## School Level Communicable Disease Management Plan 2023-2024



School District: Ashwood School District #8

School Name: Ashwood Elementary School

Principal:

Consulting RN, School Nurse, or Medical Professional:

For questions, or to report a possible or confirmed exposure, contact the 24-hour Communicable Disease Reporting Line: Crook County -Deschutes County - (541) 322-7418 Jefferson County - (541) 475-2201

### Updates and Review:

All schools should use the <u>Ready Schools, Safe Learners Guidance</u> and consider the language in that document to be the most up-to-date.

| Plan Component   | Required  | Recommendations and Considerations   |
|--|---|--|
| <ul> <li>A protocol to notify the local public health authority (LPHA) of</li> <li>1. Any confirmed COVID-19 case(s) among students or staff.</li> <li>2. Any cluster of illness among students or staff (2 or more).</li> </ul> | Link or attachment of the protocol.<br>Plan for educating parents/guardians about the need for them<br>to notify the school immediately upon identification of<br>ILLNESS in a student.<br>Identify name and position of person responsible for<br>notification of district and LPHA.<br>Identify name of LPHA and 24/7 phone number for reporting<br>(CD Nurse). | If anyone who has entered school is diagnosed with an illness, report<br>to and consult with the LPHA regarding cleaning and possible<br>classroom or program closure ( <u>LPHA directory</u> ). |
| Protocol for screening students and staff upon entry to school each day.   | Link or attachment of the protocol.<br>Primary Symptoms of Concern for screening:   | Schools may consider collecting information about existing conditions that cause coughing on intake forms.   |

# School Level Communicable Disease Management Plan 20234-2024



|  | <ul> <li>Cough</li> <li>Fever* or chills</li> <li>Shortness of breath or difficulty breathing</li> <li>* For Entry Screening: Schools screening for fever using a thermometer is not recommended.</li> <li>Staff should visually screen students upon entry for primary symptoms of concern.</li> <li>Student or staff with any of the above symptoms should be sent home or isolated until they can go home. Review isolation procedures.</li> <li>Communicable Disease symptoms may also include the following, but these are less specific and not recommended as criteria for exclusion from school alone: new loss of taste or smell, headache, muscle or body aches, nausea or vomiting<sup>†</sup>, diarrhea<sup>†</sup>, fatigue, congestion or runny nose.</li> <li>† Note that vomiting and diarrhea are listed in OAR 333-019-</li> </ul> | Involve school nurses and School Based Health Centers (SBHCs) in<br>development of protocols and assessment of symptoms when<br>available. Consider connecting with School Nurses and other<br>contracted RNs where available.<br>Screening protocol must recognize that students and staff who have<br>conditions that cause chronic symptoms (e.g., asthma, allergies, etc.)<br>should not be automatically excluded from school. <b>Cough is an</b><br><b>exception</b> : Staff or students with a chronic or baseline cough that has<br>worsened or is not well-controlled with medication should be<br>excluded from school. Do not exclude staff or students who have<br>other symptoms that are chronic or baseline symptoms (e.g., asthma,<br>allergies, etc.) from school.<br>For students or staff with other symptoms, see <u>guidance</u> from the<br>Oregon Department of Education and the Oregon Health Authority. |
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|  | 0010 as conditions for restriction from school, independent of COVID-19 and or other communicable diseases.  |   |
| Communication protocol for COVID-19 cases. | <ul> <li>Link or attachment to a communication flowchart (aka "communication tree") showing positions, names and responsibility for communication.</li> <li>Identify name and position of person responsible for communicating with parents, families, district officials, school nurse, and staff aligned with communication tree.</li> <li>Script or talking points for communicating needed information.</li> </ul>   | Parents of all students who were exposed to a person diagnosed with<br>COVID-19/Any Communicable Disease, and all exposed adults, should<br>be notified within 24 hours and advised to quarantine at home for 14<br>days following exposure and to seek testing should symptoms<br>develop, or as directed by public health.<br>Consult with LPHA officials on what constitutes "exposure".   |



