

1. OVERVIEW

The purpose of this plan specific annex is to meet the requirements of OAR 333-19-1000 to implement a communicable disease management plan specific to COVID-19. This document addresses district specific processes to apply in the Beaverton school district to minimize the effects of COVID-19 on students and staff. This document uses guidance from the centers for disease control and prevention reopening guidance for public spaces, Oregon health authority, and local health departments

This plan annex is in response to Oregon Governor's declaration to incrementally reopen schools and public spaces safely. This requires coordinated infection control planning for the upcoming school year.

2. DISCUSSION

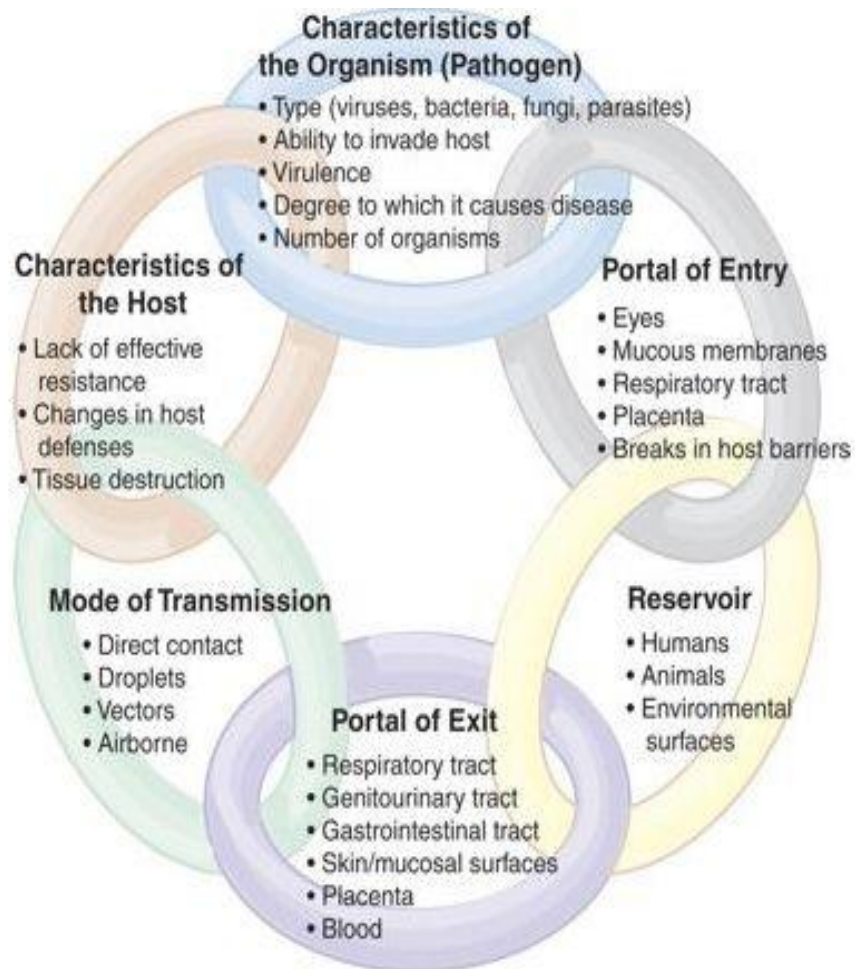
Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person through droplet. The virus that causes COVID-19 is a novel (new) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

COVID-19 is spreading from person to person in many parts of the world. Risk of infection from the virus that causes COVID-19 is higher for people who are in close contact with someone known to have COVID-19, for example healthcare workers, household members, or exposed to someone who is ill. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Although the United States has implemented public health measures to limit the spread of the virus, some person-to-person transmission will continue to occur. COVID-19 has become a worldwide pandemic. This COVID-19 plan is to prevent and reduce the spread of disease within the school setting.

The virus that causes COVID-19 is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

It is important to note that current research shows that children most often resolve mild to moderate illness, while the increased risk of complication from COVID-19 is well documented in elderly and fragile populations.

Communicable disease control and prevention important in creating a safe and healthy environment for students and staff. In the school setting it will be important to practice measures and interventions to limit exposures or potential exposure. This document focuses on communicable disease prevention in the COVID-19 pandemic. Below is a visual example of disease process.



