OREGON DEPARTMENT OF EDUCATION

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OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 3/22/2021

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. *It is required that a revised Operational Blueprint be completed and updated when there is a change of Instructional Model*.

1. Please fill out the following information for your school, district or program:

Information Needed	**Your Response**
Name of School, District or Program	The Community Roots School (Public Charter Montessori)
Key Contact Person for this Plan	Christen Kelly
Phone Number of this Person	(503) 874-4107
Email Address of this person	kelly_christen@silverfalls.k12.or.us
Sectors and Position Titles of Those Who Informed the Plan	**Administrator:** Christen Kelly **District Nurse:** Leslie Kuhn, RN, BSN **Licensed Staff:** Bridgett Steveson (Adolescent Teacher/Guide), Hilary Conroy (Lower EL Teacher/Guide), Michelle Bryntesen (Lower EL

[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.

Information Needed	Your Response
	Teacher/Guide), Heather Kofstad (Kindergarten Teacher/Guide), Susan Andree (Upper EL Teacher/Guide), Ginnie Vigansky (Upper El Teacher/Guide), Amanda Schaeffer-Wilfong (Curriculum Director) **Classified Staff:** Mindy McCraw (Kindergarten Assistant), Alyssa Burge (Outdoor Environment/Garden Specialist) **Board Members:** Shannon Wilson (Parent), Jacqueline Kemp
Local Public Health Office(s) or Officer(s)	Marion County Health Department
Name of Person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Christen Kelly
Intended Effective Date for This Plan	March 29 – June 2021
Educational Service District Region	Willamette ESD

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.

   The Community Roots School Advisory Team coordinates with the Silver Falls District Team to support the needs of our staff, students, and families for this upcoming 2020-21 school year. Community Roots School and SFSD parents and students were surveyed multiple times regarding their Distance Learning experiences; this feedback along with student engagement and achievement data will helped inform our planning for this school year.

3. Place an X next to the Instructional Model to be used
   a. On-Site Learning
   b. Hybrid Learning X
   c. Comprehensive Distance Learning
4. If you selected Comprehensive Distance Learning, you only have to enter information for the three parts under the heading Requirements for Comprehensive Distance Learning Operational Blueprint.
5. If you selected On-Site Learning or Hybrid Learning, you have to enter information for all sections under the heading Essential Requirements for Hybrid/On-Site Operational Blueprint and submit online, including updating when you are changing the Instructional Model.

* 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.

1. Describe why you are selecting Comprehensive Distance Learning as the school's Instructional Model for the effective dates of this plan.
   Type your response here (take as much space as you need):

2. In completing this portion of the Blueprint you are attesting that you have reviewed the Comprehensive Distance Learning Guidance. Please name any requirements you need ODE to review for any possible flexibility or waiver.
   Type your response here (take as much space as you need):

3. 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.
   Type your response here (take as much space as you need):

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

ESSENTIAL REQUIREMENTS FOR HYBRID OR 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.

Requirements of each section of the guidance are listed under their corresponding heading in the RSSL document. After each set of requirements, there is a prompt where you must enter the details of your On-Site or Hybrid plan that corresponds to that section.

Advisory Health Metrics for Returning to In-Person Instruction (Section 0 of the RSSL Guidance)

Requirements for 0a. RETURNING TO IN-PERSON INSTRUCTION

- Not later than the week of March 29, 2021 all public elementary schools must operate in either an On-Site or Hybrid Instructional Model when they meet the specified county

health metrics in the chart on page 15 (green and yellow rows in the chart in Section 0b).
    - A general allowance will be provided if the school has communicated a plan to families and staff with a start date on or before the week of April 5, 2021 and is using the week of March 29, 2021 to train staff for a return to in-person instruction.
    - A general allowance will be provided if the school has a published calendar that shows they are not in session the week of March 29, 2021 and has communicated a plan to families and staff with a start date on or before the week of April 12, 2021 and is using the week of April 5, 2021 to train staff for a return to in-person instruction.
    - A general allowance will be provided if the school is closed to in-person instruction due to a decision made in partnership with a local public health authority or the Oregon Health Authority to move to Comprehensive Distance Learning to address active transmission within a school.
    - Any school not meeting this requirement will be reviewed and may result in loss of eligibility to receive state school funds or other enforcement as prescribed by Governor Brown's Executive Order 21-06.
- Not later than the week of April 19, 2021 all public middle and high schools must operate in either an On-Site or Hybrid Instructional Model when they meet the specified county health metrics in the chart on page 15 (green row in the chart in Section 0b).
    - A general allowance will be provided if the school has communicated a plan to families and staff with a start date on or before the week of April 26, 2021 and is using the week of April 19, 2021 to train staff for a return to in-person instruction.
    - A general allowance will be provided if the school has a published calendar that shows they are not in session the week of April 19, 2021 and has communicated a plan to families and staff with a start date on or before the week of May 3, 2021 and is using the week of April 26, 2021 to train staff for a return to in-person instruction.
    - A general allowance will be provided if the school is closed to in-person instruction due to a decision made in partnership with a local public health authority or the Oregon Health Authority to move to Comprehensive Distance Learning to address active transmission within a school.
    - Any school not meeting this requirement will be reviewed and may result in loss of eligibility to receive state school funds or other enforcement as prescribed by Governor Brown's Executive Order 21-06.
- The requirement to offer On-Site or Hybrid Instructional Models does not apply to virtual charter schools as defined in ORS 338.005 or a public school that has a permanent instructional model that is predominantly through online courses.
- Public schools may transition a portion or all of the school to Comprehensive Distance Learning when responding in partnership with a local public health authority or the Oregon Health Authority to control active transmission of COVID-19 in the school setting.

- Public schools may transition a portion or all of the school to Comprehensive Distance Learning when they are operating in a county whose metrics place it in the operational status represented by the red row in the chart in section 0b. Public middle and high schools may transition a portion or all of the school to Comprehensive Distance Learning when they are operating in a county whose metrics place it in the operational status represented by the red or yellow row in the chart in section 0b. When county trends are increasing, pause expansion of additional in-person learning and maintain access to current in-person learning for schools that have it in place. Schools are not advised to reduce in-person instruction or revert to Comprehensive Distance Learning based on county metrics if the school can demonstrate the ability to limit transmission in the school environment.
- If your public or private school is operating an On-Site or Hybrid Instructional Model, but is located in a county that does not meet the advisory metrics; that is, an elementary school in a county that is not in the On-Site or Hybrid (green) row or the Elementary On-Site or Hybrid (yellow) row or a middle or high school in a county that is not in the On-Site or Hybrid (green) row (Section 0b); the school must offer access to on-site testing for symptomatic students and staff identified on campus as well as those with known exposures to individuals with COVID. This resource is available to all schools in Oregon. See guidance from the Oregon Health Authority.
    - Schools required to offer access to this program will have two-weeks to be registered, trained, and administering the program when, or if, metrics change in their county in a way that makes this program a requirement.
    - The metrics found in the 0b Section of RSSL are what determines if a school is required to offer the program.
    - The school testing program offers an additional risk-mitigation strategy that is relatively low-burden and can help offset impacts of operating when community spread is higher even if school transmission is low/absent and RSSL protocols are firmly in place. This requirement applies anytime a school is operating in an Instructional Model that is not aligned with the county metrics case data. This is true whether your school began operating in August/September, or took a pause, or opened on January 4, or is just opening for the first time.
    - The testing program is for students in grades kindergarten and up and school staff. The program does not include early learning programs.
    - Registering for the testing program includes a self-attestation that the program will be offered. Please accept the responsibility to offer the program when you register.
- If your school is operating an On-Site or Hybrid Instructional Model, the school also must provide a distance learning option for students and families that choose to remain off-site. For schools and districts that are required to comply with all sections (0-8) and supplements to this guidance, the remote option must comply with the requirements of the Comprehensive Distance Learning Instructional Model. The school or district may determine the most beneficial way to staff this option, through partnership with other schools or ESDs or with staff who may be at more risk from COVID-19 or through other means.

- All public and private schools are required to keep their Operational Blueprint up-to-date on ODE's website and to submit weekly "Status Reports" that provide essential information regarding how many students are served in person in the implementation of this metrics framework.

Plan Details for 0a.

Please state which of the three scenarios above describes your school and then detail how your plan meets that requirement:

CRS will start a Hybrid Instructional Model the week of March 29th, 2021. The Hybrid Instructional Model that we are providing also includes a CDL component for those families choosing to stay off-site. If the county health metrics shift while we are offering Hybrid instruction, CRS will offer access to on-site testing for symptomatic students and staff identified on campus as well as those with known exposures to individuals with COVID.

Public Health Protocols (Section 1 of the RSSL Guidance)

Requirements for 1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

- Conduct a risk assessment as required by OSHA administrative rule OAR 437-001-0744(3)(g). (OSHA has developed a risk assessment template)
- Implement measures to limit the spread of COVID-19 within the school setting, including when the school setting is outside a building.
- Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19. Examples are located in the Oregon School Nurses Association (OSNA) COVID-19 Toolkit.
    - Review OSHA requirements for infection control plan to ensure that all required elements are covered by your communicable disease management plan, including making the plan available to employees at their workplace. Requirements are listed in OSHA administrative rule OAR 437-001-0744(3)(h).
    - OSHA has developed a sample infection control plan.
- Designate a single point-person at each school to establish, implement, support and enforce all RSSL health and safety protocols, including face coverings and physical distancing requirements, consistent with the ***Ready Schools, Safe Learners*** guidance and other guidance from OHA. This role should be known to all staff in the building with consistent ways for licensed and classified staff to access and voice concerns or needs.
- Create a simple process that allows for named and anonymous sharing of concerns that can be reviewed on a daily and weekly basis by the designated RSSL building point-person. Example: Anonymous survey form or suggestion box where at least weekly submissions and resolutions are shared in some format.
- 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, common areas, offices, table surfaces, 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.
- 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.
    - See supplemental guidance on LPHA/school partnering on contact tracing.
    - Refer to OHA Policy on Sharing COVID-19 Information
- 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.
- Designate a staff member and process to ensure that the school provides updated information regarding current instructional models and student counts and reports these data in ODE's COVID-19 Weekly School Status system.

- Protocol to respond to potential outbreaks (see section 3 of the ***Ready Schools, Safe Learners*** guidance).

Plan Details for 1a.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

Christen Kelly, Administrator, has completed and conducted the OSHA risk assessment for CRS. (See attached).

CRS will follow the district policies as referenced in the SFSD School Nurse Consultants' COVID-19 plan. (See attached).

The building Administrator (Christen Kelly) will supervise required RSSL health and safety protocols, including physical distancing and face coverings. She has conducted necessary trainings for licensed and classified staff. An anonymous survey form or suggestion box has been established , where weekly submissions can be reviewed and resolved.

SFSD school nursing staff who provided support and resources to the district/school policies and plans are: Emily Ward, RN, Suellen Nida, RN, Geralyn Sheets, RN, Leslie Kuhn, RN.

Staff training in established processes and procedures was conducted virtually on March 15th, 2021.

Contact Tracing log will be maintained by classroom teacher for cohorts and Office staff for additional cohorts and/or support. School nurse oversight will be Leslie Kuhn RN, Emily Ward RN

Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff is included in District Protocol A (see attached)

Plans for systematic disinfection of classrooms, common areas, offices, table surfaces, bathrooms and activity areas include:

Common areas in buildings will be disinfected at a minimum of 3 times per day more frequently if needed. Staff will perform this disinfection process using the following methods of disinfection:

1. Spray bottles with cleaner / disinfectant solution
2. Disposable Disinfectant wipes may also be used in some areas where they are deemed to be more suitable due to special conditions.
3. Electrostatic Sprayer for large areas.

Touch points in these common areas include but are not limited to the following:

1. Restrooms: Roll towel, soap and toilet paper dispensers, sinks, faucets, toilets, urinals and all handles. Walls, doors, door handles, partition walls, doors and handles.
2. Hallways and main entrance areas: Entrance doors, windows and door handles
3. Health Room care: chair, adjoining toilets and handles, door handles, and countertops.

Professional deep cleaning will be performed weekly on Monday.

The Building Administrator reports to the LPHA any cluster of any illness among staff or students, as well as all logs and information. The Building Administrator follows through with the LPHA recommendations.

Students will be screened on multiple levels before the day begins. The first level will always be the household, followed by the ride/walk/bike to campus. The next level would be by the staff that greets person arriving, and finally by the instructional aide on site. Staff members will self-report. Students who arrive with or develop symptoms during the school day will be directed to the office for further screening and/or isolation.

The current main office will be the primary area for students to receive routine treatment or medication.

The large bathroom next to the Curriculum Director's office will be re purposed as the primary sick room. This room is freestanding with a window that open for ventilation, as well as a sink for handwashing and a toilet. Students and/or staff will be monitored by office staff (or nurse if available) in appropriate PPE until able to go home.

Families will be notified of potential COVID-19 cases the same day the district learns of those cases, utilizing the district's family communication tool, ParentSquare·. Other stakeholders will be notified via email.

District protocol A & B (see attached) is our system for maintaining daily logs for each student/cohort for the purposes of contact tracing.

The Building Office Manager will keep the daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed.

District protocol A (see attached) is our 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.

District Protocol A (see attached) is our 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.

The Building Administrator is the person who provides updated information regarding current instructional models and student counts and reports these data in ODE's COVID-19 Weekly School Status system.

District protocol A (see attached) is our protocol to respond to potential outbreaks.

Requirements for 1b. HIGH-RISK POPULATIONS

- Serve students in high-risk population(s) whether learning is happening through On-Site *(including outside)*, 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:
    - Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services.
    - Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services.
    - Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.
- Review Supplemental Guidance on Community and Health Responsibilities Regarding FAPE in Relation to IDEA During CDL and Hybrid.
- 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:
        - 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.
        - ODE guidance updates for Special Education. Example from March 11, 2020.
        - 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.'
        - OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion.

Plan Details for 1b.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

Both Hybrid and Comprehensive Distance Learning is available to any student who requests it, in order to serve students all students.

The building administrator works in collaboration with SFSD nurse Leslie Kuhn, RN to meet medically fragile, complex and nursing-dependent student requirements and to address individual student needs.

Requirements for 1c. PHYSICAL DISTANCING

- Elementary Level: Support physical distancing in all daily activities and instruction, maintaining at least 3 feet between students to the maximum extent possible.
- Middle and High School Level when at a county case rate of <200 (green level on the metrics chart in Section 0): Support physical distancing in all daily activities and instruction, maintaining at least 3 feet between students to the maximum extent possible.
- Middle and High School Level when at a county case rate of ≥200 (yellow and red levels on the metrics chart in Section 0): Support physical distancing in all daily activities and instruction, maintaining at least 6 feet between students to the maximum extent possible.
- All Levels: Support physical distancing in all daily activities and instruction, maintaining 6 feet between staff at all times and 6 feet between staff and students to the maximum extent possible.
- Consider physical distancing requirements 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. Additional space for entry, exit, and movement within classroom should be considered. This also applies for professional development and staff gatherings.
- Within this design, consider minimum space for educators to have their own space in the learning environment and allow for the educator to move through the room efficiently and carefully while maintaining 6 feet of physical distance between the educator and the student to the maximum extent feasible.
- Minimize time standing in lines and take steps to ensure that required 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 or outside learning space (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 must maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings.

Plan Details for 1c.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

All grade levels will support physical distancing in all daily activities and instruction maintaining at least 3 feet between students to the maximum extent possible.

