JEFFERSON SCHOOL DISTRICT 14J

COMMUNICABLE DISEASE MANAGEMENT PLAN

COVID-19

2020-2021

INTRODUCTION:

This plan is designed to inform employees of the Jefferson School District on the COVID-19 pandemic and how to mitigate the spread of the disease within the school. The goal is to reduce the possibility of contracting the disease, and if found present, how to minimize the risk of broadening the spread.

INFECTION CONTROL

Designated person at each school and building who will establish, implement and enforce physical distancing requirements, consistent with guidance from ODE and OHA.

District Office: Brad Capener, Superintendent
Jefferson Elementary School: Chris Sullivan, Principal
Jefferson Middle School: Scott Jantzi, Principal
Jefferson High School: Cathy Emmert, Principal

MEDICAL EXPERT CONTACTS:

Point of Contact at Marion Co. Health:
Susan McLauchlin, B.S.,CPS
Supervisor, Health Promotion and Prevention Team, Marion County Health and Human Services Dept.
Desk: 503-576-2869
Cell: 971-273-8515
smclauchlin@co.marion.or.us

District Nurse:
Wesley Rogers RN, MPH
Willamette ESD
503-569-2409 - phone
www.wesd.org

PLAN FOR CONTACTING MEDICAL EXPERTS

Whenever a cluster of illness among staff or students exists, the designated person at the building will call the superintendent. The superintendent will call Marion Co. Health and the District Nurse to report. The district will follow the guidance from Marion Co. Health as to how to proceed. Likewise, any confirmed COVID-19 cases among students or staff will be communicated to Marion Co. Health.

TRAINING OF STAFF

Principals and office managers will be meeting as a team to discuss processes and procedures to train staff on what to do to limit exposure of contracting the virus and what to do in the event a virus breaks out. Once district documents and the Communicable Disease Management Plan are read and discussed, each principal will plan a training for all staff on these topics. Training will occur prior to students starting school.

MAINTAINING DAILY LOGS

Office Managers will maintain a system of daily logs for purposes of contact tracing. OM's will consult with district nurse on the system in place.

KEEPING STAFF AND STUDENTS SAFE: WHAT'S REQUIRED

JSD ENTRY AND SCREENING REQUIREMENTS

All schools should develop plans and procedures to ensure proper screening before students and staff enter school. Each school will need to evaluate their physical layout, doorways and options, and available staff to generate a comprehensive plan for effective screening. Any person exhibiting primary symptoms of COVID-19 shall not be admitted to campus.

Required

❏ Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms, or if anyone in their home or community living spaces has COVID-19. COVID-19 symptoms are as follows:

- Primary symptoms of concern: cough, fever (temperature greater than 100.4°F) or chills, shortness of breath, or difficulty breathing.
- Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID19. More information about COVID-19 symptoms is available from CDC.
- In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 of OHA/ODE Communicable Disease Guidance.
- Emergency signs that require immediate medical attention:
    - o Trouble breathing
    - o Persistent pain or pressure in the chest
    - o New confusion or inability to awaken
    - o Bluish lips or face (lighter skin); greyish lips or face (darker skin)
    - o Other severe symptoms

❏ Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. Staff members can self-screen and attest to their own health.

- Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i) and sent home as soon as possible. See table “Planning for COVID-19 Scenarios in Schools.”
- Additional guidance for nurses and health staff.

❏ Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19. See table “Planning for COVID-19 Scenarios in Schools.”

❏ Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.

❏ Hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

Recommended

⇨ All staff who do screenings should receive implicit bias training.
⇨ Student screening should not consider appearance (ie. clothing, hair), personality (shy, etc.), ability, cleanliness, etc.

ISOLATION AND QUARANTINE DEFINITIONS

Isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Required

❑ Protocols for exclusion and isolation for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day.

❑ Protocols for screening students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day.

- Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, ensure that six feet distance is maintained. Do not assume they have the same illness.
- Consider required physical arrangements to reduce risk of disease transmission.
- Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness.
- Additional guidance for nurses and health staff.

❑ Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields.

- School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space.
- After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol.
- If able to do so safely, a symptomatic individual should wear a face covering.
- To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.

❑ Establish procedures for safely transporting anyone who is sick to their home or to a healthcare 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.

Recommended

⇨ Schools should make information available about community based health supports and provide this information directly to families in the event a student displays possible COVID-19 symptoms.