3. COVID-19 SPECIFICS

A. Symptoms:

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all. According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

<https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le2356.pdf>

B. Transmission and spreading:

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread COVID-19 to other people.

The virus is thought to spread mainly from person-to-person through droplets:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with COVID-19, but this is not thought to be the main way the virus spreads. Some individuals seem to be at higher risk than others of this virus.

C. Vulnerable Population: - Pediatric risk at this time is not high, although students who are chronically ill or immunocompromised or who live with medically fragile/high risk household's may be of increased risk*. CDC identifies vulnerable individuals as (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>):

- People 65 years and older
- Individuals with underlying medical conditions: Asthma and other lung diseases, heart conditions, diabetes, chronic kidney disease, liver disease, hypertension, blood disorders, obesity, cancer treatment, immunocompromised or underline health conditions (such as smoking) are a few examples.

*Pediatric Multisystem inflammatory syndrome in children (MIS-C) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. We do not yet know what causes MIS-C. However, we know that many children with MIS-C had the virus that causes COVID-19, or had been around someone with COVID-19. MIS-C can be serious, even deadly, but most children who were diagnosed with this condition have gotten better with medical care (CDC, 2020).

D. High Risk Populations

Based on current medical knowledge and in collaboration with health care providers, the risks to students with high risk medical conditions, should be a deciding factor on whether individual students should continue a distance learning program or receive home or hospital instruction even after school opens. Individuals are identified as high risk if they have any of the following conditions, particularly if not well controlled. These conditions include:

- 65 years of age and older
- Chronic illness or immunocompromised or who live with medically fragile/high risk households.
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Mechanical ventilation-dependent or with tracheostomies
- Chronic lung disease or moderate to severe asthma.
- Serious heart conditions, including hypertension
- Severe obesity (body mass index [BMI] of 40 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease (CDC)
- Blood disorders

The more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:

Lowest Risk:	More Risk:	Highest Risk:
Students and teachers engage in virtual-only classes, activities, and events.	Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).	Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

Student and Staff who are considered high risk should be offered a low risk work and academic setting. This may include continuing a distance learning program or receiving home or hospital instruction, telework, modified job responsibilities that limit exposure risk, and accessible PPE. Parents/guardian can provide a note or documentation to the school indicating that the student is at high risk. Staff will need to self-identify as high risk to their supervisor so accommodations can be made. It is important to remember that students and staff may have family members that are at high risk. Accommodations may be necessary for students and staff to keep their family members safe and healthy.

ORS 336.201 requires that the School Health Nurse will account for students who have health conditions that require additional nursing services. Medically Complex, Medically Fragile, and Nursing-Dependent students will be identified by documents provided to the school by the parents/guardian. This will be documented in the students' academic medical record (SHPN and Synergy). Confidentiality based on FERPA and HIPPA will be maintained.

The School Nurse will work with administrators, staff, and 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. BSD Nurses will:

- Communicate with parents and health care providers as needed to determine return to school status and current needs of the ill 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.
- Update Health Management Plans, or other student-level medical plans, and communicate with IEPs and 504 case managers of necessary changes, 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 and the National School Nurse Association.
- Service provision should consider health and safety as well as legal standards.
- 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. The school nurse will communicate with the local health department, school, and family as needed to ensure student health and safety.
- 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.

4. MITIGATION/PREVENTION:

A primary method of minimizing the spread of COVID 19 is to limit the contact of individual members of the population. In the school setting this will be exceptionally difficult, but the following methods are recommended by the CDC.

A. Physical distancing (Social distancing):

Physical distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. As schools reopen spatial measures must be taken to ensure distance between individuals. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 8 feet (CDC, 2020).



[Image: Toronto Public Health]

Possible modifications to achieve physical distancing include:

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

- 3) Create distance between children on school buses (e.g., seat children one child per row, skip rows) when possible. While maximum spacing (6 feet) should be observed with prolonged contact, minimum spacing (3 feet) may be observed with shorter interactions, such as bus rides.
- 4) Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks, cafeteria).
- 5) Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one way routes” in hallways, if feasible).
- 6) Add physical barriers, such as plastic flexible screens, between sinks, if feasible, especially when they cannot be at least 3 feet apart.

