptom improvement, including coughing and shortness of breath

(Verbal) Symptom Screening Checklist

The person conducting screenings should maintain a six-foot distance while asking questions. If an elementary child is being dropped off questions may be asked of the person accompanying the child. If the child is unaccompanied or arrives via school bus, the person conducting the screening will use their best judgement on determining if the child can respond on their own.

1. Do you have any of these symptoms?
   - ☐ Fever
   - ☐ Chills
   - ☐ Shortness of Breath or difficulty breathing
   - ☐ New cough
   - ☐ New loss of taste or smell

   If the person has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

2. Have you had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provider been in contact with you and advised you to quarantine?
   - ☐ Yes – The person should not be at school. The person can return 14 days after the last time they had close contact with someone with COVID-19, or as listed below.
   - ☐ No – The person can be at school if the person is not experiencing symptoms.

3. Since the last time you were at school, have you or anyone in your home or community living space been diagnosed with Covid-19?
   - ☐ Yes
   - ☐ No

   If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

(Visual) Symptom Screening Checklist for Students

School personnel will conduct visual symptom screening upon student arrival at school, and continue monitoring students, as necessary, throughout the day for any symptoms. ***Refer to the Verbal Symptom Screening Checklist for any students with visible symptoms.***

Does the student appear to have:
- ☐ Fever
- ☐ Chills
- ☐ Shortness of Breath or difficulty breathing
- ☐ New cough
- ☐ Change in energy level (lethargic)
- ☐ Flushed or pale cheeks

A person can return to school when a family member can ensure that they can answer **YES to ALL three questions:**

- ☐ Has it been at least 10 days since the person first had symptoms?
- ☐ Has it been at least 3 days since the person had a fever (without using fever reducing medicine)?
- ☐ Has it been at least 3 days since the person's symptoms have improved, including cough and shortness of breath?

If a person has had a negative COVID-19 tests, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a person has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a person has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

Parent/Guardian Attestation

Student's First Name:_____Student's Last Name:_____
Parent/Guardian First Name: _____Parent/Guardian Last Name: _____

1. Has your student had close contact (within 6 feet for at least 15 minutes) in the last 14 days with someone diagnosed with COVID-19, or has any health department or health care provide been in contact with you and advised you to quarantine?

   ☐ Yes – The person should not be at school. The person can return 14 days after the last time they had close contact with someone with COVID-19, or as listed below.
   ☐ No – The person can be at school if the person is not experiencing symptoms.

2. Does your students have any of these symptoms?
   ☐ Fever
   ☐ Chills
   ☐ Shortness of Breath or difficulty breathing
   ☐ New cough
   ☐ New loss of taste or smell

   If the person has any of these symptoms, they should go home, stay away from other people, and call their health care provider.

3. Since they were last at school, has your child been diagnosed with COVID-19?
   ☐ Yes
   ☐ No

   If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay at home until they meet the criteria below.

A person can return to school when a family member can ensure that they can answer **YES to ALL three questions:**

- ☐ Has it been at least 10 days since the person first had symptoms?
- ☐ Has it been at least 3 days since the person had a fever (without using fever reducing medicine)?
- ☐ Has it been at least 3 days since the person's symptoms have improved, including cough and shortness of breath?

If a person has had a negative COVID-19 tests, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours.

If a person has been diagnosed with COVID-19 but does not have symptoms, they should remain out of school until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

If a person has been determined to have been in close contact with someone diagnosed with COVID-19, they should remain out of school for 14 days since the last known contact, unless they test positive. In which case, criteria above would apply. They must complete the full 14 days of quarantine even if they test negative.

I attest that the above information is true to the best of my knowledge as of:

_____ / _____ / _____, _____ : _____ AM PM Signature: _____
MONTH DAY YEAR

POSITIVE SCREENING PROTOCOL: At School or Transportation Entry

	Exposure, No symptoms	Diagnosis, No symptoms	SYMPTOMS
WHO	Staff or Student shares they were exposed to someone with COVID-19 within the last 2 weeks but is NOT symptomatic	Staff or Student shares they were diagnosed with COVID-19 less than 10 days ago, but is NOT symptomatic	Staff or Student presents with at least one of the following COVID-19 symptoms: **** Fever*** **** Chills*** **** New cough*** **** Shortness of Breath or difficulty breathing*** **** New loss of taste or smell***
Staff or Student: A designated individual (e.g. parent or guardian) is **PRESENT** to immediately support student to get home or to medical care safely	☐ Immediately go home. ☐ Notify local heath dept. and follow their procedures. ☐ Can return to school once it has been 14 days since last close contact, if they do not develop symptoms. ☐ Student and staff can participate in remote learning and teaching (if applicable) while out.	☐ Immediately go home. ☐ Notify local heath dept. and follow their procedures. ☐ May return to school 10 days since first positive COVID-19 test, if they do not develop symptoms. ☐ Student and staff can participate in remote learning and teaching (if applicable) while out.	☐ Immediately go home. ☐ Notify Local Health Dept. and follow their procedures. ☐ If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get at COVID-19 tests but has had symptoms, they can return to school when: * At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications; and *Improvement in respiratory symptoms (e.g. cough, shortness of breath); and *At least 10 days have passed since symptoms first appeared. ☐ If a person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours. ☐ Student and staff can participate in remote learning and teacher (if applicable).
Student: A designated individual (e.g. parent or guardian) is ***NOT PRESENT*** to immediately support student to get home or to medical care safely.	☐ If appropriate for that student; they should wear a face covering. ☐ Separate student in designated area with supervision by an adult wearing a face covering, at least 6 feet away. ☐ Enact plan to safely send student home as quickly as possible. ☐ Notify local health department and follow their procedures. ☐ Can return to school once it has been 14 days since last close contact, if they do not develop symptoms. ☐ Participate in remote learning while out.	☐ If appropriate for that student; they should wear a face covering. ☐ Isolate student in designated area with supervision by an adult wearing a face covering, standing at least 6 feet away. ☐ Enact plan to get student home safely and cannot be through school transportation. ☐ Notify local health department and follow their procedures. ☐ May return 10 days since first positive COVID-19 test, if they do not develop symptoms. ☐ Participate in remote learning while out.	☐ If appropriate for that student; they should wear a face covering. ☐ Isolate student in designated area with supervision by an adult wearing a face covering, standing at least 6 feet away. ☐ Enact plan to get student home safely and cannot be through school transportation. ☐ Notify local health department and follow their procedures. ☐ If a person is diagnosed with COVID-19 based on a test, their symptoms, or does not get at COVID-19 tests but has had symptoms, they can return to school when: * At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications; and *Improvement in respiratory symptoms (e.g. cough, shortness of breath); and *At least 10 days have passed since symptoms first appeared. ☐ If a person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours. ☐ Student and staff can participate in remote learning and teacher (if applicable).