All grade levels will support physical distancing in all daily activities and instruction maintaining at least 6 feet between staff and students to the maximum extent possible.

Extra/unused furniture will be removed, all individual tables will be placed 6ft. apart to maintain physical distancing.

There are multiple entry points into the school building based on grade levels. One way traffic flow will be marked on the floor. Stenciled markers/stickers to measure 6ft of distance will be installed on the common external sidewalks.

Number of students will be limited by a small, stable cohort that occupies a single space and a set schedule.

Staff meetings are conducted virtually.

Requirements for 1d. COHORTING

- Establish stable cohorts:
    - The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases.
- Each school must have a system for daily logs to ensure contract tracing among the cohort(s) (see section 1a).
- 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 sanitizing surfaces (e.g., desks, dry erase boards, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.
- 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.
- Minimize the number of staff that interact with each cohort to the extent possible, staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.
- Elementary staff who interact with multiple cohorts (music, PE, library, paraprofessionals who provide supervision at recesses, etc.) should have schedules altered to reduce the number of cohorts/students they interact within a week. Consider having these staff engage via technology, altering duties so that they are not in close contact with students in multiple cohorts, or adjust schedules to reduce contacts.

Plan Details for 1d.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

Students will attend on and TU/Th and W/F schedule. Cohort A attends 9-11:30am on TU/Th and Cohort B attends 9-11:30am on W/F. Students receiving special services may attend for intervention/extension.

Each cohort has no more than 12 students per class. Outside garden time will be incorporated on a regular basis, with staggered schedules.

Staff will clean and sanitize between cohorts.

Daily logs are outline in District Protocol A (see attached) to ensure contract tracing among the cohort(s).

Each cohort has a gender neutral restroom assigned to it.

Disinfectants will be available in every room to clean and sanitize surfaces between multiple student uses.

Both Hybrid or Comprehensive Distance Learning is available to any student who requests it. Cohorts are divided equitably and with consideration in keeping families together in the same cohort.

Cohorts are supervised by their Guides and assistants who deliver all instructional content. SPED staff rotates between the rooms, signing in and frequently washing/sanitizing their hands.

Requirements for 1e. PUBLIC HEALTH COMMUNICATION AND TRAINING

- 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.
- Offer initial training to all staff prior to being in-person in any instructional model. Training could be accomplished through all staff webinar, narrated slide decks, online video, using professional learning communities, or mailing handouts with discussion. Training cannot be delivered solely through the sharing or forwarding information electronically or in paper copy form as this is an insufficient method for ensuring fidelity to public health protocols (see section 8b for specific training requirements). Note: Instructional time requirements allow for time to be devoted for professional learning that includes RSSL training.
- Post "COVID -19 Hazard Poster" and "Masks Required" signs as required by OSHA administrative rule OAR 437-001-0744(3)(d) and (e).
- Develop protocols for communicating with students, families and staff who have come into close contact with a person who has COVID-19.
    - The definition of exposure is being within 6 feet of a person who has COVID-19 for at least 15 cumulative minutes in a day.
    - OSHA has developed a model notification policy.
- Develop protocols for communicating immediately with staff, families, and the school 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.
- Periodic interval training also keeps the vigilance to protocols ever present when fatigue and changing circumstances might result in reduced adherence to guidance.
- Provide all information in languages and formats accessible to the school community.

Plan Details for 1e.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

District Nurses 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.

District Nurses and Building Administrator offered an initial training to all staff prior to being in-person in this Hybrid Model. Training included a staff webinar with narrated slide deck, and Q & A session with Leslie Kuhn, RN.

Posters and signs are currently posted throughout the school building as required by OSHA administrative rule OAR 437-001-0744(3)(d) and (e).

All stakeholders will be notified of potential COVID-19 cases the same day the district learns of those cases, utilizing the district's family communication tool, ParentSquare. Other stakeholders will be notified via email.

Interval training to be done monthly on Mondays during regular staff meetings.

Additional accessibility measures such as bilingual phone messaging and personal phone calls will also be made on a case-by-case basis to ensure all messaging Is accessible. Likewise, our communication platform, Parent Square, has real time translations.

Requirements for 1f. ENTRY AND SCREENING

- Direct students and staff to stay home if they have COVID-19 symptoms**.** COVID-19 symptoms are as follows:
    - Primary symptoms of concern: cough, fever (temperature of 100.4°F or higher) or chills, shortness of breath, difficulty breathing, or new loss of taste or smell.
    - Note that muscle pain, headache, sore throat, diarrhea, nausea, vomiting, new 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 must be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-11 of OHA/ODE Communicable Disease Guidance for Schools.
    - Emergency signs that require immediate medical attention:
        - Trouble breathing
        - Persistent pain or pressure in the chest
        - New confusion or inability to awaken
        - Bluish lips or face (lighter skin); greyish lips or face (darker skin)
        - Other severe symptoms
- Screen all *elementary grade* students for symptoms on-site every day. This can be done visually as well as asking students and staff about any new symptoms or close contact with someone with COVID-19. For students, confirmation from a parent/caregiver or guardian can also be appropriate. *Secondary students must also be screened every day. This can be done off-site, prior to coming to school.*

- Staff members can self-screen and attest to their own health, but regular reminders of the importance of daily screening must be provided to staff.[4]
    - Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i) 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 "Planning for COVID-19 Scenarios in Schools" and the COVID-19 Exclusion Summary Guide.
- Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication must 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. *See the* COVID-19 Exclusion Summary Guide.
- 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.

Plan Details for 1f.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

The district will provide educational materials to include an email and social media campaign, posters, and regular reminders to families of both the symptoms of COVID-19 and the need to stay home/keep students home in the event those symptoms are or have recently been present in any household member.

See attached District Protocols for more details.

Arrival and Entry

- Each student will be assigned an entrance point to the building.
- Staff will be present at each entry point to visually screen students for symptoms and take temperature checks.
- Students will go directly to their assigned cohort classroom space.
- Students will be instructed to wash their hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

Screening Students Upon Entry

- Staff will be assigned to each entry door to visually screen students
- If screening indicates that a student may be symptomatic, the student will be directed to the office.
- Handwashing/sanitizing stations will be placed by each entry point as well as in each classroom or instructional area.

[4] Self-screening of adult staff members can be efficient but also problematic if not held to the highest of standards and building a culture where staff don't sign-in when they have symptoms that should have them staying or working from home.

Logging for Contact Tracing

- Staff assigned to each entry point will maintain Contact Tracing logs with information about each student or staff member who entered.

Educational materials are provided to include an email and social media campaign, posters, and regular reminders to families of both the symptoms of COVID-19 and the need to stay home/keep students home in the event those symptoms are or have recently been present in any household member.

Requirements for 1g. VISITORS/VOLUNTEERS

- 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.
- Diligently screen all visitors/volunteers for symptoms and ask questions about symptoms and any close contact with someone diagnosed with COVID-19 upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19. See the COVID-19 Exclusion Summary Guide.
- Visitors/volunteers must wash or sanitize their hands upon entry and exit.
- Visitors/volunteers must maintain 6 feet of physical distancing, wear face coverings, and adhere to all other provisions of this guidance.

Plan Details for 1g.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

No non essential visitors or volunteers will be allowed on campus.

See District Protocol A for more details.

Screening at the front entrance done by the secretary and/or building principal. Only essential visitors will be allowed.

Any and all entrants to the building will wash hands with soap and water for 20 seconds or use hand sanitizer with 60-95% alcohol. Only essential visitors will be allowed.

All entrants to building will adhere to social distance guidelines as well as facemask requirements. Only essential visitors or will be allowed.

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

- Employers are required to provide masks, face coverings, or face shields for all staff, contractors, other service providers, visitors and volunteers.
- Face coverings or face shields for all staff, contractors, other service providers, visitors or volunteers informed by CDC guidelines for Face Coverings. Individuals may remove their face

coverings while working alone in private offices. Face shields are an acceptable alternative only when a person has a medical condition that prevents them from wearing a mask or face covering, when people need to see mouth and tongue motions in order to communicate, or when an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible.

- Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines for Face Coverings. Face shields are an acceptable alternative only when a student has a medical condition that prevents them from wearing a mask or face covering, or when people need to see the student's mouth and tongue motions in order to communicate.
- Face coverings should be worn both indoors and outdoors, including during outdoor recess.
- "Group mask breaks" or "full classroom mask breaks" are not allowed. If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time:
    - Provide space well 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 or less "sensory break;"
        - Students must not be left alone or unsupervised;
        - Designated area or chair must 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.
- Face masks[5] for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses shall also wear appropriate Personal Protective Equipment (PPE) for their role.
    - Additional guidance for nurses and health staff.

Accommodations under ADA or IDEA and providing FAPE while attending to Face Covering Guidance

- If any student requires an accommodation to meet the requirement for face coverings, districts and schools must 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 must 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, or the current plan in effect for the student if appropriately developed after March of 2020.

[5] Face masks refer to medical-grade face masks in this document. RNs and other healthcare providers should refer to OHA for updated information.

- 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:
    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. Not make placement determinations solely on the inability to wear a face covering.
    3. Include updates to accommodations and modifications to support students in plans.
- For 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.
        - 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,
        - 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 shall work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

Plan Details for 1h.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

PPE including masks, face shields, and gloves are available at the entrance to the building.

Face coverings or face shields are required for all staff, contractors, other service providers, or visitors following CDC guidelines for Face Coverings.

See District Protocol A for more details.

Face coverings or face shields are required at school and on the bus for all students in grades Kindergarten and up following CDC guidelines.

Face coverings will be worn at all times, both indoors and outdoors by both staff and students.

If any student requires an accommodation to meet the requirement for face coverings, the student's proximity to other students and staff will be limited to the extent possible. Appropriate accommodations could include:

1. Offering different types of face coverings and face shields that may meet the needs of the student.
2. Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised.
3. 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
4. Additional instructional supports to effectively wear a face covering.

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 SPED coordinator will assist.

For 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 SPED coordinator will assist.

If a staff member requires an accommodation for the face covering or face shield requirements, case – by-case accommodations will be managed by Human Resources at the District.

Requirements for 1i. ISOLATION AND QUARANTINE

- 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. See the COVID-19 Exclusion Summary Guide.
    - 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 6 feet distance is maintained. Do not assume they have the same illness. Consider if and where students and staff will be isolated during learning outside. Create a comfortable outdoor area for isolation or follow plan for in building isolation.
    - Consider required physical arrangements to reduce risk of disease transmission.
    - 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 for providing care to students with complex needs.
- Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school or outside learning space, 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 nurses and health staff in close contact with symptomatic individuals (less than 6 feet) must 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 must be properly removed and disposed of prior to exiting the care space.
    - After removing PPE, hands shall 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 shall 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.
- The school must provide a remote learning option for students who are required to be temporarily off-site for isolation and quarantine.

Plan Details for 1i.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

Please refer to (attached) District Protocol Articles A, G and H.

Staff members will self-report. Students who arrive with or develop symptoms during the school day will be directed to the office for further screening and/or isolation.

The large bathroom next to the Curriculum Director's office will be re purposed as the primary sick room. This room is freestanding with a window that opens for ventilation, as well as a sink for handwashing and a toilet. Students and/or staff will be monitored by office staff (or nurse if available) in appropriate PPE until able to go home.

Office Manager will work with teachers on a one on one basis for administration of medication.

District Nurses will help support students with complex needs.

Staff members will self-report. Students who arrive with or develop symptoms during the school day will be directed to the office for further screening and/or isolation.

Transportation is done by parent or guardian. Staff will transport themselves.

Ill students and staff will be sent home with documentation with guidelines on procedures when ill.

CRS works in collaboration with district nurses, ODE, OHA, and Marion County

Illness log to be kept in the office and updated on any student or staff screened or sent home due to illness.

Comprehensive Distance Learning is an available option to all students. Materials can be delivered to the household if needed.

Requirements for 2a. ENROLLMENT

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

- 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:
    - 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 must 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.

Plan Details for 2a.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

CRS office staff will follow standard ODE guidelines for student enrollment.

CRS will not disenroll any students for non-attendance. Students who are not able to attend due to health and risk issues will have a personalized learning plan and maintain enrollment.

Students/Families will be contacted on a weekly basis if they are missing class with no corresponding reason.

CRS office staff will follow standard ODE guidelines for student attendance, and documentation will be provided to families regarding attendance expectations.

Requirements for 2b. ATTENDANCE

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

- 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 involvement expectations that take into consideration the home environment, caregiver's work schedule, and mental/physical health.

Plan Details for 2b.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

CRS office staff will follow standard ODE guidelines for student enrollment at all grade levels, for both students in Hybrid or CDL, and documentation will be provided to families regarding attendance expectations.

Requirements for 2c. TECHNOLOGY

- Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d).

- Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.
- If providing learning outside and allowing students to engage with devices during the learning experiences, provide safe charging stations.

Plan Details for 2c.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

District-owned devices are assigned to individual students and staff members and automatically connect to wireless signal. Additional mobile devices (iPads K-2 and Chromebooks 3-12) and hardware (Cellular WiFi hotspots and additional charging cables) were purchased. Technology tubs with spare charging cables are provided for each classroom with cleaning instructions and alcohol wipes.

District-owned mobile devices are checked-in and out using the Library inventory process (devices are treated the same as books in Follett Destiny Integrated Library System). Check-out and in occur on designated days (drive-through style pickup at each school) and staff wear masks, gloves, and follow social distancing guidelines. Charging carts are used to safely transport and store devices in central locations (library) when devices are not checked out. Checked in hardware is stored for a week and device inventory is maintained electronically in Destiny using a barcode scanner. Staff wear masks, gloves, and follow social distancing guidelines. New and replacement devices are checked out as needed while hardware repairs are made.

Devices will be charged prior to going outside.

Requirements for 2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

- **Handwashing:** All people on campus shall be advised and encouraged to frequently wash their hands or use hand sanitizer.
- **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 identifying personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.).

Plan Details for 2d.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

- Handwashing:
    - All students and adults on campus will be advised to wash hands frequently with soap and water. Staff must wash hands before/after working with different cohort groups. All

students wash their hands with soap and water for 20 seconds or more upon arrival into the school facility from outside.

- Equipment:
    - Each class cohort will have their own equipment and will be responsible for sanitizing after use.
- Events:
    - Modify all events to meet social distance and cohort requirements. If appropriate modifications cannot be made, cancel events. Most events will be held virtually.
- Transitions/Hallways:
    - Student transitions will be limited. Hallways will be marked on floors and walls to direct traffic flow and reinforce physical distancing.
- Personal Property:
    - All personal items are to be labeled and kept in the physical presence of the student. (Physical presence may include chair pocket, backpack, or personal classroom tub.).

Requirements for 2e. ARRIVAL AND DISMISSAL

- 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).
- 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 high-traffic areas. Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible.Plan Details for 2e.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

<u>Arrival and Entry</u>

- Each student will be assigned an entrance point to the building.
- Staff will greet students (bus or car) and direct them to their entry point.
- Staff will be present at each entry point to visually screen students for symptoms, take temperature checks, and track cohort data. Symptomatic students will be directed to the office (see Section la)
- Students will go directly to their assigned cohort classroom space and wash their hands.

<u>Dismissal</u>

- Students will be dismissed by cohort class to the bus line or car/pick up area, using the same exit point as for morning entry. Cohort dismissal will be directed from the office via walkie talkie.

Sign-In/Sign-Out

- Students entering or leaving the building at times other than arrival or dismissal will report to the front office.
- Arrivals will be greeted at the door by a staff member to reduce office traffic.
- All sign-in/sign-out tracking will be managed by office staff to reduce sharing of pen and paper.