B. Identifying Small Groups and Keeping Them Together (Cohorting)

- 1) Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
- 2) Limit mixing between groups if possible. Students within cohort will minimize interaction with non-cohort students.
- 3) When groups will be mixed, ensure that this information is appropriately mapped for contact tracing, if needed.
- 4) Cohort size will be determined by individual schools relative to classroom size (35 square feet of usable classroom space per person, including staff).
- 5) Cohort will utilize restroom nearest designated classroom space to minimize contact with other students.
- 6) Students will not share supplies with other students, including members of same stable cohort.
- 7) Identify plan to log and easily access documentation of cohorts

C. Staggered Scheduling

- 1) Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
- 2) Use virtual opportunities whenever feasible

- 3) Close communal use shared spaces such as cafeteria and playgrounds with shared playground equipment if feasible; otherwise, stagger use and [clean and disinfect](#) between use. This may be specifically important when cases have been identified within the school campus.

D. Food Service

- 1) Have children bring their own meals as feasible, or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the [safety of children with food allergies](#). This may logistically be more feasible in elementary settings than middle school and high school settings.
- 2) Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- 3) If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies.

E. Staff responsibilities

- 1) Staff will complete daily attendance/contact tracing logs and schools point of contact will maintain logs for up to 4 weeks
- 2) If staff are working within multiple cohorts, hand hygiene must be performed between each group.
- 3) Recommend staff wear face coverings if interacting with multiple cohorts
- 4) Frequently touched surfaces like door handles and desks will be cleaned between student uses, even if in the same stable cohort. To help prevent the spread of any infectious disease, schools have an opportunity to educate students, staff, and the community on social etiquette, good health and hygiene habits, and disease prevention. BSD will provide hand washing, coughing, and sneezing education at any time there is a suspected outbreak and during the school year as requested by staff. BSD nurses will be the liaisons to the local and state public health authorities.

F. Attendance

Students and Staff will be educated on staying home when ill based on COVID symptoms and OHA/ODE Communicable Disease Guidance (pages 9-12). A District letter and decision tree regarding when it is safe to attend work or school, when to stay home, and when to seek

emergency care will be sent to families prior to the start of the school year. [OHA/ODE Communicable Disease Guidance](#). Any individual displaying or reporting symptoms will be isolated and arrangements made to be sent home as soon as possible. If guardian is not readily available at bus stop or school, student should be brought to isolation room for care until they can be picked up.

Any staff or students that report or display the primary COVID-19 symptoms will be instructed to stay home for 72 hours after fever is gone (without use of medication) AND other symptoms are improving AND 10 Days since symptoms first appeared (WCHD). School Nurse will communicate with student's family/caregiver regarding illness progression as indicated.

Per Washington County Health Department, individuals who have had close contact with someone diagnosed with COVID-19 will be informed to stay home for 14 days after exposure based on incubation period. Individuals who have a positive COVID-19 test but are asymptomatic will be instructed to stay home for 10 days after test if no symptoms present (WCHD and CDC).

G. Entry

Staff and students should be directed to enter the building at the closest entry point to their destination. Classroom exterior doors should be utilized if available to reduce building wide traffic.

All students and staff will be screened upon entry to school building or school bus. This screening can be done visually or verbally with the individual or through discussion with the parent/caregiver/guardian. Daily logs will be completed by identified district staff and maintained. Physical distancing will be maintained between individuals during entry to building or bus.

Cough can be a symptom of chronic health conditions (e.g., Cystic Fibrosis, asthma, allergies, etc.). Staff and students will not be excluded if symptoms are related to their chronic condition. Staff or students who present with a chronic or baseline cough that has worsened or is not well controlled with maintenance medications will be excluded from school with recommendation to speak with their primary care provider.

Hand hygiene will be required upon entering the school or school bus. Students and staff will be educated on washing with soap and water for 20 sec. If soap and water are not available hand sanitizer with 60-95% alcohol will be available at all entry points.

H. Visitors/Volunteers

Restrict non-essential visitors. Only allow visitors if six feet of physical distance between all people can be maintained. Log visitor entry by day, time (in/out) and location.

Visitors must wash or sanitize their hands upon entry and exit.

Visitors must wear face coverings in accordance with local public health authority and [CDC](#) guidelines.