| Train staff in the importance and requirement of daily logs.   | Record keeping protocol for daily logs used in contact tracing to assist   |
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| Protocol designating who is responsible for keeping each daily log.  | the LPHA as needed.  |
| Format for daily logs for individual students or cohorts<br>(sample attached with statement on retention and<br>technology; link to log with statement on retention and<br>technology)   |  |
| <ul> <li>Child name</li> <li>Drop off/pick up time</li> <li>Parent/guardian name and emergency contact information.</li> <li>All staff that interact with child's stable group of children (including floater staff).</li> </ul> |  |
| Maintain log for a minimum of 4 weeks after completion of the term.  |  |
| Protocol designating who is responsible for keeping the daily log.   |  |
| Format for daily log (sample attached with statement on retention and technology; link to log with statement on retention and technology):   |  |
| <ul> <li>Name</li> <li>Contact information.</li> <li>Date of visit</li> <li>Time of entry and exit</li> </ul>  |  |
|  | <ul> <li>Protocol designating who is responsible for keeping each daily log.</li> <li>Format for daily logs for individual students or cohorts (sample attached with statement on retention and technology; link to log with statement on retention and technology)</li> <li>Child name</li> <li>Drop off/pick up time</li> <li>Parent/guardian name and emergency contact information.</li> <li>All staff that interact with child's stable group of children (including floater staff).</li> <li>Maintain log for a minimum of 4 weeks after completion of the term.</li> <li>Protocol designating who is responsible for keeping the daily log.</li> <li>Format for daily log (sample attached with statement on retention and technology; link to log with statement on retention and technology; link to log with statement on retention and technology; link to log with statement on retention and technology:</li> <li>Name</li> <li>Contact information.</li> </ul> |



| Maintain log for a minimum of 4 weeks after completion of |  |
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| the term.   |  |

#### **Isolation Measures**

| Plan Component  | Required   | Recommendations and Considerations  |
|---|--|---|
| Protocol to restrict any potentially sick persons<br>from physical contact with others. | <ul> <li>Attach or link an Attestation to the existence of:</li> <li>1. Adequate supply of face coverings, including location.</li> <li>2. Designated space to isolate student or staff members who develop symptoms. Isolate students and staff who report or develop symptoms, with staff supervision and symptom monitoring by a school nurse or other school-based health care provider, until they are able to go home. While waiting to go home, people displaying symptoms should wear a face covering, as should supervising staff. *If students are nauseous, struggling breathing, or in distress, they should not wear any face covering while waiting to go home.</li> <li>3. Designated space for students to receive health services that is separate from isolation space.</li> </ul> | Anyone developing cough, fever, chills, shortness of breath, difficulty<br>breathing, or sore throat while at school must be given a face covering<br>to wear, isolated from others immediately; and sent home as soon as<br>possible.<br>Anyone with these symptoms must remain home for at least 10 days<br>after illness onset and 72 hours after fever is gone, without use of<br>fever reducing medicine, and other symptoms are improving.<br>Involve school nurses and school-based health centers (SBHCs) in<br>development of protocols and assessment of symptoms, when<br>available. |

### **Environmental Management**

| Component | Required | Recommendations and Considerations |
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# School Level Communicable Disease Management Plan 20234-2024