Hand sanitizer will be available at all entry points, as well as in each classroom or instructional area.

Drop-off/Pick-up must be brief; parents will remain in the vehicle during these times.

The road and curb adjacent to the school garden will be used for overflow drop-off and pick-up by private vehicles, in a "drive-thru" format.

Durham Transportation will consult with school staff to revise location for school buses.

Requirements for 2f. CLASSROOMS/REPURPOSED LEARNING SPACES

- **Seating:** Rearrange student desks and other seat spaces so that students' physical bodies are at least 3 feet apart; or at least 6 feet apart, as required in section 1c; assign seating so students are in the same seat at all times. Where possible, face all desks in same direction or have students sit on only one side of tables.
- **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 shall 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.

Plan Details for 2f.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

- Seating:
    - Student desks/tables will be spaced at least six feet apart; students will use a single assigned seat. All classrooms will be fitted with individual student desks and/or floor workspaces.
- Materials:
    - Teachers will limit sharing of community supplies. If needed to share, the items will be cleaned between each use. Hand sanitizer and wipes will be available for use by students and staff.
- Handwashing:
    - Age-appropriate signage will be posted at sinks and handwashing stations to remind students (and staff) of effective practices. Nurses and teachers will design and deliver regular reminders for handwashing and respiratory etiquette.

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

- 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. For learning outside if portable bathrooms are used, set up portable hand washing stations and create a regular cleaning schedule.
- 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. Outdoor playground structures require normal routine cleaning and do not require disinfection. Shared equipment (balls, jump ropes, etc.) should be cleaned and disinfected at least daily in accordance with CDC guidance.
- Cleaning requirements must be maintained (see section 2j).
- 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 the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms, break rooms, and elevators by limiting occupancy or staggering use, maintaining 6 feet of distance between adults. Note: The largest area of risk is adults eating together in break rooms without face coverings.

Plan Details for 2g.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

CRS will follow current state or county guidance regarding public use of school facilities.

After using the restroom students and adults must wash hands with soap and water for at least 20 seconds.

Each cohort will have designated outdoor equipment. Equipment will be sanitized between uses.

Each cohort will have designated areas/times for outdoor field or garden spaces.

Hybrid schedule is designed tomaintain cohorts, square footage, and social distancing requirements.

CRS will follow current state or county guidance regarding public use of school facilities.

Staff will maintain physical distancing in meetings, PD activities, or other gatherings. These will be held remotely when distancing is not possible.

Requirements for 2h. MEAL SERVICE/NUTRITION

- Maintain 6 feet of physical distancing when masks cannot be worn, including when eating.
- 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 6 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 coverings (see section 1h). Staff must maintain 6 feet of physical distance to the greatest extent possible. If students are eating in a classroom, staff may supervise from the doorway of the classroom if feasible.
- Students and staff must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol before meals and shall 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.
- Adequate cleaning and disinfection of tables between meal periods.
- Since staff must remove their face coverings during eating and drinking, limit the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms and break rooms by limiting occupancy or staggering use. Consider staggering times for staff breaks, to prevent congregation in shared spaces. Always maintain at least 6 feet of physical distancing. Wear face coverings except when eating or drinking and minimize time in spaces where face coverings are not consistently worn.

Plan Details for 2h.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

No meals will be eaten on school grounds except for staff lunch during non-student time and following social distancing protocols.

Requirements for 2i. TRANSPORTATION

- 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).
- Staff must use hand sanitizer (containing between 60-95% alcohol) in between helping each child and when getting on and off the vehicle. Gloves are not recommended; hand sanitizer is strongly preferred. If hand sanitizer is not available, disposable gloves can be used and must be changed to a new pair before helping each child.
- Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This must be done at the time of arrival and departure.
    - If a student displays COVID-19 symptoms, provide a face covering (unless they are already wearing one) and keep 6 feet away from others. Continue transporting the student.

        - The symptomatic student shall be seated in the first row of the bus during transportation, and multiple windows must be opened to allow for fresh air circulation, if feasible.
        - The symptomatic student shall leave the bus first. After all students exit the bus, the seat and surrounding surfaces must be cleaned and disinfected.
    - If arriving at school, notify staff to begin isolation measures.
        - 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.
- Per federal guidance, drivers must wear properly fitting face coverings at all times. A face shield or goggles may be worn to supplement a properly fitting face covering. Please refer to the CDC order.
- 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 for all students, applying the guidance in section 1h to transportation settings. This prevents eating while on the bus.
- Take all possible actions to maximize ventilation: Dress warmly, keep vents and windows open to the greatest extent possible.

Plan Details for 2i.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

CRS is currently working out a schedule with Durham Transportation. Once the schedule is up and running, we will adhere to:

- Three feet of physical distance between passengers
- Six feet of physical distance between the driver and passengers
- Face coverings or face shields required on the bus for all students in grades Kindergarten and up following CDC guidelines
- Hand sanitizer will be used between each student being helped to transportation.
- The district will work with its transportation provider to identify changes and communicate those to parents prior to the start of the school year as well as on a regular basis throughout the year.
- Revised bus/car locations and procedures will be communicated to all

Requirements for 2j. CLEANING, DISINFECTION, AND VENTILATION

- 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. Provide

time and supplies for the cleaning and disinfecting of high-touch surfaces between multiple student uses, even in the same cohort.

- Outdoor learning spaces must have at least 75% of the square footage of its sides open for airflow.
- Outdoor playground structures require normal routine cleaning and do not require disinfection. Shared equipment should be cleaned and disinfected at least daily in accordance with CDC guidance.
- Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students.
- 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 must 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 shall, to the extent possible, increase natural ventilation by opening windows and interior doors before students arrive and after students leave, and while students are present. Do not prop open doors that can pose a safety or security risk to students and staff (e.g., exterior doors and fire doors that must remain closed.)
- Schools with HVAC systems should ensure all filters are maintained and replaced as necessary to ensure proper functioning of the system.
- All intake ports that provide outside air to the HVAC system should be cleaned, maintained, and cleared of any debris that may affect the function and performance of the ventilation system.
- 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 must 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 must 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).

Plan Details for 2j.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

School staff will follow CDC guidance to clean, sanitize, and disinfect frequently touched surfaces. Drinking fountains will be used for bottle-fill only. Class cohorts will have their own playground equipment, supplies, and materials.

Outdoor learning spaces will follow ventilation guidelines of 75% square footage of open sides.

All shared equipment will be cleaned after each usage.

All Disinfectants used will be EPA approved and registered.

Application of these disinfectants will be in accordance and strictly follow all instructions and guidelines for safe use on labels, and Safety Data Sheets.

CRS will be thoroughly evaluated as to current capabilities for fresh air intake, as well as possible modification options where necessary. All HVAC units with working outdoor air economizers will be adjusted to increase fresh air ventilation in all educational spaces that they serve. Spaces not equipped with working ventilation systems, will utilize opening of exterior windows and internal doors to corridors in order to increase fresh air flow wherever feasible.

We will be working to increase ventilation in all spaces as stated above, but areas with medically fragile students will be prioritized in order to ensure proper air changing and filtration.

Regular maintenance and cleaning will be done to the ventilation system.

Ventilation systems will be run at a minimum with windows opened as much as possible.

Increased ventilation such as open windows and fans will be used if needed for students.

Facilities will be cleaned and disinfected nightly, as well as frequently throughout the course of each school day as outlined in the District COVID19 Disinfection Plan which is an attachment to this document.

As stated above all spaces will be evaluated, adjusted or modified wherever feasible in order to increase outdoor ventilation into spaces. Filtration systems will be monitored, and changed more frequently, particularly in areas occupied by medically fragile students, but will be changed at least quarterly throughout the year.

Requirements for 2k. HEALTH SERVICES

- 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).

Plan Details for 2k.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

SFSD and CRS' "prevention-oriented health services program for all students" is outlined in Nursing Protocol A (see attached).

Requirements for 2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

- 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.
    - 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
- 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.

Exception

- They have a current and complete RSSL Blueprint and are complying with Sections 1-3 and any other applicable sections, including Section 2L.
- The school maintains a fully-closed residential campus (no non-essential visitors allowed), and normal day school operations are only offered remotely through distance learning.
- There have been no confirmed cases of COVID-19 among school staff or students in the past 14 days.
- Less than 10% of staff, employees, or contracts (in total) are traveling to or from campus. Staff in this designation will:
    - Limit travel to essential functions.
    - Carefully monitor their own health daily and avoid coming to campus at any potential symptom of COVID-19.
- Any boarding students newly arriving to campus will either:
    - Complete a quarantine at home for 14 days* prior to traveling to the school, OR
    - Quarantine on campus for 14 days.*

- A 14-day quarantine is the safest option to prevent the spread of COVID-19 to others. However, in either option above, for boarding students who have not developed any symptoms, schools may consider ending quarantine after 10 days without any testing, or after 7 days with a negative result on a COVID-19 viral test collected within 48 hours before ending quarantine, unless otherwise directed by the local public health authority (LPHA).
- Student transportation off-campus is limited to medical care.

Plan Details for 2l.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

N/A No on-site student housing.

Requirements for 2m. SCHOOL EMERGENCY PROCEDURES AND DRILLS

- 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 must 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 shall 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.

Plan Details for 2m.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

Safety Drills will be completed in compliance with ODE and OHA standards.

Safety drill protocol updated during COVID and practiced to follow social distancing to the best of our ability.

Handwashing or hand sanitizer will be used after drills are complete.

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

- Utilize the components of Collaborative Problem Solving[6] or a similar framework to continually provide instruction and skill-building/training related to the student's demonstrated lagging skills[7].
- 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.
- 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.

Plan Details for 2n.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

Care Team/Child Study Team will develop a plan for instruction and continued support for students to maintain 3 feet of physical distancing. Posters, wall/floor markings, direct instruction, and re-direction as needed.

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[6] See this site for an overview of Collaborative Problem Solving.

[7] In the CPS framework, lagging skills are the reasons that a child is having difficulty meeting expectations or responding adaptively to triggers. Specific lagging skills can be assessed using the Collaborative Problem Solving Assessment & Planning Tool - Likert Scale (CPS-APT) or the Assessment of Lagging Skills and Unsolved Problems (ALSUP).

Staff are trained are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion. They are also trained in effective, evidence-based methods for developing and maintaining their own level of self-regulation and resilience.

SPED TOSA Jodie Mitchell is onsite for support, as well as Curriculum Director Amanda Schaeffer-Wilfong. Jon Harrington also provides support.

Requirements for 2o. PROTECTIVE PHYSICAL INTERVENTION

- In accordance with ORS 339.291, ORS 339.300, and OAR 581-015-2556, if restraint or seclusion is used on a student, it must be imposed by personnel who are trained in approved restraint or seclusion programs, or by other personnel who are otherwise available in the case of emergency circumstance. Staff may engage in close contact (less than 6 feet of physical distance) with no more than two other individuals on a given day for the purposes of assessing physical skills associated with required training components of approved programs, under the following conditions:
    - Only participants and trainers are allowed to be present for these sessions.
    - Participants and trainers must be screened for symptoms associated with COVID-19 prior to the start of each session. Anyone exhibiting symptoms, by visual screening or self-report, shall not participate in training at that time.
    - All participants and trainers must wash their hands immediately prior to and following direct physical contact with another person.
    - All people in close contact for this purpose must wear appropriate Personal Protective Equipment (PPE), including but not limited to, medical grade N95 face masks, face shield, gloves, and gown.
- Reusable Personal Protective Equipment (PPE) must be cleaned and disinfected following the manufacturer's recommendation, after every episode of physical intervention (see section 2j. Cleaning, Disinfection, and Ventilation). Single-use disposable PPE must not be re-used.

Plan Details for 2o.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

Single use PPE will be available. Guidance on cleaning reusable PPE will be provided via email.

Response to Outbreak (Section 3 of the RSSL Guidance)

Requirements for 3a. PREVENTION AND PLANNING

- 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.

Plan Details for 3a.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

All staff reviewed the "Planning for Covid-19 Scenarios in Schools" toolkit at a required joint staff meeting and training before Hybrid re-opening .

Requirements for 3b. RESPONSE

- 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.

Plan Details for 3b.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

All staff reviewed the "Planning for Covid-19 Scenarios in Schools" toolkit at a required joint staff meeting and training before Hybrid re-opening .

Comprehensive Distance Learning has been ongoing since September 2020 and will continue in tandem with Hybrid instruction.

Requirements for 3c. RECOVERY AND REENTRY

- Review and utilize the "Planning for COVID-19 Scenarios in Schools" toolkit.
- Clean, sanitize, and disinfect surfaces (e.g. 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.

Plan Details for 3c.

Please enter the details of your On-Site or Hybrid plan that correspond to the requirements listed above:

All staff reviewed the "Planning for Covid-19 Scenarios in Schools" toolkit at a required joint staff meeting and training before Hybrid re-opening .

Cleaning will be done by CRS Custodial Staff following SFSD Cleaning protocol.

Students will be brought back on an A/B schedule of small class cohorts of no more than 15 students per cohort.

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.

Let us know whether statement 1 or statement 2 applies to your school plan by typing "Yes" after the prompt that follows the correct statement:

1. 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***

Does statement 1 apply to your school? **YES**

2. 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.

Does statement 2 apply to your school?

Assurance Compliance and Timeline

If a district/school cannot meet any of the requirements from the sections listed below, provide a plan and timeline to meet the requirement:

- Section 4: Equity
- Section 5: Instruction
- Section 6: Family, Community, Engagement
- Section 7: Mental, Social, and Emotional Health
- Section 8: Staffing and Personnel

Please type below which requirements cannot be met and the plan and timeline to meet them. Be sure to include how and why the school is currently unable to meet them.

School's response:

SILVER FALLS SCHOOL DISTRICT
WHERE EVERY STUDENT THRIVES

COVID-19 SPECIFIC COMMUNICABLE DISEASE PLAN

Authored by Silver Falls School District (SFSD) School Nurse Consultants: Leslie Kuhn, RN; Suellen Nida, RN; Geralyn Sheets, RN; Emily Ward, RN

This plan was originally adapted in 7/2020 with permission from Mollala River School District's COVID-19 Specific Communicable Disease Management Addendum, authored by Dr. Jan Olson.

Last updated: January 28th, 2021

This plan is intended to be used to meet the requirements of COVID-19 specific interventions in the school setting as required by the Oregon Department of Education's (ODE) Ready Schools Safe Learners guidance (RSSL). It is in addition to the existing ODE and OHA Communicable Disease Guidance for Schools document SFSD refers to for infection control measures, illness exclusion, and disease-specific guidance.

Nursing consultants and District Administration will remain up to date regarding new ODE, OHA, and county level guidance.

County & State Metrics

- ODE and Oregon Health Authority (OHA) has released public health metrics to guide school reopening. Link to metrics visual: Following the Metrics Visual
- School Nurse Consultants will be tracking State and County metrics to inform district administration weekly and/or as appropriate.
- Latest County Metric Data from OHA: County Metric Data
- In the event that SFSD transitions to operating an On-Site or Hybrid Instructional Model while our county does not meet the advisory metrics, SFSD will have plan in place to access to on-site testing for symptomatic students and staff identified on campus as well as those with known exposures to individuals with COVID-19, by March 1st, 2021. Guidance from the Oregon Health Authority: COVID-19 Testing in Oregon's K-12 Schools.