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

I. Personal Protective Equipment

While people who are sick or know that they have COVID-19 should isolate at home, COVID-19 can be spread by people who do not have symptoms and do not know that they are infected. That is why it's important for everyone to practice social distancing (staying at least 6 feet away from other people) and utilize face coverings, face shields, and clear plastic barriers in public spaces. These physical barriers provide an extra layer to help prevent the respiratory droplets from traveling in the air and onto other people. Personal Protective Equipment (PPE) is specialized equipment or clothing that reduce the risk of infection transmission or exposure to chemicals. Examples of PPE include such items as gloves, gowns, foot and eye protection, respirators, and full body suits. It is important to note that face coverings are not the same as PPE face masks.



Definition from OHA will be used regarding when referring to face covering, face shield, and clear plastic barriers (review often as guidance changes frequently) in response to COVID-19.

The following table indicates which PPE is required or recommended for staff.

Personal Protective Equipment		
District Staff	Required PPE	Recommended PPE
Front office staff	Face shields, if Plexiglas barriers are not available	Facial Covering
Bus Drivers	Face covering or Face shield	
Speech and Language Pathologists Special Education Staff Anyone participating in articulation services.	Face Shield (Plexiglass barriers, PPE for SLP oral exams may be needed)	Facial Covering
Staff who are regularly within 6 feet of other individuals. (e.g. Staff who sustain close contact and interactions with students, staff who support personal care, feeding, or instruction requiring direct physical contact, etc)	Face Shield or face covering Gloves when providing feedings, oral care, or when in contact with bodily fluids	Gown
Food Services	Face covering or face shield, gloves for staff performing food preparation and packaging, Face shield and gloves for staff in direct student contact (meal delivery).	Clear plastic barrier for food distribution
Music Teacher/ Choir/ Band	Face Covering	Face Shield
PE Teacher		Face Shield

All district staff in accordance with Washington county health, OHA, and CDC guidelines.		Face Coverings
Ill student in sick room	Face covering until picked up from school	Surgical mask until picked up from school
Staff of advanced age or with chronic illness		Face coverings or PPE recommended by personal physician if permitted to be at work.
Heath Services Team (School Nurse, School Based Health Assistant, and all Health Assistant backups)	Surgical mask or face shield. gloves while in direct contact with sick students or bodily fluids.	N95 Masks and gloves. Surgical Masks if N95 shortage persists.
Students above 12yrs and Staff that are coughing for other reasons (e.g. allergies, asthma, ect.)		Face covering, as developmentally appropriate

School Nurse Team will educate staff on proper use of face coverings/shields, barriers, PPE, medical grade PPE, including donning and doffing of gloves. Individuals wearing face coverings will be educated on the importance of washing daily (or when moist/dirty) or wearing a new face covering daily if possible.

Face coverings will not be used for students:

- If they have a medical condition that makes it difficult for them to breathe with a face covering
- If they experience a disability that prevents them from wearing a face covering
- If they are unable to remove the face covering independently
- While sleeping
- Or if they chose not to

Healthy students refusing to wear a face covering will not be excluded from school.

5. IDENTIFICATION AND ISOLATION OF STUDENTS WITH POSSIBLE COVID-19

Identifying ill students and staff is critical in illness prevention within school buildings. Students and staff will be trained on how to identify symptoms or self-identify symptoms of COVID-19.

Ensure staff are aware of symptoms associated with COVID-19. Students will be screened visually prior to entry to school daily. If students appear ill, they should be sent to the office for additional evaluation. Any student ill with respiratory illness or fever will require screening by School Based Health Assistant, School Nurse, or designated backup staff. Designated staff will refer to School Exclusion Guidelines and Communicable Disease Policy for exclusion criteria. Trained staff will determine if isolation is indicated. All students coming into the office with complaints of illness will be logged into the Health Log in Synergy. Students requiring isolation will be documented. If a student is found to have symptoms consistent with COVID-19, that student will require isolation and guardian contacted for immediate dismissal from school.

A. Isolation of Sick Individuals

- Parents, families, students, and staff need to be made aware of the importance of staying home while ill and the guidelines for when to notify school. Guidelines, including a decision tree, will be sent to student and staff homes prior to the start of the school year.
- Every school will have a designated isolation room in addition to the health room. The isolation room will be stocked with adequate PPE for school nurse, School Based Health Assistant, or designated backup staff.
- If a student requires isolation due to symptoms, a mask is recommended, but is not required, particularly if student is experiencing breathing difficulties.
- Confidentiality and candor should be maintained for student receiving care in isolation room.
- Student will need to remain in isolation room and monitored by staff until picked up from school. Exposure to other students or staff will be minimized.
- COVID-19 specific isolation measures will be updated as new guidance is received from public health authorities.