POSITIVE SCREENING PROTOCOL: During the School Day

WHO	Exposure, No symptoms	Diagnosis, No symptoms	SYMPTOMS
	Staff or Student shares they were exposed to someone with COVID-19 within the last 2 weeks but is NOT symptomatic	Staff or Student shares they were diagnosed with COVID-19 less than 10 days ago, but is NOT symptomatic	Staff or Student presents with at least one of the following COVID-19 symptoms: **** Fever*** **** Chills*** **** New cough*** **** Shortness of Breath or difficulty breathing*** **** New loss of taste or smell***
Student:	☐ If appropriate for that student; they should wear a face covering. ☐ Separate student in designated area with supervision by an adult wearing a face covering, standing at least 6 feet away. ☐ Enact plan to safely send student home as quickly as possible. ☐ Notify local health department and follow their procedures. ☐ Can return to school once it has been 14 days since last close contact, if they do not develop symptoms. ☐ Participate in remote learning while out.	☐ If appropriate for that student; they should wear a face covering. ☐ Isolate student in designated area with supervision by an adult wearing a face covering, standing at least 6 feet away. ☐ Enact plan to get student home safely and cannot be through school transportation. ☐ Close off facility areas used by the sick person. ☐ Wait at least 24 hours THEN ☐ Clean and disinfect those areas with an EPA-registered product. ☐ Notify local health department and follow their procedures. ☐ May return 10 days since first positive COVID-19 test, if they do not develop symptoms. ☐ Participate in remote learning while out.	☐ If appropriate for that student; they should wear a face covering. ☐ Isolate student in designated area with supervision by an adult wearing a face covering, standing at least 6 feet away. ☐ Enact plan to get student home safely and cannot be through school transportation. ☐ Close off and ventilate facility areas used by the sick student. ☐ Wait at least 24 hours, THEN ☐ Clean and disinfect those areas with an EPA-registered product. ☐ Notify local health department and follow their procedures. ☐ If student is diagnosed with COVID-19 based on a test, their symptoms, or does not get at COVID-19 tests but has had symptoms, they can return to school when: * At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications; and *Improvement in respiratory symptoms (e.g. cough, shortness of breath); and *At least 10 days have passed since symptoms first appeared. ☐ If student has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours. ☐ Student can participate in remote learning if applicable.
Staff	☐ Immediately go home. ☐ Notify local heath dept. and follow their procedures. ☐ Can return to school once it has been 14 days since last close contact, if they do not develop symptoms. ☐ Can participate in remote teaching (if applicable) while out.	☐ Immediately go home. ☐ Notify local heath dept. and follow their procedures. ☐ Wait at least 24 hours, **THEN** ☐ Clean and disinfect those areas with an EPA-registered product. ☐ May return to school 10 days since first positive COVID-19 test, if they do not develop symptoms. ☐ Close off facility areas used by the sick person. ☐ Can participate in remote learning and teaching (if applicable) while out.	☐ If appropriate staff should wear face covering. ☐ If well enough, go home immediately. ☐ If not well enough, isolate staff member in designated area and provide support to get home or to medical care. ☐ Notify Local Health Dept. and follow their procedures. ☐ Close off and ventilate facility areas used by the sick person. ☐ Wait at least 24 hours THEN ☐ Clean and disinfect those areas with an EPA-registered product. ☐ If person is diagnosed with COVID-19 based on a test, their symptoms, or does not get at COVID-19 tests but has had symptoms, they can return to school when: * At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications; and *Improvement in respiratory symptoms (e.g. cough, shortness of breath); and *At least 10 days have passed since symptoms first appeared. ☐ If person has had a negative COVID-19 test, they can return to school once there is no fever without the use of fever-reducing medicines and they have felt well for 24 hours. ☐ Staff can participate in remote teaching (if applicable).
	☐	☐	☐

Promoting Behaviors that Reduce Spread

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). Keep in mind the more people a student or staff member interacts with, and the longer the interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:

Lowest Risk	More 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 (cohorts) 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).	

The best way to prevent illness is to avoid being exposed to this virus.

- **Staff and Students should stay at home if they have tested positive for or are showing COVID-19 symptoms.**
- **Be alert for symptoms**. Watch for fever (100.4 or higher), cough, runny nose, shortness of breath, sore throat, nausea, vomiting or other symptoms.
    - This is especially important if you are running essential errands, going into the workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
- Take your temperature if symptoms develop.
    - Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.

MONITOR YOUR HEALTH

- **Symptom Comparison for Cold, Flu, and COVID-19**

Symptom	Common Cold	Influenza	Covid-19
Incubation Period	1-3 days	1-4 days	1-14 days
Symptom Onset	Gradual	Sudden	Gradual or Sudden
Fever	Rare	Common	Common (100.4 or above)
Cough	Mild to Moderate	Common	Common
Fatigue	Sometimes	Common	Common
Shortness of Breath	Mild	Sometimes	Common
Respiratory Issues	Sometimes	Sometimes	Common
Chills	Uncommon	Common	Sometimes
Headache	Rare	Common	Sometimes
Body aches	Slight	Common	Sometimes
Runny nose	Common	Sometimes	Common
Nasal Congestion	Common	Sometimes	Sometimes
Sneezing	Common	Sometimes	
Nausea	Rare	Sometimes	Sometimes
Diarrhea	Rare	Sometimes	Sometimes
Sore throat	Common	Sometimes	Common
Loss of Appetite	Sometimes	Common	Sometimes
Loss of taste or smell			Sometimes

	Most Frequent Common Symptoms
	Secondary Symptoms

Symptom comparison information from CDC

- **IF symptoms develop** – Follow CDC guidance:
  - ***STAY HOME*** – Most people will have mild illness and can recover at home without medical care. **DO NOT leave your home,** except to get medical care. Do not visit public places.
    - → ***As much as possible, stay in a specific room and away from other people and pets in your home. If around others wear a face covering.***
    - → ***Avoid sharing personal household items (dishes, drinking glasses, cups, eating utensils, towels or bedding). Wash these items thoroughly after using them with soap and water or put in the dishwasher.***
  - **Stay in touch with your doctor.** Call before you get medical care.
    - → Follow care instructions from your healthcare provider and local health department.
  - **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.