Important Links

Oregon Department of Education	Oregon Health Authority	Local Public Health Authority: Marion County Health Department	Centers for Disease Control & Prevention

Important Contacts

Leslie Kuhn: School Nurse Consultant Email link (Silver Falls School District) Kuhn_leslie@silverfalls.k12.or.us
Suellen Nida: School Nurse Consultant Email link (Silver Falls School District) Nida_suellen@silverfalls.k12.or.us
Emily Ward: School Nurse Consultant Email link (Silver Falls School District) Ward_emily@silverfalls.k12.or.us
Geralyn Sheets: School Nurse Consultant Email link (Silver Falls School District) Sheets_geralyn@silverfalls.k12.or.us
School Nurse Consultant Emergency Phone Contact: 503-932-8085
Marion County Health Department Communicable Disease Reporting Line: 503-588-5621
Marion County Health & Human Services School Team Lead Epidemiology: Sophia Damiani, MPH, email
Corrina Brower: Oregon School Nurse Consultant Email (Oregon Health Authority)
Sasha Grenier: Oregon School Health Specialist Email (Oregon Department of Education)
Clackamas County Health Department Communicable Disease Reporting Line: 503-655-8411
Oregon's school COVID testing program email: schooltesting.covid@dhsoha.state.or.us
Marion County Health Department email regarding RSSL: ReadySchoolsReentry@co.marion.or.us

Applicable Legislation

Emergency Rules Related to COVID-19

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

authorities within 24 hours. In addition, OHA is also adopting OAR 333-19-1000 related to exclusion from schools, children's facilities, food service facilities, and health care facilities.

Existing Rules, Statutes

School Centered

- OAR 581-022-2220 Standards for Public Elementary and Secondary Schools: Health Services
- OAR 581-022-2225 Emergency Plan and Safety Programs
- OAR 166-400-0010 Educational Service Districts, School Districts, And Individual School Records
- ORS 433.255[1] Persons with or exposed to restrictable disease excluded from school or children's facility
- ORS 336.201[1] Nursing services provided by district
- OAR 581-015-2000 Special Education

Occupational Centered

- 1910-1030 OSHA Bloodborne Pathogens
- OSHA's Temporary Rule Addressing COVID-19 Workplace Risks

Public Health Centered

- OAR 333-019-0015 Investigation and Control Of Diseases: General Powers And Responsibilities
- OAR 333-003-0050 Impending Public Health Crisis: Access to Individually Identifiable Health Information
- ORS 431A.015[1] Authority of Public Health Director to take public health actions
- 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restriction

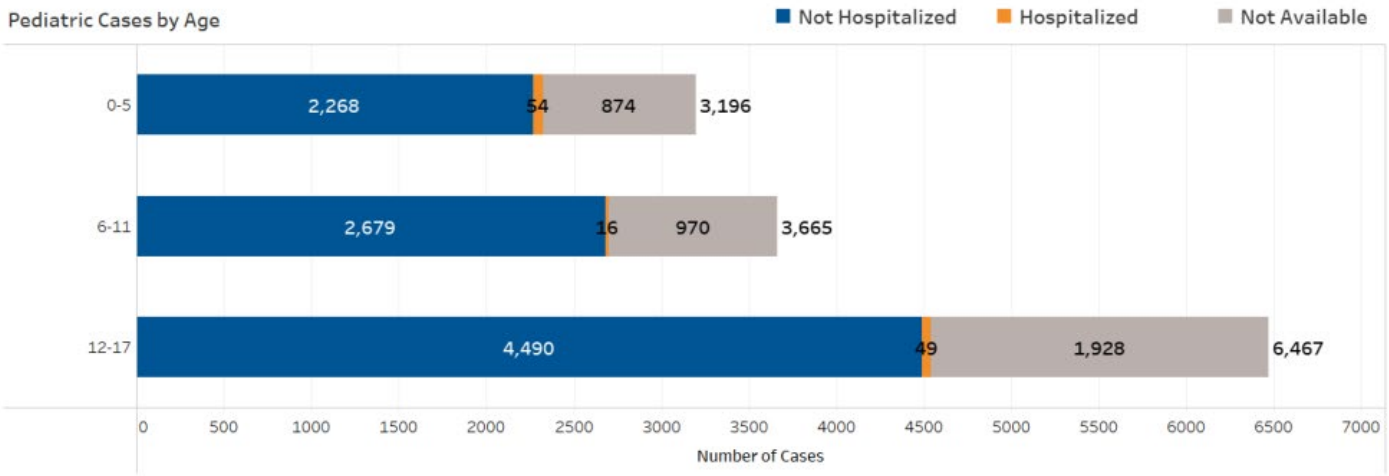
COVID-19 Background

COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. Most coronaviruses cause mild illness. Some, like this one, can also cause more severe symptoms. Primary symptoms of COVID-19 infection include: cough, temperature of 100.4 F or higher, chills, shortness of breath, difficulty breathing, new loss of taste or smell. Non-primary COVID-19 symptoms include: fatigue, muscle or body aches, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea (OHA, 2021). Symptoms range from mild to severe. It is estimated that 40-45% of COVID-19 infections occur without symptoms and that infection can be spread by people showing no symptoms (CDC, 2021).

Per CDC, the primary mode of COVID-19 transmission is through exposure to respiratory droplets (large droplets that can travel about 6 feet in the air before dropping) carrying infectious virus. These droplets may be emitted when infected people cough, sneeze, talk, sing. Contact transmission remains a risk for spread with surfaces that have contaminated by an infectious person (people may touch surfaces that a person with the infection coughed/sneezed on and then touched their own mouth/nose/eyes). Emerging evidence has shown that airborne transmission (smaller sized infectious particles that can suspend in the air over long distances and for longer periods of time) can play role in COVID-19 transmission under special circumstances, including: enclosed spaces, inadequate ventilation, and prolonged exposure to respiratory particles (CDC, 2021).

Pediatric Populations

In Oregon, as of 01/05/2021, 119,488 individuals have been infected with COVID-19, and 11.2% of those have been pediatric patients (people under the age of 18), with 7 cases of Multisystem Inflammatory Syndrome in Children (MIS-C) (OHA Pedatric Report, 2021). Per Oregon Health Authority's Pediatric Report, pediatric case counts have been increasing, however they usually report fewer symptoms than adult cases, and are less likely than adults to develop severe COVID-19 or require hospitalization—For example, 1.3% of people under age of 18 have needed hospitalization due to COVID-19 (OHA Pedatric Report, 2021). In some cases, children can develop severe illness due to COVID-19, such as MIS-C, or develop long-term health effects.



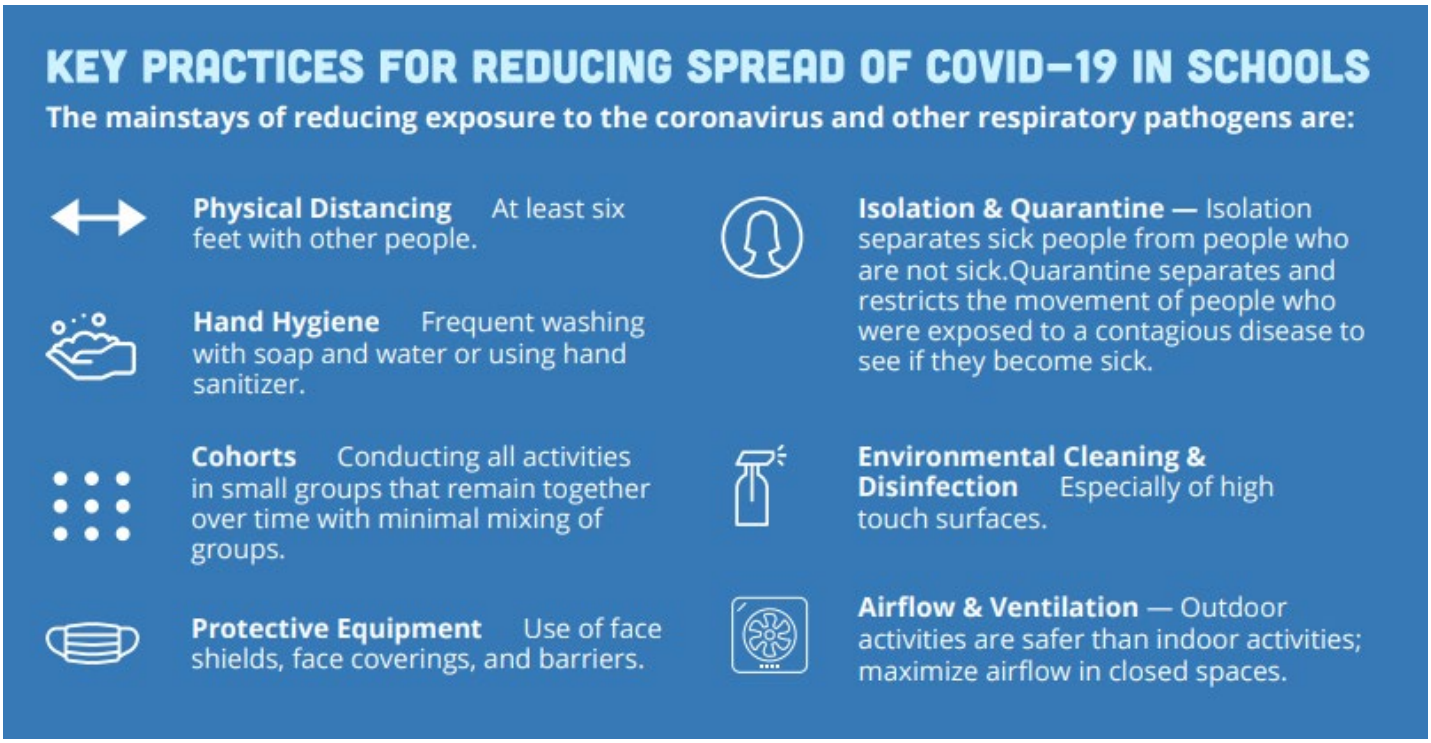
(Source: Oregon Health Authority: Pediatric COVID Report)

Communicable Disease Management

- **Existing *Communicable Disease Plan* should be referred to for standards in disease control and prevention:** ODE & OHA Communicable Disease Guidance (Last updated 9/2020)

This *COVID-19 Specific Communicable Disease Plan* addresses specific communicable disease control measures outlined in the *Ready Schools, Safe Learners* guidance, including the following: screening, monitoring, isolation/exclusion for illness among symptomatic staff and students; use of face coverings; physical distancing; and limiting interactions between different groups of students.

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



(Source: Oregon Health Authority: Pediatric COVID Report)

Vulnerable Populations

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

Due to specific risks associated with certain underlying health conditions, it may be necessary to provide changes in schedule or placement for these individuals to ensure safety. Medically complex, medically fragile, and nurse dependent students may fall under the purview of nurse case management within the school setting.

Adults of any age with the following conditions are at increased risk for severe illness (CDC, 2021):

- Cancer
- Chronic Kidney Disease
- COPD
- Down Syndrome
- Heart Conditions (heart failure, CAD, Cardiomyopathies)
- Immunocompromised state from solid organ transplant
- Obesity (BMI>30)
- Severe Obesity (BMI>40)
- Pregnancy
- Sickle Cell Disease
- Smoking
- Type 2 Diabetes
- Other conditions or risk factors identified by OHA, CDC, or a licensed Healthcare Provider

Adults of any age with following conditions MIGHT be at an increased risk for severe illness (CDC, 2021):

- Asthma (moderate to severe)
- Cerebrovascular Disease
- Cystic Fibrosis
- Hypertension
- Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medications.
- Neurologic conditions such as dementia
- Liver Disease
- Overweight (BMI>25)
- Pulmonary Fibrosis
- Thalassemia
- Type 1 Diabetes

Per CDC, older adults are at greater risk of requiring hospitalization or dying if diagnosed with COVID-19, with 8 out of 10 COVID-19 deaths reported in the US being in adults 65 years or older (CDC, 2021).

Children will underlying medical conditions (obesity, medical complexity, severe genetic disorders, severe neurologic disorders, inherited metabolic disorders, sickle cell disease, congenital heart disease, diabetes, chronic kidney disease, asthma, chronic lung disease, and immunosuppression due to malignancy or medications) are at increased risk for severe illness compared to those without underlying health conditions (CDC, 2021).

As of 6/28/20, within SFSD, Nursing Services has identified 246 chronically ill students, 96 medically complex students, 25 medically fragile students, and 6 Nurse Dependent students. Of those students, 126 have been identified to be at increased risk for COVID-19 infection and will require special considerations upon re-opening.

a. Individual student needs will be assessed from Nursing Services' communication with parents and/or health care providers prior to re-opening to ensure health needs are addressed and health services can be accommodated.
    i. Communicate with parents and health care providers to determine return to school status and current needs of the student.
    ii. 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.
    iii. Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations.
b. For all students with known asthma, communication will be sent to family to assess severity of asthma and use of inhaler with recommendation for aero chamber/spacer.

i. *It is recommended that students with asthma have updated orders, medication, and asthma action plans before returning to school in person, to avoid unnecessary exclusion due to symptoms of their chronic condition.*
ii. *SFSD Asthma Letter, accompanied by asthma action plan, to be sent home to every student with asthma prior to returning to in-person learning.*

c. Prior to re-opening, communication will be sent to all student families (including those students Nursing has identified to be increased risk) to inform them of conditions that place people at increased risk for COVID-19 (*Vulnerable Population Letter*), encouraging them consult with their primary care provider and to update school and Nursing Services with any health conditions or concerns for their child.
d. Students who are identified as Medically Complex, Medically Fragile and Nursing Dependent are recommended to be on a 504 or IEP. Special services will identify if additional supports are needed and SFSD will work with families on setting up a 504/IEP plan as appropriate. Nursing services to provide supports in this process if needed.
e. The school in which the student is attending provide a meeting with the IEP/ 504 coordinator and the nurse to identify additional support needed prior to the onset of the school year.

B. Students who are identified as unable to attend school will be enrolled in Comprehensive Distance Learning. The student's IEP/504 or school team (including parent/family) will determine the specifics of the online option.
C. Students who experience disability will continue to receive specially designed instruction.
D. Students with language services will continue to receive English Language Development.

- In addition to high-risk students and staff, many students may have fragile family or household members, and changes in placement may be necessary for those situations.

- ODE's Guidance for Staff Working with Students with Complex Needs & Populations Needing Close Contact
- 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.

Designated Personnel

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

- Each school will designate a point-person to establish, implement, support, and enforce all RSSL health and safety protocols.
- School Testing administrators and testing reporters will be designated and trained accordingly per guidance: OHA's COVID-19 Testing in Oregon's K-12 Schools.
- Designated staff will be assigned per building for screening and isolation room coverage (taking into account if staff are considered at increased risk—see vulnerable populations section).
- Designated staff will be responsible to responding to specific COVID-19 concerns within each school building.
    - Planning for COVID-19 Scenarios in Schools
- Designated staff will be specifically trained to enforce social distancing during peak hours, such as arrival and departure and transition periods as identified by building team.
- Designated staff will be trained to appropriately sanitize shared spaces in between cohorts to provide support to custodial staff as identified by building team.