B. Isolation Room

The rationale behind an isolation room is to mitigate the possible transmission of disease from someone who is ill to someone who is well.

- An isolation room will need to be identified within each school, separate from the already existing health room.

- The isolation room will contain appropriate PPE for the staff member supervising the ill student (see section 1h for appropriate PPE). Medical grade masks (N-95) will be utilized by staff members in the isolation room, in addition to disposable gowns, gloves, and eye protection. PPE will need to be disposed of after use.
- Persons staffing isolation room will require additional training on proper use and disposal of PPE.
- Proper cleaning of isolation room will be performed between students.
- Physical distancing measures will be maintained in the isolation room
- Students in the isolation room will be logged and log will be maintained for public health officials.

The isolation room should observe public health guidelines to the extent possible to ensure each element of infection prevention is followed. Schools may have unique limitations preventing them from meeting each of these guidelines. In such situations, physical distance when possible, use face coverings or barriers when distancing is not possible, ensure adequate ventilation, and utilize measures below to prevent disease transmission.

Isolation Space	CDC Guidelines
Physical distance	Maintain a distance of 6 feet or more between cots, chairs, or 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	To limit the risk of exposure to aerosolized particles, plan disinfection after space has been empty 4 hours; or, disinfect while wearing full PPE (medical grade mask, gloves, isolation gown). After dismissal of ill student, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting . Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
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 (COVID) Pandemic thoroughly before and after providing care. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with 60% or greater alcohol content and wash hands with soap and water as soon as possible.
Face covering or mask; other PPE	Staff tending to symptomatic individuals 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 after removing PPE.
Student safety and well- being	<p>Consult school nurse for direct care provision. Adjust protocols to age and developmental abilities. Ensure line of sight; keep ill student visible.</p> <p>To reduce fear, anxiety, or shame related to isolation, provide clear explanation of procedures, including use of PPE and handwashing.</p>

C. Surveillance and Contact Tracing Logs

Surveillance is important to be able to identify trends of illness within the school and to identify clusters of illness within school settings. Each school will compile daily attendance logs of stable cohorts. Correct daily attendance will be imperative. In addition to student attendance, all staff and visitors assigned to the cohort will need to be documented in the event of an exposure. In addition, rosters of students, bus riders, and bus drivers by bus routes must be maintained and accessible. The school’s point of contact will need to maintain these records for a minimum of 4 weeks. Per **OAR 166-400-0010**, any student reporting to the health room will be logged.

D. Educational Messages:

- Wash Your Hands Often
- Stay Home If You’re Sick

Cover Your Cough

Teach students coughing and sneezing etiquette.

- Cover your mouth and nose with a tissue when you cough or sneeze, or
- Cough or sneeze into your upper sleeve, not your hands.
- Clean your hands after you cough or sneeze.

Handwashing

Hand washing with soap and warm water is the best option. Hand sanitizers can be effective when there is no access to water. Staff are encouraged to provide time and opportunities each day for students to practice washing their hands with soap and water: upon arrival at school, after coughing and/or sneezing in hands, at the beginning of the lunch line before eating, after bathroom use, and after recess.

- Wet hands, apply soap and scrub for at least 20 seconds.
- Thoroughly rinse under warm, running water.
- Dry hands completely with paper towel. Use paper towel to turn off faucet handles and open restroom doors.

It is important to wash hands with soap and water:

- Before, during and after preparing food
- Before eating
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the bathroom or assisting another person in the bathroom
- After changing a diaper
- After handling animals or animal waste
- When hands are dirty
- After touching garbage
- After recess or gym and
- After blowing nose, coughing, or sneezing.

Hand Washing and Respiratory Etiquette Websites:

- National Science Foundation (NSF) Scrub Club <https://www.scrubclub.org/index.php>
- It's a SNAP (School Network for Absenteeism Prevention) <http://www.itsasnap.org/Learn-More/About-Us#>
- Stopping the Germ at Home, Work and School <https://www.cdc.gov/handwashing/pdf/wash-your-hands-fact-sheet-508.pdf>

Cleaning

Schools are routinely cleaned throughout the day and evenings. Enhanced cleaning for high frequency touchpoints such as surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. Some schools may also require daily disinfecting these items. Standard procedures often call for disinfecting specific areas of the school, like bathrooms. Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid

coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

Definitions according the Center for Disease Control:

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.