Guidelines for cleaning and disinfection of rooms or areas used in school facilities are based on CDC recommendations.

- **Staying Home when Appropriate**
  - Staff and Students who are sick or who have recently had close contact (close contact being less than 6 feet distance for more than 15 minutes) with a person with COVID-19 or person displaying COVID-19 symptoms should stay home and monitor their health.
    - → **CDC defines monitoring your health, as:**
      - Staying home until 14 days after your last exposure.
      - Checking your temperature twice a day and watching for symptoms of COVID-19.
      - If possible, staying away from people who are at higher-risk for getting very sick from COVID-19.
  - **Staff and Students stay home when sick and until 72 hours fever free**, without the use of fever-reducing medication.
- **Practicing Hand Hygiene.**
- **Practicing Respiratory Etiquette.**
- **Wearing Face Coverings/ Shields.**
- Modifying classroom and facility layouts to **promote social distancing**.
- Posting signs and messages in highly visible locations which promote everyday protective measures and describe how to stop the spread of germs.
- **Maintaining healthy environments; daily cleaning and disinfecting of facilities, including transportation vehicles.**
- Identifying small groups and keeping them together (cohorting).
- Discouraging the sharing of items that are difficult to clean or disinfect, keeping personal belongings separated from others and in individually labeled containers, cubbies or areas.
- Using physical barriers and guides.
- Limiting nonessential visitors, volunteers, and activities.
- Discourage use of close communal shared spaces (such as playgrounds with shared playground equipment, and cafeterias).
- Increase circulation of outdoor air as much as possible, by opening windows and doors.
- Encourage students and staff to bring their own water or water bottles to minimize use and touching of water fountains.
- Notification to local health officials, staff and families immediately of any case of COVID-19.

Following Measures to Protect Yourself and Others

WASH YOUR HANDS

- **Wash your hands often** with soap and water for 20 seconds.

  1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
  2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
  3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
  4. **Rinse** your hands well under clean, running water.
  5. **Dry** your hands using a clean towel or air dry them.

- **KEY TIMES to Wash Hands:**
  - After blowing one's nose, coughing, or sneezing.
  - After using the restroom.
  - Before, during, and after preparing food.
  - Before eating or preparing food.
  - Before and after providing routine care for another person who needs assistance (e.g., a child).
  - Before and after treating a cut or wound.
  - After contact with animals or pets.
  - After touching garbage.
  - After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, faucets, drinking fountains, copiers, phones, desks, tabletops, etc.
  - Before touching your eyes, nose, or mouth.

- **Hand sanitizer**: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
  - Be aware sanitizers do not get rid of all types of germs and may not be as effective when hands are visibly dirty or greasy.
  - Hand sanitizers should always be kept out of the reach of young children and use of sanitizers should be under supervision.

PHYSCIAL DISTANCING -- AVOID CLOSE CONTACT

The best way to prevent illness is to avoid being exposed.

- Maintain good social distance (about 6 feet or about 2 arms' length) from other people. Keeping space between you and others is one of the best tools to avoid being exposed and to slow the spread of a virus.
- Minimize time standing in lines and take steps to ensure that six feet of distance between persons is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc.
- Plan to provide additional support in learning how to maintain physical distancing requirements. Providing instruction, not discipline.
- Avoid close contact with people who are sick, even inside your home. If possible, maintain 6 feet between the person who is sick and other household members.
- Put distance between yourself and other people outside of your home.
  - Remember that some people without symptoms may be able to spread the virus.

USE A FACE COVERING

Your face covering may protect others, their face covering may protect you. You could spread COVID-19 to others even if you do not feel sick. Face coverings and face shields should cover the users mouth and nose.

- **REQUIRED** wearing of ***Face Coverings or Face Shields*** for:
  - Staff who are regularly within 6 feet of students and/or staff.
    - May include staff who support personal care, feeding, or instruction requiring direct physical contact.
    - Staff who will sustain close contact and interactions with students
  - Bus Drivers.
  - Staff preparing and/or serving meals.