Designated Resources

- Designated sanitizer or hand-washing supplies will be accessible to each classroom space and high traffic areas.
- Designated PPE will be supplied to each building as required by Safe Schools, Ready Learners guidance.
    - PPE & Supply Needs List from Oregon School Nurses' Association (OSNA)

Communication and Training

Staff Communication &Training

- All district staff members will be trained by nursing on SFSD COVID-19 Health & Safety Protocols—done via live/virtual training with Q&A session and/or video recordings with follow-up interactive Q&A session.
- It is recommended by nursing that staff receive weekly reminders from building principals on COVID-19 Health & Safety protocols. Ongoing training will be provided to staff regarding updated and new building procedures, cleaning protocols, and COVID-19 safety requirements as applicable.
- Prior to returning to in-person learning, all staff members will have additional training including reinforcement of COVID-19 Health & Safety Protocols, to include the following per RSSL requirements:
    - Updated protocols, policies, and guidelines to adhere to physical distancing requirements and recommendations outlined in this guidance and the Operational Blueprint for Reentry.
    - Training required by OSHA administrative rule OAR 437-001-0744(3)(i).
    - How to access ODE/OHA updates and review requirements.
    - Confidentiality requirements under FERPA, HIPAA, and local policy regarding student and staff health information, including a COVID-19 diagnosis.
- Maintenance Department is responsible for providing information to staff regarding ventilation, cleaning and disinfection processes and should work with individual building teams.
- Additional staff training and review of Operational Blueprints and RSSL guidance will be provided as needed by District and building Administration teams.

Students' Family Communication & Training

- Parents will be provided a letter (sent home prior to student returning to in-person learning) informing them of COVID-19 precautions, and communicable disease guidance, and instructing them to not send sick children to school, or those that have been exposed to COVID-19 in the last 14 days.
- It is recommended that families receive weekly reminders from building staff on importance of keeping sick children home and referring to "Can My Student Go To School Today?" Flowchart.

Communication and Training Methods

Communications and trainings will be held virtually as much as possible. Select in-person trainings may be provided as needed, following strict social distancing and face covering protocols.

Staff Training Sources

Broad training resources will be used to provide conceptual information to each topic associated with COVID-19.

- SFSD's training vendor, Public School Works provides online training modules for the following topics:
    - M-850 Covid-19: *How to protect yourself and others*
        - Symptoms of COVID-19
        - When to seek medical attention
        - Handwashing
        - Social Distancing
        - Face coverings
        - Respiratory hygiene
        - Cleaning and Disinfecting
        - FAQs
    - M-851 *Managing Stress and Anxiety during the Coronavirus Pandemic*
    - M-856 *Teaching Kids Cognitive Behavioral Therapy (CBT) Coping Tools during Covid-19*
    - M-854 *Working from Home Effectively*
    - M-852 *Covid-19 How to Clean and Disinfect Your School*
- Centers for Disease Control and Prevention provides video training on Donning and Doffing PPE.

- SFSD Nursing's Power Point for COVID-19 Staff Training. (Last updated 12/2020, New Power Point expected 2/2021 with Video to come soon)
- School specific training will be provided as needed by district administration or School Nurse Consultants.
- Designated staff (testing administrator/back up and testing reporter/back up) will be trained accordingly per guidance for OHA's COVID-19 Testing in Oregon's K-12 Schools.

Public Health Communication

Public health communication protocols will be determined by District Administration and follow guidance in RSSL, to include the following:

- Communicating with students, families and staff who have come into close contact with a person who has COVID-19.
    - Utilizing templates in Planning for COVID-19 Scenarios in Schools
- Communicating immediately with staff, families, and the school 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
    - Referring to OSHA's Example Notification and ODE's letter templates in Planning for COVID-19 Scenarios in Schools.
- Public Health Communication will be guided by ODE's Planning for COVID-19 Scenarios in Schools.
- The School Nurse Consultant is the lead point of contact for the Local Public Health Authority (LPHA). Human Resources will act as a back up if nursing is not available.
- All broad communication to families will be available in English and Spanish.
- Confidentiality will be maintained to greatest extent possible when communicating information regarding confirmed or suspected cases. Only required staff will be included on specifics of case. Staff will be frequently reminded of importance of confidentiality.
    - While the affected cohorts may be disclosed, the individuals diagnosed will not be disclosed. It is a violation of privacy to disclose health information to other staff members, students or community members.
    - Any inquiries on affected individuals should be deferred to the building administrator.
    - It is important to note that the same privacy laws are applicable in the event of an outbreak (multiple cases).

The School Nurse Consultant, Local Health Department, District Administration and District Communications Manager will collaborate to determine appropriate measures and messaging in the event that cohorts need to be excluded and to inform those who have had close contact with a person diagnosed with COVID-19. This group will collaborate to determine messaging on short-term closures related to confirmed cases or clusters. Refer to **COVID-19 Communications Flowchart** (see page 9).

Signage

Post signs in highly visible locations (such as school entrances, log stations, hallways, restrooms, shared spaces, etc.) that promote COVID-19 health & safety protocols, everyday protective measures, and reinforce how to stop the spread of germs.

- Nursing's recommended signage for school buildings.
- CDC signs
- OHA signs

COVID-19 Communications Flowchart

Staff/Student with Symptoms, Positive test, or Possible Exposure

ALERT NURSING

*Call the RN assigned to the school first, if not available contact the RN on call. *Maintain Confidentiality.

Nursing Services to:

- Investigate and confirm details with student/parent or staff member.
- Refer to ODE/OHA's "Planning for COVID-19 Scenarios in Schools" guidance.
  - During Nursing's conversation with student/staff, exclusion guidance will be communicated.
- Consult with the LPHA regarding guidance and/or to report presumptive or positive cases.
- Collaborate with the LPHA to determine exposure timeframe and exposure cohort.
- Coordinate the following: For positive or presumptive cases, potentially exposed contacts will be identified via staff report, review of building logs, review of classroom/shared space logs.

STAFF

Nursing will summarize guidance and provide update to staff member, direct supervisor, and Human Resources. (Utilizing COVID-19 Scenario Template)

STUDENT

Nursing will summarize guidance and provide update to building principal and Human Resources. (Utilizing COVID-19 Scenario Template)

Principal or Supervisor

- Contacts staff members/cohorts identified as potentially exposed to share nursing's guidance as soon as possible.
- Calls Lorin/Helen in Maintenance department regarding cleaning requests.

Principal or Supervisor

- Contacts cohorts identified as potentially exposed to share nursing's guidance as soon as possible.
- Calls Lorin/Helen in Maintenance department regarding cleaning requests.

Nursing

- Provides follow up calls/guidance to ill staff member/ill student, potentially exposed individuals.
- Provides applicable updates to direct supervisor, and HR/assistant superintendent regarding guidance and recommendations.

NOTIFICATIONS

(Refer to Public Health Communications section of COVID-19 Specific Communicable Disease Plan.)

- If a staff member or student has tested positive (or considered presumptive) within the school building:
  - All building staff will be notified within 24 hours of report by building principal, using letter templates in ODE/OHA's "Planning for COVID-19 Scenarios in Schools." (in accordance to OSHA policy).
  - All families of students attending in-person learning in the building will be notified within 24 hours of report by building principal, using letter templates in ODE/OHA's "Planning for COVID-19 Scenarios in Schools."

Routine Measures to Limit Spread of Disease

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

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

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff upon entry to the building, prior to eating, after restroom use, before and after recess, and between interactions with different cohorts.
- If soap and water are not readily available, hand sanitizer that contains at least 60-95% alcohol can be used.
- Students should be supervised with the use of hand sanitizer.
- Hand sanitizer should not be used with students that have a sensitivity or risk of ingesting sanitizer related to developmental or cognitive level.

  - Associated Resources
    - CDC's Clean Hands Save Lives Campaign
    - CDC printable resources for schools

- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
  - If soap and water are not readily available, hand sanitizer that contains at least 60-95% alcohol can be used (for staff and older children who can safely use hand sanitizer).
  - Students and staff may also be encouraging to cough into their elbow and away from other individuals when tissues and handwashing is not immediately accessible.

Healthy Environments

Cleaning and Disinfection

- Defer to SFSD's cleaning and disinfection protocols per Maintenance Department.
- All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses will be Clean and disinfected at least daily and between use as much as possible.
- Disinfectants must be kept away from students, per RSSL guidance.
- CDC's "Cleaning and Disinfecting in School Classrooms"

Shared Objects

- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- Avoid sharing electronic devices, toys, books, and other games or learning aids.
- School designated technology will be wiped down between uses.
- All shared equipment among staff (i.e. copier, fax, laminator, microwave) will be disinfected in between uses.
- If individual supplies are a challenge, it is recommended that students who are immunocompromised will have their own supplies.
- NASN's Guidance for Safely Sending/Receiving Resources Between School and Home During COVID-19

Ventilation

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

Face Coverings & Personal Protective Equipment

Oregon Ready Schools, Safe Learners Face Covering content will be used to guide practices on face coverings in the school setting. Due to emerging evidence of aerosol transmission of COVID-19, face coverings are recommended over face shields, as they provide better containment of small aerosols that can be emitted (and better protection from breathing in small aerosols). Requirements around face coverings and PPE will evolve to align with current state public health guidelines, new or revised mandates, and ODE's requirements for the school setting.

- ☐ **Required:** Face coverings for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines Face Coverings. Individuals may remove their face coverings while working alone in private offices.
    - Face shields are an acceptable alternative ONLY if a person has a medical condition that prevents them from wearing a mask, when people need to see mouth and tongue motions in order to communicate, or when a person is speaking to an audience for a short period of time and clear communication is otherwise not possible.
- ☐ **Required:** Face coverings for all students in grades Kindergarten and up following CDC guidelines Face Coverings.
    - Face shields are an acceptable alternative ONLY if the student has a medical condition that prevents them from wearing a mask, or when people need to see the student's mouth and tongue motions in order to communicate.
- Face coverings must be worn both indoors and outdoors—during outdoor recess.
- If a student demonstrates a need to remove their face covering, they should be allowed to a "mask break" at a space provided away from peers, supervised by staff. Group mask breaks are not allowed per RSSL guidance.
- The following staff must wear a medical grade face mask (and potentially additional PPE as needed):
    - Staff that are in close contact (within 6 feet) with symptomatic individuals.
    - Staff that are working with students that are not able to wear a face covering.

Other recommendations regarding face coverings:

- They should be washed daily, or a new covering worn daily.
- Face coverings cannot be shared.
- Each classroom should be supplied extra face coverings in the case a student or staff needs one.
- Bus transportation should maintain extra face covering supplies in the case a student needs one.

Video Resources: Donning PPE (CDC) , Doffing PPE (CDC), Handwashing (CDC)
Other Resources: CDC's guidance on wearing PPE, Staff Working with Students with Complex Needs and Populations Needing Close Contact: Additional Considerations
Visuals: How to Don/Doff PPE (CDC), Sick Room What Should I Wear

Adequate Supplies

Support healthy hygiene behaviors by providing adequate supplies of PPE and hygiene items to staff such as soap, hand sanitizer with at least 60-95% percent alcohol paper towels, tissues, disinfectant wipes, cloth face coverings, and face shields. Maintenance Department, along with Nursing consult, will work together to identify needs and supply.

Physical Distancing (Social Distancing)

Physical distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. While staying at home and avoiding groups of people are important measures in achieving this, as schools reopen, spatial measures must be taken to ensure physical distance between individuals. This is generally 6 feet between individuals since respiratory droplets can spread 6 feet before falling.
Oregon Ready Schools, Safe Learners Physical Distancing content will be used to inform required practices in the school setting.

Room Capacity

- A minimum of 35 square feet per person will be used to determine individual room capacity (Calculate only with usable classroom space, understanding that desks and room set up will require use of all space in the calculation. Educators should allow ability to move through the room and maintain 6 feet of physical distance to maximum extent feasible.
- Utilizing outdoor learning spaces as feasible will be encouraged.

Modified Layouts

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

Physical Barriers and Guides

- Physical barriers, such as plexiglass barriers and partitions, may be used for additional barriers in certain areas such as front office or library check-out, however they will not replace the need to wear face covering at all times.
- Physical guides, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one-way routes” in hallways).
- Additional resource: CDC Recommendation on Setting up Classrooms

Staggered Scheduling

- Arrival and drop-off times will be staggered by location and cohort. Arrival will be adjusted by building as determined to be necessary and feasible.
- Departure times will be staggered to the extent feasible to prevent crowding and gathering.
- Virtual opportunities will be used whenever feasible.
- Staggered and extended hallway passing should be endorsed to reduce hallway congestion and promote physical distancing.
- Schedules will be modified to limit the number of students in the building and/or space at one time.

Instruction & Activities

- Practices will be adopted to maintain 6 feet distancing during activities and instruction.
- Outdoor spaces should be used as much as feasible.

Communal Spaces

- The number of employees gathering in shared spaces will be limited and six feet of distance between individuals will be maintained. Shared spaces (such as copy room, break room, elevator) will have occupancy signs posted and staggered use.
    - Per RSSL, "The largest area of risk is adults eating together in break rooms without face coverings" (RSSL, 2021).
- Communal and shared spaces (such as cafeteria and playgrounds) will be restricted as much as feasible. When used, use will be staggered, and spaces will be cleaned and disinfected between use per guidance and maintenance protocols.
    - Increased restrictions may occur if there has been identified cases in the building.

Cohorting

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

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

Maintaining small, stable cohorts can decrease the risk of closure to in-person instruction. The smaller the cohort, the less risk of spreading disease. As cohort size increases, so does the risk of disease transmission and disruption to in-person learning. A smaller cohort size of 24-36 is recommended for public health and safety, and it is encouraged to maintain even smaller sized cohorts when feasible (OHA, 2021).

Per state guidelines: *Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week.*

- Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week, Cohorts may change week-to-week, but must be stable within the educational week.
- Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas).
- Cleaning and sanitizing surfaces (e.g., desks, dry erase boards, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. This will be overseen by maintenance department.
- It is recommended that the number of staff that interact with each cohort should be minimized to the greatest extend possible.
    - Any staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.
    - Teachers of specific academic content areas rotate instead of students to the maximum extent possible.
- When feasible, stable cohorts should remain in one classroom environment for the duration of the learning day, including lunch.
- Elementary staff who interact with multiple cohorts (music, PE, library, paraprofessionals who provide supervision at recesses, etc.) should have schedules altered to reduce the number of cohorts/students they interact within a week. Consider having these staff engage via technology, altering duties so that they are not in close contact with students in multiple cohorts, or adjust schedules to reduce contacts.
- In settings where students require individualized schedules or elective classes, plan for ways to reduce mixing among cohorts.
- Assign restrooms, classrooms, or other activity areas for the exclusive use of one or a small number of stable cohorts rather than the entire on-campus population.

Student Arrivals

A. Each student/cohort will be assigned an entrance point (i.e., a specific door) to the school building.
B. Students will go directly to their classroom or first content cohort (i.e., the students in their first period class) through their assigned entry door.
C. Staff will be assigned to each entry door to visually screen students for illness. Staff should follow entry and screening procedures (See **COVID-19 Screening Flowchart on Entrance**, page 18).
D. Handwashing stations or hand-sanitizers will be placed by each entrance prior to student entrance to classes, or students will utilize classroom stations to wash hands.
E. SFSD will share information with families the need to keep drop-off/pick up interactions as brief as possible. Parents are not able to come into building at this time.
F. Areas will be marked as needed and designated for one-way traffic. Clear signage will be posted.
G. Students/staff entering or leaving the building at times other than arrival or dismissal will use the main building entrance.
H. Bus arrivals and arrivals outside of entry/dismissal times should be greeted at the door by a staff member to reduce office traffic.