School Outbreak Control Measures

Control measures are tools that can help end the outbreak by halting disease transmission. Washington County Health Department, in consultation with the Oregon Health Authority Acute and Communicable Disease Prevention Section, can provide recommendations and guidance to the district regarding appropriate control measures. BSD should make every effort to institute and maintain adequate control measures until the outbreak is declared over.

Vaccinations

Vaccinations are an important way to prevent the spread of disease. Unvaccinated students risk the chance of contagion and then spreading it to other students. Oregon Department of Education and the Oregon Health Authority have developed exclusion guidance for students who do not receive mandatory vaccines. In accordance with Work Instruction STS-W022 Immunization Requirements, BSD is required by state law to keep a record of each student's immunizations. Parents who are enrolling a student in school must complete a Certificate of Immunization Status form with their child's record of immunization.

6. RESPONSE:

Illness/Disease Monitoring & Tracking:

Beaverton staff will follow the Oregon Department of Education and the Oregon Health Authority Communicable Disease guidance and protocols. Oregon Administrative Rule 333-018-0000 requires that all outbreaks of any disease be reported to and investigated by the Local Health Department (LHD). An outbreak is defined as more cases than expected for a given population and time period.

Influenza-like illness (ILI) is defined as fever + (cough or sore throat).

A suspected influenza outbreak = 20% or more students in the same classroom with influenza like illness (ILI) or, if more widespread, 20% of the school or daycare facility within 72 hours.

If fewer than 20% of students are ill but some have particularly severe symptoms (such as hospitalizations or physician diagnosed pneumonia), Washington County Public Health will be contacted. Nursing Services will track student illness to determine if they are related to a disease outbreak.

Disinfection & Cleaning

Custodial staff will continue to use district-approved supplies and procedures to ensure schools are safe. BSD uses #6 Vindicator in a spray bottle, pump sprayer or bucket with rags to disinfect. When applying Vindicator custodians will wear a N95 mask when spraying large areas to prevent respiratory issues. The dwell time on the product label will be adhered to; #6 Vindicator is 10 minutes. Always run water through drinking fountains after spraying and dwell time. Vindicator will not be applied when students are present. Schools are provided with Clorox wipes for staff so they can maintain cleanliness of their classrooms, offices, desks, phones, keyboards, etc.

Disinfect ALL commonly touched surfaces throughout all areas of the school which include but are not limited to:

Door Handles	Desk Tops
Vending Machines	Tables
Health Room Beds	Chairs
Handrails	Light Switches
Elevators	Computer Keyboards and Mice
Wainscoting	Phones
Drinking Fountains Faucets	Refrigerator Handles
Countertops	

Foremen will disinfect touch points listed above:

- Staff Room 2X per day,
- Main Office Area 2X per day,
- Health Room 2X per day,

- Cafeteria (Tables done by kitchen staff),
- Hallway wainscoting and any vending machines,
- Restroom touchpoints during restroom checks,
- Classrooms on their route or predetermined classrooms.

Evening Custodians will do these areas disinfecting touch points listed above:

- Classrooms on their routes,
- Gyms,
- Hallways drinking fountains and floors,
- Locker Rooms,
- Clean restrooms following the restroom cleaning procedures currently in place.

Whole School Disinfecting

If a school or schools are closed due to an infectious disease outbreak, leadership will determine if the site can be cleaned by district personnel or through its contract remediation service.

Buses

School buses are cleaned by the drivers on a regular basis during the normal school year. However, during periods of suspected or confirmed infectious disease outbreak, consideration will be given to increasing the frequency of cleaning schedules, possibly at the end of each route (morning and afternoon) based on the nature and spread of the disease and guidance from our Public Health Department. Buses used for medically fragile students may need to be cleaned more frequently. The Transportation Department will follow similar guidelines for buildings by using the same chemicals and increasing the frequency of cleaning touchpoints such as handrails, tops of seats, windows and driver's controls.