- **REQUIRED** wearing of ***Face Shields or clear plastic barriers*** for:
  - Speech Language Pathologists, Speech Language Pathologists Assistants, or other adults providing articulation therapy.
  - Front office staff.

- **RECOMMENDED** is wearing of ***Face Coverings*** for:
  - All staff (in accordance with local public health authority and CDC guidelines).
  - Staff who interact with the public (e.g., mail deliveries, varied support personnel).
  - Staff who interact with multiple stable cohorts.
  - Students in 6th – 12th grade and especially in circumstances when physical distancing cannot be maintained. *This is not a requirement, and no student will be denied access to instruction if they are not wearing a face covering.*

Face coverings should be washed daily, or a new covering worn daily.

- Encourage students who wear face coverings to follow recommendations for the CDC face coverings (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html).
- Children of any age should not wear a face covering:
  - If they have a medical condition that makes it difficult for them to breathe with a face covering;
  - If they experience a disability that prevents them from wearing a face covering;
  - If they are unable to remove or mange the face covering independently; or
  - While sleeping.

COVER COUGHS AND SNEEZES

- If you are around others and do not have on a cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
- Throw used tissues in the trash immediately, do not place in your pocket for use later.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

CLEAN AND DISINFECT

- **Clean AND disinfect frequently touched surfaces daily**. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks.
- **If surfaces are dirty, clean them.** Use detergent or soap and water prior to disinfection.
- Then use a household disinfectant.

Everyday Steps

When Cleaning

- Wear disposable gloves for all tasks in the cleaning process, including handling trash.
- Additional protective equipment (PPE) might be required based on the cleaning disinfectant products being used and whether there is a risk of splash.
- Gloves and other protective equipment should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Wash your hands often with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
  - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
    - Always store hand sanitizer out of reach of children.
    - Keep hand sanitizers away from fire or flame.

Clean and Disinfect Surfaces

- Wear disposable gloves.
- Clean surfaces using soap and water, then use disinfectant. Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surface.
- Practice routine cleaning of frequently touched surfaces.
- More frequent cleaning and disinfection may be required based on level of use.
- Surfaces and objects should be cleaned and disinfected before each use.
- High touch surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, and copiers, etc.

Disinfect

Recommend use of EPA-registered household disinfectant (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19) and follow instructions on the label (e.g. concentration, application method, and contact time, etc.) ***All cleaning products used in schools must be on the approved list for safety.***

- Wear disposable gloves.
- Ensure adequate ventilation.
- Many products recommend keeping surface wet for a period of time (see product label).
- Use no more than the amount recommended on the label.
- Use water at room temperature for dilution (unless stated otherwise on the label).
- Avoid mixing chemical products.
- Label diluted cleaning solutions.
- Store and use chemicals out of the reach of children.

- **Diluted household bleach solutions may also be used** if appropriate for the surface.
    - Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%–6%. Ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.

    - Unexpired household bleach will be effective against coronaviruses when properly diluted.
      Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
      Leave solution on the surface for **at least 1 minute.**

      To make a bleach solution, mix:
    - 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water
      OR
    - 4 teaspoons bleach per quart of room temperature water

- Bleach solutions will be effective for disinfection up to 24 hours.
- **Alcohol solutions with at least 70% alcohol may also be used.**

Cleaning Soft Surfaces

For soft (porous) surfaces such as carpeted floor, rugs, and drapes

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely. OR
- Disinfect with an EPA-registered household disinfectant. These disinfectants (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19) meet EPA's criteria for use against Covid-19.
- Vacuum as usual.

Electronics

For electronics, such as tablets, touch screens, keyboards, and remote controls:

- Consider putting a wipeable cover on electronics
- Follow manufacturer's instruction for cleaning and disinfecting.
    - Use alcohol-based wipes containing at least 70% alcohol. Dry surface thoroughly.

Laundry

For clothing, towels, lines and other items

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect dirty laundry containers according to guidance above for surfaces.
- Do not shake dirty laundry.
- Remove gloves, and wash hands with soap and water right away.

Outbreak of Covid-19 and Other Infectious Viruses

Notification will be made to the Local Public Health Authority regarding clusters of any illness among staff or students.

Notification will be made to the Local Public Health Authority (if not already made) of any confirmed Covid-19 cases among staff and students.

Notification will be made to staff and families of potential Covid-19 exposure, while protecting the identity of individuals and their families ill with Covid-19. Notification will include reminders of symptoms to be aware of.