Student Dismissals

A. Students will remain in their assigned cohort at the end of the day until released by intercom (as able).
B. Cohorts will be individually released by an announcement over the intercom (as able) one cohort at a time.
C. Upon release, all students in the cohort will go directly to their bus or departure point from campus.
D. Handwashing stations or hand-sanitizers will be placed by each entrance/exit and high traffic areas.
E. Areas will be marked as needed and designated for one-way traffic. Clear signage will be posted.

Entry Screening and Recognizing Signs and Symptoms

It is important to consider that the CDC (2021) does not recommend universal screening of students on a daily basis in the school setting because of distinct limitations of symptom screenings as part of a School Reopening Strategy. It does put emphasis on parents screening students before coming to school. In addition, emphasis should always be on recognition of symptoms throughout the day for thorough screening referral.

- Screening at the beginning of the school day will occur through visual and passive screening (This will be after home screening and potential transportation screening).
- Remain aware of implicit bias. Screenings should not include evaluation of racial/cultural background, clothing, hair, cleanliness, personality, or ability.
- Entry to each school is designated by the school specific planning team and must take safety and logistics into account.
- When multiple entrances are not feasible and outside areas are not secure from traffic, weather or congestion, visual screening can occur at the classroom level when staff takes attendance at the beginning of the day.

A. Student COVID-19 Symptom Screening at School:

a. Upon entry to building, students will be visually screened for symptoms by staff located at each building entrance or classroom. Refer to **COVID-19 Screening Flowchart on Entrance** (see page 18).
b. When the screening indicates that a student is symptomatic, staff will refer to **COVID-19 Screening Flowchart for Symptomatic Students** (see page 19).
    i. Staff should be aware of students with existing health conditions and health protocols.

B. Staff COVID-19 Symptom Screening:

a. Refer to flowsheet ***Can I go to work today?*** (see page 17).

b. Staff members are responsible for self-screening daily before coming to work and attesting to not having any symptoms of COVID-19 or recent exposure while signing in on the Building Log daily. Staff members are not responsible for screening other staff members for symptoms.

C. Essential Visitor COVID-19 Symptom Screening:

a. Non-essential visitors (ex: PTA, classroom volunteers) and volunteers will be restricted at this time.
b. Examples of essential visitors include itinerant staff, substitute teachers, contracted service providers (maintenance, counseling services), and partner providers (DHS Child Protective Services, Law Enforcement, student teachers).
c. Essential visitors will follow all measures regarding face coverings and physical distancing.
a. Essential visitors will log in on the ***Building Log*** (see page 29) upon entrance and check in with front office staff after doing so. If they answer yes to either having symptoms of COVID-19, or recent exposure to someone with COVID-19 in the last 14 days, they cannot proceed further, and nursing will be notified for consult. Essential visitors will log in/out on both Building Log and Classroom/Shared Space Logs.

Symptom screening for Students and Staff

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

- Exclusion of illness in the school setting should continue as per current guidance: ODE & OHA Communicable Disease Guidance
- ODE's Planning for COVID-19 Scenarios in Schools will guide Nursing's decisions regarding isolation and quarantine guidance for ill or exposed staff or students.
- Nursing Services will be notified by building administrators or secretaries of any ill staff or students to provide follow up and guidance. Nursing Services will contact the LPHA as needed—see Symptomatic Student Screening, Isolation, & Exclusion Section.
- Privacy, confidentiality, and protected health information should be maintained at all levels of communication.
- Sick policies and guidelines should be established for staff and students that encourage individuals who are feeling ill or exhibit signs and symptoms to stay or go home.
- Parents will be provided a letter informing them of COVID-19 precautions, and communicable disease guidance, and instructing them to not send sick children to school, or those that have been exposed to COVID-19 in the last 14 days.
    - For students and families, see flowchart ***Can my student go to school today?*** (see page 16).
    - COVID-19 Letter Home to Parents—to be sent home before student returns to in-person learning.
- Staff will be provided exclusion criteria and advised to complete daily self-screens prior to coming to work and will attest to this when signing into building log.
    - For staff, see flowchart ***Can I go to work today?*** (see page 17).

Can my student go to school today?

Answer these 5 questions and follow the arrows to see if it is okay to send your student to school today.

1. Has your student been diagnosed or suspected of having COVID-19?

YES

1. **STAY HOME. NOTIFY YOUR SCHOOL AS SOON AS POSSIBLE.**
2. A school nurse consultant will reach out to you to help you navigate next steps.
3. Seek testing from healthcare provider. If you do not have a provider and need assistance finding a testing site, call 211, or contact school for support from nursing services.

If COVID-19 test is negative:

- ☐ Isolate at home until 24 hours after fever is resolved, without use of fever-reducing medicine, and symptoms are improving.
- ☐ If you have had contact with positive case in past 14 days, you must isolate at home for 10 days since symptoms first appeared.

If COVID-19 test is positive:

- ☐ Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.

If you do not get tested for COVID-19:

- ☐ Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.

2. Is your student experiencing:

- **Cough,**
- **Fever ≥100.4,**
- **Chills,**
- **Shortness of Breath,**
- **Difficulty breathing, or**
- **New loss of taste/smell?**

YES

NO

3. Has your student been in close contact* with a positive COVID-19 case?

YES

1. **STAY HOME. NOTIFY YOUR SCHOOL AS SOON AS POSSIBLE.**
2. A school nurse consultant will reach out to you to help you navigate next steps.
   - ☐ Quarantine at home for 14 days after date of last exposure to the COVID-19 positive contact, unless directed differently by the Health Department or Nursing. If additional household members become ill with COVID-19, or if the exposed person cannot avoid continued close contact, the length of quarantine may be >14 days.

Contact your healthcare provider for recommendations & if symptoms develop.

4. Is your student experiencing any other symptoms that may be related to COVID-19?: Fatigue, muscle or body aches, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea?

5. Are any of your household members experiencing:
Cough, Fever ≥100.4, Chills, Shortness of Breath, Difficulty breathing, or New loss of taste/smell?

YES

1. **STAY HOME. Monitor symptoms.**
2. **NOTIFY YOUR SCHOOL AS SOON AS POSSIBLE.**
3. A school nurse consultant will reach out to you to help you navigate next steps.

Go to School

* The definition of exposure is being within 6 feet of a person who has COVID-19 for at least 15 cumulative minutes within a day (with or without a mask).

Emergency Symptoms (call 911):
Trouble breathing, Persistent pain or pressure in chest, New confusion or inability to awaken, Bluish or greyish lips or face, Other severe symptoms.

Can I go to work today?

Answer these 5 questions and follow the arrows to see if it is okay to go to work today.

1. Have you been diagnosed or suspected of having COVID-19?

YES

1. **STAY HOME. NOTIFY YOUR SUPERVISOR AS SOON AS POSSIBLE.**
2. A school nurse consultant will reach out to you to help you navigate next steps.
3. Seek testing from healthcare provider. If you do not have a provider and need assistance finding a testing site, call 211, or contact school for support from nursing services.

If COVID-19 test is negative:

- ☐ Isolate at home until 24 hours after fever is resolved, without use of fever-reducing medicine, and symptoms are improving.
- ☐ If you have had contact with positive case in past 14 days, you must isolate at home for 10 days since symptoms first appeared.

If COVID-19 test is positive:

- ☐ Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.

If you do not get tested for COVID-19:

- ☐ Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.

2. Are you experiencing:

- **Cough,**
- **Fever ≥100.4,**
- **Chills,**
- **Shortness of Breath,**
- **Difficulty breathing, or**
- **New loss of taste/smell?**

YES

NO

3. Have you been in close contact* with a positive COVID-19 case?

YES

1. **STAY HOME. NOTIFY YOUR SUPERVISOR AS SOON AS POSSIBLE.**
2. A school nurse consultant will reach out to you to help you navigate next steps.
   - ☐ Quarantine at home for 14 days after date of last exposure to the COVID-19 positive contact, unless directed differently by the Health Department or Nursing. If additional household members become ill with COVID-19, or if the exposed person cannot avoid continued close contact, the length of quarantine may be >14 days.

Contact your healthcare provider for recommendations & if symptoms develop.

4. Are you experiencing any other symptoms that may be related to COVID-19?: Fatigue, muscle or body aches, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea?

5. Are any of your household members experiencing:
Cough, Fever ≥100.4, Chills, Shortness of Breath, Difficulty breathing, or New loss of taste/smell?

YES

1. **STAY HOME. Monitor symptoms & refer to communicable disease guidance**
2. **NOTIFY YOUR SUPERVISOR AS SOON AS POSSIBLE.**
3. A school nurse consultant will reach out to you to help you navigate next steps.

Go to Work

* The definition of exposure is being within 6 feet of a person who has COVID-19 for at least 15 cumulative minutes within a day (with or without a mask).

Emergency Symptoms (call 911):
Trouble breathing, Persistent pain or pressure in chest, New confusion or inability to awaken, Bluish or greyish lips or face, Other severe symptoms.

COVID-19 Screening Flowchart on Entrance

Student enters school

Staff Visually Screen for:

- Difficulty or Rapid Breathing (without recent physical activity)
- Flushed cheeks
- Fatigue
- Extreme Fussiness
- Coughing
- Other COVID-19 Signs or Symptoms (see list)

Student to wash or sanitize hands.

Symptoms?

YES

1. Offer a mask or shield if they do not have one.
2. Follow the **COVID-19 Screening Flowchart for Symptomatic Students.**

NO

GO TO CLASS

Teacher/staff continues to visually screen throughout the school day.

- ***Remain aware of implicit bias. Screenings should not include evaluation of: racial/cultural background, clothing, hair, cleanliness, personality, or ability.***

Signs and Symptoms of COVID-19

** INDICATES PRIMARY COVID SYMPTOMS*

- *Fever 100.4 F
- *Chills
- *Cough
- *Shortness of breath
- *New loss of taste or smell
- Nasal congestion
- Runny nose
- Diarrhea
- Nausea/Vomiting
- Fatigue
- Headache
- Muscle or body aches
- Poor feeding/poor appetite

Signs and Symptoms of MIS-C:

- Rash
- Red eyes
- Cracked/swollen lips
- Red/swollen tongue
- Swelling hands/feet
- Stomach pain

EMERGENCY
Call 911 (EMS)
Trouble Breathing
Bluish or Greyish Lips/Face
Chest Pain
New Confusion
Unable to wake or stay awake

COVID-19 Screening Flowchart for Symptomatic Students

Student presents with sick symptoms

Offer mask/shield if able to wear, staff to wear medical grade mask.

Verbal: Have you been exposed to someone with COVID-19 in the past 14 days? 'Is anyone at home sick?'

NO

Visual Screening for Primary COVID-19 Symptoms:

- Difficulty Breathing, shortness of breath.
- Coughing
- New loss of taste/smell
- Chills

Physical Screening for:

- Temperature ≥ 100.4 (call the office if you need a thermometer and they will bring one)

YES

CALL OFFICE STAFF OR ESCORT TO SICK ROOM

- Follow Flowchart for sick room
- Send home ASAP
- Notify parent
- Notify Nursing
- Fill out Sick Room Log
- Maintain Confidentiality

1 or more primary COVID-19 Symptoms?

NO

YES

- If a student becomes ill at school, especially if COVID-19 like symptoms (refer to list), student must be sent home.
- If student has a mild headache or stomachache, allow the student to rest for 10 minutes, in the classroom (Offer water, a snack, basic first aid…). If no improvement, send to the sick room to go home (call the office if an escort is needed).

This flowchart will be used to provide guidance on students who may present with COVID-19-like symptoms. This does not replace judgement based on identified findings. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (example: asthma, allergies) from school.

Signs and Symptoms of COVID-19

** INDICATES PRIMARY COVID SYMPTOMS*

*Fever 100.4 F
*Chills
*Cough
*Shortness of breath
*New loss of taste or smell
Nasal congestion
Runny nose
Diarrhea
Nausea/Vomiting
Fatigue
Headache
Muscle or body aches

Signs and Symptoms of MIS-C:

Rash
Red eyes
Cracked/swollen lips
Red/swollen tongue
Swelling hands/feet
Stomach pain

EMERGENCY

Call 911 (EMS) for:
Trouble Breathing
Bluish or Greyish Lips/Face
Chest Pain
New Confusion
Unable to wake or stay awake

Symptomatic Student Screening, Isolation & Exclusion

- Symptom screening will be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations.
- Any student experiencing distress should be deferred to emergency medical services immediately.
- Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school. Refer to existing health protocols.
- Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication must be excluded from school.
- For a student that presents with symptoms within the classroom, or is sent to the health room with symptoms, staff will refer to **COVID-19 Screening Flowchart for Symptomatic Students** (see page 19).

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 staff until they are able to go home. school nurse, other school-based health care provider or school staff until they can go home.

- Staff to refer to **COVID-19 Screening Flowchart for Sick Room** (see page 22).
- Staff in close contact with symptomatic individuals (less than 6 feet) must wear a medical-grade face mask.
    - Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Refer to Sick Room What Should I Wear and How to Don/Doff PPE (CDC).
- If able to do so safely, a symptomatic individual shall wear a face covering.
- After removing PPE, hands shall 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.
- Any PPE used during care of a symptomatic individual must be properly removed and disposed of prior to exiting the care space.
- To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.
- ***Sick Room Log*** will be completed (see page 23).
- Contact maintenance and following their protocols.

During Nursing's follow up with symptomatic or exposed students and staff, the following will guide Nursing's decisions regarding COVID-19 isolation and quarantine guidance:

- ODE's Planning for COVID-19 Scenarios in Schools
- ODE's COVID-19 Exclusion Summary Guidance for K-12 Schools
- Consulting with Marion County Health & Human Services School Team regarding guidance and specific scenarios.
- ODE & OHA Communicable Disease Guidance will also be used to guide exclusion of illness if not COVID-19 related (page 26).

Isolation Space/ "Sick Room"

An appropriate isolation space should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.

- Each school must have designated personnel and a designated isolation space separate from health room.
- Encourage language use that will not create fear for students, encouraging the use of "Sick room" instead of "isolation room."

- Available PPE must be available for School nurses and designated staff to use. Staff interacting with symptomatic students must wear a medical grade face mask.
    - Sick Room What Should I Wear
    - Standard and Transmission-Based Precautions.
- Designated personnel staffing health room or isolation room should not be at increased risk for severe illness from COVID-19.
- The "Sick Room" should be in proximity to the health room and restroom facilities. It is recommended to be near exit/entry point to limit student's contact in building when possible.
- Parents can be directed to this exit/entry point for pick up. If parent is unable to come to entry, designated staff will escort student to parent.
- A designated staff member will monitor student in isolation room area until he/she is picked up by parent/guardian. This supervision can occur outside of the sick room if possible (i.e. door has window in it).
- Windows should be opened if feasible to allow maximum ventilation.
- If more than one student needs to use sick room (and there is only one sick room), maintain 6 feet distancing between them.
- Visuals and signage will be displayed outside of the Sick Room:

☐ Sign that identifies if room is CLEAN or DIRTY
☐ Personal Protective Equipment (PPE) listed that should be donned before entry.
☐ CDC Visual of How to Don/Doff PPE (CDC)
☐ Sick Room What Should I Wear
☐ Symptoms of COVID-19

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

COVID-19 Flowchart for the Sick Room

Student/Staff presents with symptoms of illness.
If able to do so safely, they should wear a face covering (consider a face shield if unable).

Staff must wash or sanitize hands

Staff to put on appropriate Personal Protective Equipment (PPE):

- **Medical Grade Mask Required**
- Refer to PPE Visual for additional PPE recommendations and instructions for donning and doffing.