Food Services and Nutrition

Nutrition Services provides guidance on sanitation and food handling practices that are used daily in the district. Nutrition Services follows all rules and regulations provided by the United States Department of Agriculture regarding meal service during unanticipated school closures. During periods of suspected or confirmed infectious disease outbreak, Nutrition Services will consider the need to make modifications to its services based on the severity and nature of the outbreak. This could include discontinuing the use of self-serve salad bars, serving sack lunches instead of cafeteria style lunches or providing meals away from school buildings. Additionally, they will increase the awareness of safe food handling and sanitation procedures.

Social Distancing

Social distancing is the practice of keeping people apart in social settings to reduce the potential of exposure to disease. This may be difficult in most classrooms, since they are already at capacity in many cases. Because of this closeness, teachers and staff should discourage hand shaking, high fives, and hugs. Discourage the sharing of drinks or eating out of the same chip bag, etc. Avoid face-to-face meetings; if unavoidable, maintain 3 feet between individuals if possible. Cancel or postpone non-essential meetings, gatherings, assemblies, field trips, workshops or trainings. Consider setting up staggered shifts or flexible hours to reduce crowding in offices.

7. SCHOOL CANCELLATION

BSD will collaborate with the Washington County Public Health to monitor disease outbreaks in our schools and to determine if and when school should be cancelled. The health department will also help decide the length of time for a school closure and the extent of the closure (single school closure, neighboring schools, partial district, entire district, etc.), taking into consideration the mixing of students/staff across schools, geographic proximity, outbreaks at neighboring school districts, etc., based on the nature of the specific disease. In the event of a local infectious disease outbreak, the Oregon Health Authority (OHA) can also determine if school closure is necessary. Public Health, both at the state and local level, is granted by statute the authority to close schools/cancel classes in an emergency or to protect the public's health (ORS 431A.05).

Event Cancellation

If school is cancelled due to an infectious disease outbreak, all other school-related gatherings (athletic events, concerts, afterschool activities, field trips, etc.) will also be cancelled. In some cases, non-academic events may be cancelled, even if classes are not cancelled. If school is canceled, community events may also be cancelled at the same time. This would include both indoor and outdoor events.

8. COMMUNICATIONS WITH STAKEHOLDERS

BSD will attempt to provide accurate, consistent, and timely communications with staff, students, and parents to instill and maintain public confidence in our schools. The district will coordinate with public health agencies to disseminate critical information from the health department, to develop and deliver common health messages and educational materials in English and other major languages spoken by the community, and to demonstrate that BSD is taking reasonable action to preserve the safety and health of our staff and students. Information will be disseminated via our normal emergency communication methods: staff email, web site postings, parent letters, school newsletters, television and radio broadcasts.

Letters (attach letter) and trainings (youtube videos, insigh24j, decision trees, etc.) will be completed by the school health nurse and/or the administration/social distancing coordinator for each site. Risk and HR will also have additional trainings for staff. It will be communicated in writing that on-site trainings at the start of the school year and periodic intervals explaining infection control measures that will be implemented to prevent the spread of disease. Letters are developed in multiple languages for process to communicate with students, families, and staff contact with a confirmed case. Communicate immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in student or staff members. Contact your supervisor or school health nurse/nurse helpline with immediate questions of process flow. Letters are available in multiple languages. If further languages need to be adopted, translation services will assist. Communicable disease (including COVID) letters from a school district, classroom, or individual school need to be in alignment and collaboration work effort with local health department and school health nurse team. Do **not** send out communicable disease letters before this occurs. School health

nurse team will work in partnership with BSD communication (COVID) Pandemic
Confidentiality must be maintained.

9. CONTINUITY OF OPERATIONS PLAN

The district has identified several job classifications as essential personnel, and those employees will be expected to report at their regular start time and stay until they are notified by their supervisor they may leave. In order to address safety and/or operational needs, an administrator/supervisor may alter who is designated as essential personnel on case-by-case basis. Based on information from the Oregon Health Authority, BSD may need to determine if various services can be accomplished at home (by computer, through emails, conference calls, using Skype, etc.) or by staggering work schedules and locations and using social distancing measures.

10. CONTINUATION OF STUDENT SERVICES

If schools are closed, BSD will coordinate with Washington County Public Health, the Oregon Department of Education and OHA to determine if they will continue to provide student services such as meals, and social services.

11. RECOVERY

Once district facilities have been determined to be safe for use, BSD will notify staff, parents and students how and when schools will reopen.