Local Public Health Authority recommendations will be used and requests for contact information will be supplied to the LPHA in a timely manner.

In addition to the everyday steps of cleaning, if someone is sick with Covid-19 or another infectious virus the additional actions should be taken:

- Close off affected areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours before you clean or disinfect with an EPA-registered product. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, copiers, phone, etc.
- Vacuum the space if needed. Use vacuum equipped with high-efficiency particular air (HELPA) filter, if available.
    - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
    - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate through the facility.
- Once the area has been appropriately disinfected; it can be opened for use.
    - Workers without close contact with the person who is sick can return to work immediately after disinfection.
- If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
    - Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

******In addition to regular cleaning and sanitizing activities, facilities and custodial crews will use virus-killing ozone machines on a rotating basis in classrooms and office spaces, as a precautionary measure. In the event of an outbreak in a student cohort or school, the whole school will be deep cleaned and sanitized.***

RESOURCES

Douglas County Public Health Network	http://douglaspublichealthnetwork.org/
Oregon Health Authority	https://www.oregon.gov/oha/pages/index.aspx
Centers for Disease Control and Prevention	https://www.cdc.gov/flu/pandemic-resources/index.htm
Oregon Department of Education:	https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/COVID-19-FAQ.aspx

COVID-19 Specific Communicable Disease Management Plan

OREGON DEPARTMENT OF EDUCATION
Oregon achieves . . . together!

School District: South Umpqua #19

School Name: Myrtle Creek Elementary

Principal: Ariel Mainz

Consulting RN, School Nurse, or Medical Professional: Marcella Post

Updates and Review:

All schools should use the Ready Schools, Safe Learners Guidance and consider the language in that document to be the most up-to-date. The plan below is only a template and not required for use.

Plan Components	Procedures	Recommendations and Considerations
A protocol to notify the local public health authority (LPHA) of 1. **Any confirmed COVID-19 case(s)** among students or staff. 2. **Any cluster of illness** among students or staff (2 or more).	See LPHA document on the admin drive. Parents will receive a handout of District and school expectations of reporting if their child has been identified as having COVID- 19 before the start of the school year. Information and updates around communicable disease protocols will also be posted on the Myrtle Creek Elementary website. School administrator will be responsible for notification of district and LPHA. Report suspected cases to Laura Turpen, MPH, with LPHA at 541-677-5814.	If anyone who has entered school is diagnosed with COVID-19, report to and consult with the LPHA regarding cleaning and possible classroom or program closure (LPHA directory). (SEE ADMIN DRIVE FOR "Douglas County LPHA information")
Protocol for screening students and staff upon entry to school each day.	Please see the "SUSD Guidance for Covid-19 and Other Viruses" plan, page 4, or Appendix D. A written protocol will be created for staff. Primary Symptoms of Concern for screening:	Schools may consider collecting information about existing conditions that cause coughing on intake forms. Involve school nurses and School Based Health Centers (SBHCs) in development of protocols and assessment of symptoms when

Plan Component	Required	Considerations and Recommendations
	• Cough • Fever* or chills • Shortness of breath or difficulty breathing * For Entry Screening: Schools screening for fever using a thermometer is not recommended. Staff should visually screen students upon entry for primary symptoms of concern. Student or staff with any of the above symptoms should be sent home or isolated until they can go home. Review isolation procedures. 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. † Note that vomiting and diarrhea are listed in OAR 333-019-0010 as conditions for restriction from school, independent of COVID-19.	available. Consider connecting with School Nurses and other contracted RNs where available. Screening protocol must recognize that students and staff who have conditions that cause chronic symptoms (e.g., asthma, allergies, etc.) should not be automatically excluded from school. **Cough is an exception**: Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school. For students or staff with other symptoms, see guidance from the Oregon Department of Education and the Oregon Health Authority. (SEE ADMIN DRIVE FOR "Communicable Disease Guidance from OHA")
Communication protocol for COVID-19 cases.	A communication flow chart will be created by the building principal with guidance from the district office. Identify name and position of person responsible for communicating with parents, families, district officials, school nurse, and staff aligned with communication tree. Script or talking points for communicating needed information.	Parents of all students who were exposed to a person diagnosed with COVID-19, and all exposed adults, should be notified within 24 hours and advised to quarantine at home for 14 days following exposure and to seek testing should symptoms develop, or as directed by public health. Consult with LPHA officials on what constitutes "exposure".