As soon as safe to do so:

1. **Contact the student's family for pick-up**
2. **Contact the school nurse**

(the office may also assist with this piece)

- Staff must provide continual supervision, through visual contact, while maintaining 6ft or more of distance whenever possible.
- Exterior windows should be opened.
- If 2 students are present, ensure 6ft of distance.
- Remove PPE following guidance BEFORE leaving the sick room.
- Wash hands immediately with soap and water for at least 20 seconds or sanitizer with 60-95% alcohol

Staff member, wearing medical grade mask, escorts student to guardian for pick up.

- Complete Sick Room log/documentation.
- Call Maintenance for cleaning and disinfecting.

Signs and Symptoms of COVID-19

** INDICATES PRIMARY COVID SYMPTOMS*

- *Fever 100.4 F
- *Chills
- *Cough
- *Shortness of breath
- *New loss of taste or smell
- Nasal congestion
- Runny nose
- Diarrhea
- Nausea/Vomiting
- Fatigue
- Headache
- Muscle or body aches
- Poor feeding/poor appetite

Signs and Symptoms of MIS-C:

- Rash
- Red eyes
- Cracked/swollen lips
- Red/swollen tongue
- Swelling hands/feet
- Stomach pain

EMERGENCY
Call 911 (EMS)
Trouble Breathing
Bluish or Greyish Lips/Face
Chest Pain
New Confusion
Unable to wake or stay awake

Remain aware of implicit bias. Screenings should not include evaluation of: racial/cultural background, clothing, hair, cleanliness, personality, or ability.

SILVER FALLS SCHOOL DISTRICT
WHERE EVERY STUDENT THRIVES

SICK ROOM LOG

Nurse Emergency Phone: 503-932-8085

School/Building:_____

Date	Student Name	Time in	Parent Called (Y/N/LM)	COVID-19 like symptoms: (Y/N)					Treatment/ Response	Outcome/comments: (Sent home, Notify School Nurse, refer to healthcare provider)	Time Out	Staff Initials
				Cough	Temp >100.4 Chills	Difficulty Breathing	New Loss of Taste or Smell	Other				

STAFF CARING FOR INDIVIDUALS IN THE SICK ROOM MUST WEAR MEDICAL GRADE FACE MASK AND ADDITIONAL PPE AS NEEDED.

CALL 911 FOR EMERGENCIES

SILVER FALLS SCHOOL DISTRICT
MOVING FORWARD... TOGETHER

Date:_____

HEALTH REPORT & ASSESSMENT FORM FOR COVID-19-LIKE SYMPTOMS

Student/Staff Name: _____ DOB: _____

School Site: _____ Teacher/Department: _____

Student/Staff complaint (Include duration, precipitating factors):

_____

_____

_____

Has the student/staff been around someone with COVID-19 in the past 14 days? ☐ Yes ☐ No

Student Vitals (if able): Temperature: _____ O2: _____ HR: _____

Respiration: _____ BP: _____

Symptoms (Mark all observed):

- ☐ Non-productive cough ☐ Fever (above 100.4F) ☐ Chills, shivering
- ☐ Shortness of breath (circle all that apply) gasping, grunting, wheezing, rapid, slow, shallow, nasal flaring, thoracic contracture
- ☐ Skin (circle all that apply) pink, pale, white, dry, sweating, red, swollen, rash
- ☐ Headache: Location_____ Pain rating (1-10 (worse))_____
- ☐ Sore Throat (circle all that apply) redness, white spots, enlarged tonsils
- ☐ New loss of smell or taste
- ☐ Gastrointestinal symptoms

Comments:_____

_____

_____

_____

☐Taken to Sick Room ☐Parent Called ☐School Nurse Called ☐Scan/Email to School Nurse ☐File in Health File

Name of person filling out form:_____

School Nurse Follow Up: ☐ Contacted Health Department (Nurse Use Only)

_____

_____

_____

_____

SILVER FALLS SCHOOL DISTRICT
WHERE EVERY STUDENT THRIVES

FIRST AID LOG

Nurse Emergency Phone: 503-932-8085

School/Building:_____

Teacher/Class:_____

Date	Name	Time in	Time Out	Type/Situation (e.g. Medication, headache, nausea, anxiety, injury…)	Treatment/Response (e.g.- ice, bandage, medication given, rest, first aid)	Outcome (return to class, sent home, refer to health provider)	Notified Parent (yes, no, message)	Staff Initials

If COVID-19 like symptoms, wear a medical-grade mask, follow COVID-19 Screening Flowchart for Symptomatic Students

CALL 911 FOR EMERGENCIES

(Exclusion criteria per ODE & OHA Communicable Disease Guidelines)

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER… *The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.
Fever: temperature of 100.4°F [38°C] or greater	***Fever-free for 24 hours** without taking fever-reducing medicine **AND** after a COVID-19 **test is negative**, OR **10 days** if not tested.
New **cough** illness **OR** New **difficulty breathing**	***Symptom-free for 24 hours AND** after a COVID-19 **test is negative**, OR **10 days** if not tested. If diagnosed with pertussis (whooping cough), the student must take 5 days of prescribed antibiotics before returning.
Headache with stiff neck or with fever	***Symptom-free OR** with orders from doctor to school nurse. Follow fever instructions if fever is present.
Diarrhea: 3 loose or watery stools in a day **OR** not able to control bowel movements	***Symptom-free for 48 hours OR** with orders from doctor to school nurse.
Vomiting: one or more episode that is unexplained	***Symptom-free for 48 hours OR** with orders from doctor to school nurse.
Skin rash or **open sores**	***Symptom free**, which means rash is gone OR sores are dry or can be completely covered by a bandage **OR** with orders from doctor to school nurse.
Red eyes with eye discharge: yellow or brown drainage from the eyes	***Symptom-free**, which means redness and discharge are gone **OR** with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	***After the school has orders** from doctor or local public health authority to school nurse.
Acting different without a reason: unusually sleepy, grumpy, or confused.	***Symptom-free**, which means return to normal behavior **OR** with orders from doctor to school nurse.
Major health event, like an illness lasting 2 or more weeks OR a hospital stay.	***After the school has orders** from doctor to school nurse.
Student's health condition requires more care than school staff can safely provide	***After measures are in place** for student's safety.

Logs & Contact Tracing

Contact Tracing

The purpose of contact tracing is to be able to identify those with the potential exposure risk of a communicable disease to prevent its further spread. This occurs on a small scale readily throughout the year with specific communicable disease exposures. Regarding COVID-19, schools are required to cooperate with the LPHA in the following ways:

- School nurse consultants will notify the LPHA of any confirmed COVID-19 cases among students or staff.
- School nurse consultants will report to the LPHA any cluster of illness among students or staff.
- School nurse consultants will provide all logs and information to the LPHA in a timely manner.
- School nurse consultants will provide daily log records and contact line lists to the LPHA to be used for contact tracing purposes as needed.

As part of a school-based plan for responding to a positive or presumptive case, SFSD School Nurse Consultants will gather and synthesize the pertinent contact logs and subsequent information, evaluate close contacts, and work in partnership with the LPHA to contact appropriate individuals and notify them of quarantine requirements. –In reference to ODE's Guidance for Schools Responding to LPHA Capacity Needs Related to Contact Tracing and OHA policy on sharing COVID-19 information.

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

To aide in cohort tracking and tracing, logs will be utilized that include RSSL required components:

- 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.

- 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.
- If a student(s) is not part of a stable cohort, then an individual student log must be maintained.

Logs

These logs should be kept for a minimum of 4 weeks according to ODE/OHA guidelines and be available to provide to School Nurse Consultant to assist with contact tracing if requested by LPHA. Staff should fill in the information and not allow for a shared pen/paper. A privacy page should be placed on top of log to preserve privacy of information. These logs are essential in tracking staff and student interaction in the event of a positive COVID-19 case within the school.

- ***Building Log*, see page 29:**
  - All staff and essential visitors to sign IN and OUT upon entrance/exit of building. Staff will attest to having no symptoms of COVID-19, nor recent exposure on this log. Staff will update their location occupied upon exit.
- ***Classroom/Shared Space Log*, see page 30:**
  - All staff and students to sign IN and OUT upon entrance/exit of classrooms and/or shared spaces**.**
- ***First Aid Log*, see page 25:**

  - To be used in the health room and in each classroom to document first aid care for students. Per OAR 166-400-0010, any student reporting to the health room should be logged into the Log.
- ***Sick Room Log*, *see page 23*:**
  - Any symptomatic or recently exposed student/staff sent to Sick Room.
- ***Student/Staff Health Report & Assessment Form for COVID-19-like symptoms*, *see page 24***:
  - For Nursing use as needed.
- ***Nursing Specific Logs:*** Symptom Surveillance Log will be maintained by nursing to document guidance and follow up for students/staff that:
  - Are absent due to confirmed COVID-19, or illness (in which we would provide symptom monitoring)
  - Have been in contact with a confirmed case/exposure
  - Have compatible illness or symptoms associated with COVID-19
  - Have been dismissed to home for symptoms associated with COVID-19
- Additional logs may be used by School Nurse Consultants for case investigations: Symptom Surveillance Log (from OSNA). And/Or Marion County Health Department COVID-19 contact Line List.

SFSD NURSING PROTOCOL FOR LOGS

SFSD Nursing Protocol for Building/Class/Shared Space Logs
☐ Building administrators should have access to the Google drive or digital copies of all log types and administrators should verify that all spaces in their building are using logs appropriately. Each building is responsible to print, disperse, and refill as needed. Nursing recommends each Log station should include the following: * Clean/dirty pens. *Sanitizing wipes. *Hand sanitizer *Symptoms of COVID-19 reference sheet. ☐ Building logs will be accessed by Maintenance daily for cleaning purposes and then returned to the determined location within the school office (maintenance should not remove the building log from its location if staff are still present in building). The logs will be retained for a minimum of 4 weeks for nursing and Public Health Department needs as determined by OHA/ODE. ☐ Classroom/Shared space log should be placed inside the classroom at the entrance. These logs will be accessed by Maintenance daily for cleaning purposes. Teachers should retain these logs for a minimum of 4 weeks for nursing and Public Health Department needs as determined by OHA/ODE. ☐ Shared spaces logs will be accessed by Maintenance daily for cleaning purposes. Building administrators should round on shared spaces throughout the week to maintain they are being used appropriately. When shared space logs are completed, they should be returned to the office to be retained by the office for a minimum of 4 weeks for nursing and Public health Department needs as determined by OHA/ODE. ☐ After 4 weeks, scan and send logs to Alex Johnson at the district office. ☐ Logs requested by Nursing should be scanned and emailed Confidentially to the appropriate Nurse consultant. ☐ If the Health Department reaches out and requests information, please contact the appropriate School Nurse Consultant and provide the records as requested. Nursing will follow up.

SILVER FALLS SCHOOL DISTRICT
WHERE EVERY STUDENT THRIVES

BUILDING LOG

1

Use a clean pen each time, sanitize hands after signing in.				**Site location:**			
1. Complete Log for Staff/Essential Visitors entering building. 2. Office to notify Nursing Services of ill staff/students. 3. File in office. (OHA requires these forms are kept for at least 4 weeks)				**Nurse Consultant Emergency Phone: 503-932-8085** Leslie Kuhn: 503-779-5146 (personal cell) Suellen Nida: 503-881-3243 (personal cell) Geralyn Sheets:503-510-6563 (personal cell) Emily Ward: 979-204-3326 (personal cell) **CALL 911 FOR EMERGENCIES**			
Date	**Time In**	**Time Out**	**Staff/Essential Visitor's name**	**Symptoms of COVID-19** OR EXPOSURE IN THE PAST 14 days.	**Parent/Guardian (not needed if staff)**	**Emergency Contact Phone #**	**Location Occupied**
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			

ALL STAFF ARE REQUIRED TO WEAR FACE COVERING OR FACE SHIELDS (may remove if working alone in private office space)

SILVER FALLS SCHOOL DISTRICT
WHERE EVERY STUDENT THRIVES

CLASSROOM & SHARED SPACE LOG

1

Use a clean pen each time, sanitize hands after signing in.				**Site location/room:**			
1. Teacher/Staff visually screen students for COVID symptoms. 2. Students/Staff entering/leaving classroom outside of normal times or entering/leaving shared space. 3. File in classroom/space. (OHA requires these forms are kept for at least 4 weeks)				**Nurse Consultant Emergency Phone: 503-932-8085** Leslie Kuhn: 503-779-5146 (cell) Suellen Nida: 503-881-3243 (cell) Geralyn Sheets:503-510-6563 (cell) Emily Ward: 979-204-3326 (cell) **CALL 911 FOR EMERGENCIES**			**Maintenance staff:** Initial here when space is cleaned/ disinfected
Date	**Time In**	**Time Out**	**Student/Itinerant Staff** (this information can be pre-printed here)	**Parent/Guardian** (Pre-print or refer to LBL log) *not needed for staff	**Emergency Contact** (Pre-print or refer to LBL log)	**Comments?**	

TEACHERS/STAFF ARE REQUIRED TO WEAR FACE COVERING (may remove if alone at private office space)

Continuity of Routine School Health Services

Ongoing school health services must be provided in tandem with COVID-19 specific interventions. Special consideration should be paid to where care (such as diabetic care or medication administration) is provided for high risk students in vicinity to isolation spaces.

- Routine annual training should observe social distanced methods or online delivery as feasible in each building. Consider these EXAMPLE MODIFICATIONS TO RN TRAININGS OR SUPPORT (from OSNA) for required staff trainings.

Managing Student Health Needs to Limit Health Room Use

First aid situations, to the degree possible, should be handled by the student and in the classroom to prevent office congregation and possible cross exposure. The following recommendations are made:

1) All staff, including support staff, are certified in first aid or at least one staff per classroom.
2) All classrooms are stocked with first aid supplies. In addition, extra PPE should be supplied in each classroom if possible.
3) To the extent possible, students provide self-care with staff direction and physical distancing.
4) Teachers may contact the school nurse prior to sending the student to the health room if they are uncertain or need guidance about students.