| Ensure hand hygiene on entry to school every day:<br>wash with soap and water for 20 seconds or use an<br>alcohol-based hand sanitizer with 60-95% alcohol.   | Documented plan for ensuring student and staff hand hygiene upon entry into school.   |   |
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| Hand washing is required before every meal and after restroom use.  | Documented plan for ensuring hand washing prior to meals.   |   |
| Appropriate cleaning and contingency plans for<br>routine infection prevention, and for closing cohort,<br>schools, or districts based on identified illness cases<br>and in compliance with public health and CDC<br>guidelines. | <ul> <li>Protocol for cleaning and disinfection for routine infection prevention.</li> <li>Protocol for cleaning and classroom closure in case of a COVID case in a single cohort.</li> <li>Protocol for cleaning after school-wide exposure.</li> <li>Protocols must include the type and storage location of supplies and the person(s) responsible.</li> </ul> | Routine cleaning and disinfecting should follow <u>CDC cleaning and</u><br><u>disinfecting guidance</u> , and includes cleaning classrooms between<br>groups, playground equipment between groups, restroom door or<br>faucet handles, etc. |

### **Physical Distancing and Protection**

| Plan Component   | Required  | Recommendations and Considerations  |
|--|---|---|
| Maintain six feet of physical distance between people. | A minimum of 35 square feet per person is<br>available in classrooms, cafeteria, gyms, and other<br>building locations.<br>Protocol for minimizing interactions between<br>cohorts and minimizing changes in stable cohorts<br>while balancing educational needs for individual<br>curricula. | Minimize time standing in hallways; consider marking<br>spaces on floor, one-way travel in constrained spaces,<br>staggered passing times, or other measures to prevent<br>congregation and congestion in common spaces.<br>Schedule modifications: consider ways to limit the<br>number of students in the building (rotating cohorts by<br>half days or full days). |

# School Level Communicable Disease Management Plan 20234-2024



|  | Protocol must specify how physical distancing<br>requirements will be maintained in classrooms,<br>hallways, restrooms; at arrival and dismissal, meal<br>times, recess, time between classes, and<br>assemblies.   | Consider usable classroom space in making calculations.<br>Establish cohorts of students using the same classrooms<br>with the same teachers each day. Students should remain<br>in one classroom environment for the duration of the<br>learning day, unless this would severely impact<br>educational needs. Teachers of specific academic content<br>areas may rotate through student cohorts where feasible.<br>In high schools or other settings where cohorts must<br>change to allow individual curricula, maintain physical<br>distancing and disinfect desks and high-touch surfaces<br>between groups.<br>Restrict interaction between students cohorts; e.g. access<br>to restrooms, activities, common areas. |
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| Face coverings for staff and students.<br>Note: Governor's orders are changing often:<br><u>https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288K.pdf</u> . | Protocol for regular communication to staff,<br>parents, families and students on appropriate use<br>of face coverings.<br>Documented communication templates for staff on<br>use of face coverings.  | See ODE/OHA guidance on face covering, shields, and<br>masks.<br>All staff are encouraged to wear face coverings. Staff who<br>interact with individual students in less than six feet must<br>wear masks.  |
|  | Documented communication templates for parents, families, students on expectations for face coverings.  | Staff who support personal care, feeding, and any 1:1 sustained contact with a student.   |
|  | All communications must include statement that<br>children from age 2-12 are not required to wear<br>masks, but are encouraged to do so with adult<br>supervision, and those who cannot reliably wear<br>face covering without constant supervision (e.g.,<br>some students who experience disability) should | Staff who interact with multiple cohorts should wear a<br>face covering in accordance with CDC guidelines.<br>Students in grades 6-12 years and over may wear face<br>coverings if they are able to wear them appropriately (i.e.,<br>not touch the face covering, change it if visibly soiled,   |



| not wear a face covering or other covering; face<br>coverings must never be worn by children while | etc.). If face coverings are worn, they should be washed daily or a new covering worn daily.  |
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| sleeping.  | If possible, face coverings should be made available to students.   |
|  | Note: Students who cannot reliably wear face covering<br>without constant supervision (e.g., some students who<br>experience disability) should not wear a face covering;<br>face coverings must never be worn by children while<br>sleeping. |
|  | Provide disposable face coverings and instructions on<br>appropriate face covering use to students, parents,<br>families and staff (available on OHA website.)  |

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

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

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