Item Requirements	Required	Recommendations and Considerations
Daily logs for each stable group or each individual student to support contact tracing of cases if necessary.	Train staff in the importance and requirement of daily logs. Protocol designating who is responsible for keeping each daily log. Format for daily logs for individual students or cohorts (sample attached with statement on retention and technology; link to log with statement on retention and technology) (SEE ADMIN DRIVE FOR "Daily Attendance Log") Linked here: or see Appendix A. • Child name • Drop off/pick up time • Parent/guardian name and emergency contact information. • All staff that interact with child's stable group of children (including floater staff). Maintain log for a minimum of 4 weeks after completion of the term.	Record keeping protocol for daily logs used in contact tracing to assist the LPHA as needed
Record of anyone entering the facility.	Protocol designating who is responsible for keeping the daily log. Format for daily log (sample attached with statement on retention and technology; link to log with statement on retention and technology): (SEE ADMIN DRIVE FOR "Entry for Staff and Visitor's" LOG) Linked here: or see Appendix B. • Name • Contact information • Date of visit	

[illegible]	[illegible]	[illegible]
	• Time of entry and exit Maintain log for a minimum of 4 weeks after completion of the term.	

Isolation Measures

[illegible]	[illegible]	[illegible]
Protocol to restrict any potentially sick persons from physical contact with others.	Attach or link an Attestation to the existence of: 1. Adequate supply of face coverings, including location. 2. Students who show COVID-19 symptoms will be monitored in a designated room off of the office. 3. Designated space to isolate student or staff members who develop COVID-19 symptoms. Isolate students and staff who report or develop symptoms, with staff supervision and symptom monitoring by a school nurse or other school-based health care provider, until they are able to go home. While waiting to go home, people displaying symptoms should wear a face covering, as should supervising staff. *If students are nauseous, struggling breathing, or in distress, they should not wear any face covering while waiting to go home. 4. Students with non-COVID-19 health services will be monitored in a separate room (SEE ADMIN DRIVE FOR "School Attestation Form") Linked here: or see (Appendix E)	Anyone developing cough, fever, chills, shortness of breath, difficulty breathing, or sore throat while at school must be given a face covering to wear, isolated from others immediately; and sent home as soon as possible. Anyone with these symptoms must remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. Alternatively, a person may return to school after receiving two negative COVID-19 molecular tests (PCR) at least 24 hours apart. Involve school nurses and school-based health centers (SBHCs) in development of protocols and assessment of symptoms, when available.

Environmental Management

Plan Components	Required	Recommended Practices/Considerations
Ensure hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. Hand washing is required before every meal and after restroom use.	Students will be expected to properly wash their hands upon arrival. Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. Students will be expected to properly wash their hands before eating. Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.	
Appropriate cleaning and contingency plans for routine infection prevention, and for closing cohort, schools, or districts based on identified COVID-19 cases and in compliance with public health and CDC guidelines.	Protocol for cleaning and disinfection for routine infection prevention. – Will follow guidance from district staff. Protocol for cleaning and classroom closure in case of a COVID case in a single cohort. Please see information below: Protocol for cleaning after school-wide exposure. Please see information below: Protocols must include the type and storage location of supplies and the person(s) responsible. Please see information below: A) Protocol for cleaning and classroom closure in case of a COVID case in a single cohort. All members of the	Routine cleaning and disinfecting should follow CDC cleaning and disinfecting guidance, and includes cleaning classrooms between groups, playground equipment between groups, restroom door or faucet handles, etc.

Plan Components	Required	Recommendations and Considerations
	cohort must stay home/quarantine for 14 days, or current OHA guidelines. All classrooms and spaces used by the cohort will be deep cleaned and sanitized, as follows: a. Site based Ozone Machines deployed-pull from other schools if needed b. Cleaning/sanitation of all touch surfaces to include, tables, chairs, door handles, faucet handles, light switches, play equipment c. Cleaning/sanitation of all floors Cleaning and sanitation of all shared supplies A) Protocol for cleaning after school-wide exposure School will close in person instruction, and move to distance learning format during quarantine period, which is 14 days, or current OHA guidelines. All classrooms and spaces will be deep cleaned and sanitized as follows: a. Site based Ozone Machines deployed-pull from other schools as needed b. Cleaning/sanitation of all touch surfaces to include, tables, chairs, door handles, faucet handles, light switches, play equipment c. Cleaning/sanitation of all floors d. Cleaning and sanitation of all shared supplies (going to need help with tracking/cleaning these supplies, teachers/aids)	