Valid Health Room Visit (Daily chronic care, significant injuries, medication administration if needed)	**Consider Classroom-Based Services** (Each classroom and recess attendant will have first aid kit—contact front office or nursing for re-stock of items)
Conditions in which student should be taken to Sick Room: • Symptoms of COVID-19 ○ Fever (100.4 degrees F) or chills ○ Cough ○ Shortness of breath or difficulty breathing ○ New loss of taste or smell ○ Fatigue (did not resolve with classroom interventions) ○ Muscle or body aches ○ Headache (did not resolve with classroom interventions) ○ Sore throat ○ Congestion or runny nose ○ Nausea or vomiting ○ Diarrhea • Signs and symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C), which may include fever plus: rash, swollen red eyes, hands, and feet • Exposure to COVID-19 Scheduled Specialized Physical Health Care Procedures (to be done in the "well" section of the health room/office). (Diabetic Care) Scheduled medications that may not be delivered by classroom staff; allow physical distancing; stagger times Avulsed tooth	**Scheduled medications** • educational staff may be taught to deliver medications in the classroom (this means medication will need to be locked up in the respective classroom) • office staff or school nurse may consider delivering medication to student daily in classroom • student has a scheduled time to visit office staff for administration • To the extent possible, students self-administer medication that may be self-carried by law. Minor Toothache / Primary Tooth comes out Small paper cuts, abrasions, picked scabs. • Wash hands, apply band aid Wound care/ Ice pack for small bumps/bruises Localized bug bites. • Cleanse area, apply cool cloth/ice pack, monitor Minor headache or fatigue with no other symptoms. • Encourage snack or drink water. • Apply cool water to the face and neck. • Rest 10 minutes. • If worsening, refer to COVID-19 Screening Flowchart for

Severe abdominal pain or groin pain Joint or bone injuries Staff must accompany student to health room if any of the following are present (or have school RN come to student for evaluation): If it is an emergency, 911 should NEVER be delayed: • Difficulty breathing, shortness of breath • Dizziness/lightheadedness • Sudden vision impairment • Hypoglycemia DO NOT MOVE STUDENT, CALL 911 for: • Head injury/spinal cord injury • Altered levels of consciousness/confusion • Head injury/Concussion • SEVERE bleeding or other traumatic injury • Seizure	Symptomatic Student. Mild stomachache or nausea. • Allow to use the restroom • Drink water. Rest 10 minutes. • If worsening, refer to COVID-19 Screening Flowchart for Symptomatic Student. Readily controlled nosebleeds, where the student can deliver self-care. • Wear gloves, encourage student to pinch middle of nose, gauze pressure in nose if needed, keep head straight or tilted down, cleanse as needed. Anxiety/stress/psychological issue- try calming techniques and/or contact school psychologist or counselor
CALL 911 FOR: ***Trouble Breathing *Bluish or Greyish Lips/Face *Chest Pain *New Confusion *Unable to wake or stay awake**	

Special Considerations for Health Room Procedures

- ODE's Guidance for Staff Working with Students with Complex Needs & Populations Needing Close Contact

A. *Taking Temperatures*

SFSD has a supply of non-contact thermometers for each building. Staff can call office to request a thermometer when needed if not available in their individual classroom.

1) Keep as much distance as possible between the staff member and student, maintain 6 feet of distance from student to the great extent possible. Non-Contact thermometers will require that you stand in front of the student.

B. *Asthma Care*

1. Students who regularly use a rescue inhaler with a spacer should be permitted to do so with minimal supervision. It is preferable to have the physician prescribe a metered dose inhaler (MDI) or a dry powdered inhaler (DPI) to further reduce aerosolization.
2. Students that have an inhaler at school will be recommended to have a spacer/chamber with it. If a student/parent has difficulty providing one, contact Nursing Services for support.
3. During COVID-19, nebulizer use is discouraged since nebulizers aerosolize medication. The School nurse needs to work with the student's health care provider and parents to switch to an inhaler with a space chamber.
4. Each student identified as having asthma should receive the Asthma letter and an Asthma Action Plan (recommended to have updated and returned to nursing).

C. *G-Tube Feedings*

1. Gastrostomy feedings will require PPE of gloves to prevent fluid crossing from the student to the provider in the forms of spillage, drainage, or splatter from feeding or gastric fluids. All supplies used for the feeding (formula or nutritional feeding, tubes, syringes, etc.) can be managed with the provider using just gloves and face coverings.

2. A towel or a disposable covering around the stomach to catch any drainage should be used to catch drainage and spilled feeding or gastric contents. Since this procedure does not aerosolize particles, no further PPE may be recommended.

Nutrition Services

Food Service personnel should follow all existing mandates on health and hygiene and food safety. Additional measures will be endorsed during response to the COVID-19 outbreak to improve infection control measures around food services.

- Students and staff should wash hands prior to eating, and after.
- Students may remove their face coverings to eat/drink at designated meal or snack times, but must maintain six feet of physical distance from others, and must put face covering back on after eating.
- Prohibit self-service buffet-style meals.
- Students may be encouraged to bring their own meals as feasible, students using school lunch services will be served individually plated meals.
- Elementary school students should eat in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies, as feasible.
- Middle school and high school lunch times should be staggered to maintain spatial distancing to the extent feasible. Shared spaces will be cleaned and sanitized between use.
- Disposable food service items are promoted when feasible (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.
- Avoid sharing food, drinks, and utensils.
- Food Services staff must wear face coverings and maintain 6 feet of physical distance to others. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- Ensure cleaning and sanitizing of meal touchpoints and meal counting system between stable cohorts and adequate cleaning and disinfection of tables between meal periods.
- Since staff must remove their face coverings during eating and drinking, limit the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms and break rooms by limiting occupancy or staggering use. Consider staggering times for staff breaks, to prevent congregation in shared spaces. Always maintain at least six feet of physical distancing and establish a minimum of 35 square feet per person when determining room capacity.

Transportation

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

A. Each bus driver/staff will be required to visually screen students for illness on arrival and departure.

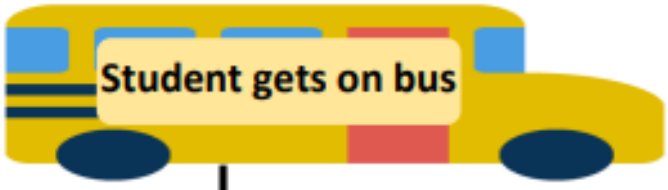
- Refer to ***COVID-19 Screening Flowchart for Bus Transport*, see page 35.**
    - Provide student with face shield or face covering if not wearing one.
    - Separate on Bus: student should be seated in the 1st row.
    - Multiple windows should be opened if feasible.
    - **Call Durham Services to have someone notify school of symptomatic student. Do this also for symptomatic students transporting for dismissal.** Once school is notified, they will notify Nursing Services.
    - Symptomatic student should leave bus first.
    - After all students have left bus, the seat and surrounding surfaces should be cleaned and disinfected. (EPA list of disinfectants. CDC guidance for cleaning and disinfecting.)

- Wait for staff to escort student to the health room.
- Designated school staff will follow COVID-19 Screening Flowchart for Symptomatic Student.

B. Bus routes are established cohorts and Durham/Bus Barn will determine how daily logs are maintained in accordance with SFSD recommendations and local ODE/OHA guidelines. Durham will be able to provide daily transport logs to School Nurse Consultant in a timely manner if requested for LPHA contact tracing.
C. Transportation Cohorts are identified as a stable group of students each day. Stable groups can be varied by AM/PM routes.
D. Drivers must wear masks or face coverings while driving, unless the mask or face covering interferes with the driver's vision (e.g., fogging of eyeglasses). Drivers must wear face coverings when not actively driving and operating the bus, including while students are entering or exiting the vehicle. A face shield may be an acceptable alternative only when a person has a medical condition that prevents them from wearing a mask or face covering, when people need to see mouth and tongue motions in order to communicate, or when an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible.
E. Face coverings are required for all students in grade Kindergarten and up. This prevents eating while on the bus.
F. Bus drivers are encouraged to have access to surplus face coverings to provide to students if needed.
G. Maximize ventilation on the bus—keeping vents and windows open to the greatest extent possible.
H. Buses should be cleaned and sanitized between stable cohort routes. EPA list of disinfectants
I. Bus drivers and all transportation staff should be provided access to handwashing stations or at least 60-95% alcohol-based hand sanitizer.
J. Each bus will encourage the recommended three (3) feet of physical distance between passengers who are not related or living in the same household when possible.
K. Each bus will have the recommended six (6) feet of physical distance between the driver and passengers (except during boarding and disembarking phases and while assisting those with mobility devices or special needs, or in the event of an emergency when possible.
L. Post maximum occupancy for each bus.
M. All operational buses should reinforce physical distancing, when feasible, by cordoning off seats as needed and by using appropriate visual aids (e.g., floor decals, colored tape or signs) to discourage students from standing and sitting within three (3) feet of other passengers, drivers and other transit employees on the bus when possible.
N. SFSD in collaboration with the Durham Services should meet 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.

- Oregon Department of Education requires that all schools "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 facial coverings)."

COVID-19 Screening Flowchart for BUS Transport



Visually Screen for:

- ✓ Difficulty or Rapid Breathing (without recent physical activity)
- ✓ Flushed cheeks
- ✓ Fatigue
- ✓ Extreme Fussiness
- ✓ Coughing
- ✓ Other COVID-19 Signs or Symptoms (see list)

Staff to follow Durham protocols in regards to student logs and screening.

Symptoms?

YES

1. Provide student with face shield or face covering if not wearing one.
2. Separate on Bus: student should be seated in the 1st row.
3. Multiple windows should be opened if feasible.
4. Take to school.
5. Symptomatic student should leave bus first.
6. After all students have left bus, the seat and surrounding surfaces should be cleaned and disinfected.
7. **Call Bus Barn to have someone notify school of symptomatic student. Do this also for symptomatic students transporting for dismissal.**
8. Wait for staff to escort student out of the bus.
9. School will evaluate and follow COVID-19 Screening Flowchart processes.

Signs and Symptoms of COVID-19

** INDICATES PRIMARY COVID SYMPTOMS*

- *Fever 100.4 F
- *Chills
- *Cough
- *Shortness of breath
- *New loss of taste or smell
- Nasal congestion
- Runny nose
- Diarrhea
- Nausea/Vomiting
- Fatigue
- Headache
- Muscle or body aches
- Poor feeding/poor appetite

Signs and Symptoms of MIS-C:

- Rash
- Red eyes
- Cracked/swollen lips
- Red/swollen tongue
- Swelling hands/feet
- Stomach pain

EMERGENCY
Call 911 (EMS)
Trouble Breathing
Bluish or Greyish Lips/Face
Chest Pain
New Confusion
Unable to wake or stay awake

Remain aware of implicit bias. Screenings should not include evaluation of: racial/cultural background, clothing, hair, cleanliness, personality, or ability

Exposure Risk Assessment Form

Assessment Completion Details

The Community Roots School

Completed by (name): Christen Kelly Date: 3/15/2021

Job title: Administrator

Contact information: kelly_christen@silverfalls.k12.or.us (503)874-4107

Employee job classifications evaluated in this assessment:

Licensed and Classified Teachers, Administrators, Office Manager and Assistants.

Questions and Answers

Can employees telework or otherwise work remotely? How are employees encouraged or empowered to use those distance work options to reduce COVID-19 transmission at the workplace?

- Employees were asked to choose from working at home or working on site. The employees who wish to work from home are encouraged to do such. Employees who are willing to work on campus have been assigned to a classroom.
- CRS has offered and made additional tools and resources available to staff to assist with working remotely or expanding the classroom to be able to follow our hybrid model.
- Evening custodians- work in the school building when no one is in occupancy. They are able to continue with standard job practice and safety protocols.

What are the anticipated working distances between employees? How might those physical working distances change during non-routine work activities?

- Employees who are working on campus are required to follow all Covid 19 Safety protocols.
- All efforts will be made to limit less than 6 feet interactions.
- Proper hand hygiene is required and reinforced with resources made available.
- Jobs that might require close contact would include heavy lifting, educational interactions, and hygiene needs/activities that can potentially require two employees to be closer than 6 feet. Additional training and personal protective equipment have been made available.

What is the anticipated working distance between employees and other individuals? How might those working distances change during non-routine work activities?

- The anticipated working distance between employees and other individuals is a minimum of 6 feet.
- Face coverings are always required and all efforts will be made to be made to limit close interactions.
- When student interactions are required and other mitigation measures within ODE and OHA guidance have been implemented to minimize exposures.

How have the workplace or employee job duties, or both, been modified to provide at least 6-feet of physical distancing between all individuals?

- Staggered work schedules.
- Staff Meetings held virtually
- Lunch and break times are taken separately, not in common staff areas.
- Signage has been placed in all areas reminding staff to practice social distancing.
- Workstations have been moved to accommodate a minimum of 6 feet between employees.
- We have an onsite physical distance coordinator who frequently communicates on physical distancing requirements to all employees at each location.
- All efforts made to limit tasks that require staff members to work together within 6-feet of each other.
- Frequent communication regarding safe practices during COVID-19 will be shared through emails, newsletters, and texts.
- Classroom cohorts set up to meet the Covid-19 Safe Schools guidance practice.

How are employees and other individuals at the workplace notified where and when masks, face coverings, or face shields are required? How is this policy enforced and clearly communicated to employees and other individuals?

- CRS policy requires all staff members to wear face coverings unless they are working along in their classrooms.
- Frequent communication from Principal and administrative assistant reminding all to wear face masks and practice social distancing.
- Principal and Office Manager continuing to require building safety protocol.
- Signage posted everywhere.

How have employees been informed about the workplace policy and procedures related to reporting COVID-19 signs and symptoms? How might employees who are identified for quarantining or isolation as a result of medical removal under this rule be provided with an opportunity to work at home, if such work is available and they are well enough to do so?

- Staff have been informed through staff meetings, emails, on line trainings and article resources available to staff working remotely and face to face.
- Staff who are not comfortable working on campus during the pandemic are able to work remotely.
- Tools and resources for remote and face to face learning have been offered.

How have engineering controls such as ventilation (whether portable air filtration units equipped with HEPA filters, airborne infection isolation rooms, local exhaust ventilation, or general building HVAC systems) and physical barriers been used to minimize employee exposure to COVID-19?

- Medical grade HEPA room purification systems have been installed in each classroom.
- Bio clean Electrostatic Sprayer system is used for cleaning and disinfection.
- HVAC system has been inspected; Merv 11 filters with scrubbers are used.
- Open windows & doors used for fresh air ventilation.

How have administrative controls (such as foot-traffic control) been used to minimize employee exposure to COVID-19?

- Only essential visitors and staff are allowed entrance.
- Volunteer program has been suspended.
- All entrance and exit doors will be utilized for least restrictive contact during cohort change over
- Hand sanitizer stations have been placed at the entrance of all classrooms.
- Signs have been posted for distancing and safety protocols throughout the building.
- We have minimized the need to work in areas closer then 6ft.

What is the procedure or policy for employees to report workplace hazards related to COVID-19? How are these hazard reporting procedures or policies communicated to employees?

- Employees shall report any workplace hazards to the Principal.
- All staff members are part of the safety committee.

How are sanitation measures related to COVID-19 implemented in the workplace? How have these sanitation practices been explained to employees and other individuals at the workplace?

- Hand sanitizers are placed throughout the building.
- Reminder signage posted throughout the building.
- Assigned staff receive continual training on cleaning and disinfecting procedures.

How have the industry-specific or activity-specific COVID-19 requirements in Appendix A of this rule and applicable guidance from the Oregon Health Authority been implemented for workers? How are periodic updates to such guidance documents incorporated into the workplace on an on-going basis?

- CRS is following all ODE and OHA guidelines provided in the READY Schools, SAFE Learners guidance.
- School blueprints are continually being updated and reviews for new information from ODE-OHA.
- Updates provided to staff through meetings or emails.
- Principal will assure compliance with blueprint protocols.

In settings where the workers of multiple employers work in the same space or share equipment or common areas, how are the physical distancing; mask, face covering, or face shield requirements; and sanitation measures required under this rule communicated to and coordinated between all employers and their affected employees?

- All contractors entering CRS are required to comply with all CRS COVID 19 requirements including checking in, physical distancing face coverings, and hygiene requirements along with coughing etiquette.
- Building Principal will assure compliance with safety protocols.
- Signs will be posted and updated accordingly.

How can the employer implement appropriate controls that provide layered protection from COVID-19 hazards and that minimize, to the degree possible, reliance on individual employee training and behavior for their efficacy?

- CRS has implemented a series of school safety precautions and principal controls to reduce the reliance on individual employee training following all CHA and ODE guidelines aimed at reducing Covid-19 hazards.
- Installing air purification systems, establish staff foot traffic patterns to reduce contact and limit school building occupancy.
- PPE provided and required by all on campus.