[illegible]	[illegible]	[illegible]
	e. Confirm all staff who may have entered the building. (grounds, maintenance, custodial, administrators, vendor…) B) Protocols must include the type and storage location of supplies and the person(s) responsible. All cleaning supplies must be on approved district list for health, safety and effectiveness. Building custodians are responsible for maintaining adequate cleaning and sanitation supplies and or notifying the Facility Manager if there is a shortage or inability to restock. Ozone machines are only to be used/operated by trained personal. a. Cleaning supplies are located in janitors' closets. Please contact your custodial staff for re-stocking of chemicals. b. Ozone machines are located in supply closets. Ozone machines are only to be used by qualified personnel. c. No outside cleaning/sanitation supplies. Our products are hospital grade sanitizers and you should never mix chemicals.	

Physical Distancing and Protection

Plan Component	Required	Recommendations and Considerations
Maintain six feet of physical distance between people.	A minimum of 35 square feet per person is available in classrooms, cafeteria, gyms, and other building locations. (SEE ADMIN DRIVE FOR "District people per ft2") Linked here: or see Appendix C. Protocol for minimizing interactions between cohorts and minimizing changes in stable cohorts while balancing educational needs for individual curricula. - Please see Myrtle Creek Elementary's Operational Blueprint. Protocol must specify how physical distancing requirements will be maintained in classrooms, hallways, restrooms; at arrival and dismissal, meal times, recess, time between classes, and assemblies.	Minimize time standing in hallways; consider marking spaces on floor, one-way travel in constrained spaces, staggered passing times, or other measures to prevent congregation and congestion in common spaces. Schedule modifications: consider ways to limit the number of students in the building (rotating cohorts by half days or full days). Consider usable classroom space in making calculations. Establish cohorts of students using the same classrooms with the same teachers each day. Students should remain in one classroom environment for the duration of the learning day, unless this would severely impact educational needs. Teachers of specific academic content areas may rotate through student cohorts where feasible. In high schools or other settings where cohorts must change to allow individual curricula, maintain physical distancing and disinfect desks and high-touch surfaces between groups. Restrict interaction between students cohorts; e.g. access to restrooms, activities, common areas.
Face coverings for staff and students.	Protocol for regular communication to staff, parents, families and students on appropriate use of face coverings. (See admin drive for "Guidance for Covid-19 and Other Viruses", or see Appendix D. Documented communication templates for staff on use of face coverings. (See admin drive for "Guidance for Covid-19 and Other Viruses", or see Appendix D.	See ODE/OHA guidance on face covering, shields, and masks. Staff who interact with individual students in less than six feet must wear masks. Staff who support personal care, feeding, and any 1:1 sustained contact with a student. Staff who interact with multiple cohorts should wear a face covering in accordance with CDC guidelines.

[illegible]	[illegible]	[illegible] and Considerations
	Documented communication templates for parents, families, students on expectations for face coverings. (See admin drive for "Guidance for Covid-19 and Other Viruses", or see Appendix D. All communications must include statement that children under age 12 and those who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering or other covering; face coverings must never be worn by children while sleeping. (See admin drive for "Guidance for Covid-19 and Other Viruses", or see Appendix D.	Students in grades 6-12 years and over may wear face coverings if they are able to wear them appropriately (i.e., not touch the face covering, change it if visibly soiled, etc.). If face coverings are worn, they should be washed daily or a new covering worn daily. Note: Students who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering; face coverings must never be worn by children while sleeping. Provide disposable face coverings and instructions on appropriate face covering use to students, parents, families and staff (available on OHA website.)

- Current COVID19 outbreak or conditions in your local community support you moving forward with your plan, subject to changing conditions.

I certify that I have received, carefully reviewed [School's] communicable disease management plan, including all links and attachments, and I agree to work with them on ongoing COVID-19 mitigation efforts. [Electronic LPHA signature:]

Attestation to truthfulness of the plan: [Electronic District signature:]

Attestation to the truthfulness of the plan: [Electronic School signature:]