JSD VISITOR GUIDANCE

Volunteers and visitors should be limited, to the greatest extent possible, from on-site activities and approved by the building administrator. Staff members (for example - itinerant staff, substitute teachers, and other district staff who move between buildings, etc.), contracted service providers (for example - counseling services, maintenance, etc.), and partner providers (for example - student teachers, DHS Child Protective Services staff, etc.) are not considered visitors or volunteers.

Required

❏ Restrict non-essential visitors/volunteers.

- Examples of essential visitors include: DHS Child Protective Services, Law Enforcement, etc.
- Examples of non-essential visitors/volunteers include: Parent Teacher Association (PTA), classroom volunteers, etc.

❏ Screen all visitors/volunteers for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19. See table “Planning for COVID-19 Scenarios in Schools.”

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

❏ Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.

Recommended

⇨ Consider video/telephone meetings for parent/caregiver/guardian-teacher conferences and other meetings.

JSD FACE COVERING GUIDANCE

Face Coverings, Face Shields, and Clear Plastic Barriers For the purposes of this guidance, please refer to the following OHA definitions and specifications.

Face coverings are required for all students in grades kindergarten and up, along with all staff. Certain accommodations are noted in the guidance below. It is now established that asymptomatic people can spread the virus that causes COVID-19, and this is a significant contributor to person-to-person spread. Face coverings decrease the spread of COVID-19 as “source control” of a contagious person’s respiratory secretions. Use of face coverings does not change physical distancing requirements.

ODE, OHA, schools, families and community organizations have important new roles in preparing families and care takers to prepare younger children to wear face coverings safely and effectively.

This includes instruction on how to properly wear a face covering, desensitization support (getting used to wearing face coverings), recommended materials for homemade face coverings, proper care and cleaning, and how to allow for “face covering breaks” during instruction. Lack of access to a face covering cannot be a barrier to instruction; each school has a responsibility to ensure that students have access to usable face coverings. Under ORS 339.155, school districts and public charter schools may not charge fees for the provision of face coverings to students.

In general, face coverings are preferred over face shields, as they may provide better containment of small aerosols that can be produced while talking. Clear plastic face shields remain an acceptable alternative in some instances because they enable students to see whole faces. This avoids potential barriers to phonological instruction and reinforces social emotional cues.

Required

❑ Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines for Face Coverings. Individuals may remove their face coverings while working alone in private offices.

❑ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines for Face Coverings.

❑ If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time:

- Provide space away from peers while the face covering is removed. In the classroom setting, an example could be a designated chair where a student can sit and take a 15 minute "sensory break;"
  - Students should not be left alone or unsupervised;
  - Designated area or chair should be appropriately distanced from other students and of a material that is easily wiped down for disinfection after each use;
- Provide additional instructional supports to effectively wear a face covering;
- Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day.

❑ Face masks4 for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role.

- Additional guidance for nurses and health staff.

Students who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, during On-Site instruction must be provided access to instruction. Comprehensive Distance Learning may be an option, however additional provisions apply to students protected under ADA and IDEA.

Protections under the ADA or IDEA:

Staff: Districts/schools should consult with legal counsel regarding ADA when considering restricting access for staff due to their inability to wear face coverings or face shields as required.

Students: Federal laws such as the Americans with Disabilities Act (ADA) and Individuals with Disabilities Education Act (IDEA) protect student access to instruction. The following guidelines must be considered and employed to ensure access for students protected under ADA and IDEA.

Required

❑ If any student requires an accommodation to meet the requirement for face coverings, districts and schools should limit the student's proximity to students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include:

- Offering different types of face coverings and face shields that may meet the needs of the student.
- Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised.
- Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease;
- Additional instructional supports to effectively wear a face covering;

❑ For students with existing medical conditions and a physician's orders to not wear face coverings, or other health related concerns, schools/districts must not deny any in-person instruction.

No disability category universally prescribes whether a student will be able to wear a face covering. However, students eligible for certain disability categories are more likely to have difficulty wearing face coverings. These include: Autism Spectrum Disorder, Other Health Impairment, Emotional Behavior Disability, Orthopedic Impairment. Schools must consider the unique needs that arise from a student's disability in determining how to appropriately support their access to FAPE.

❑ Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020.

- If a student eligible for, or receiving services under a 504/IEP, cannot wear a face covering due to the nature of the disability, the school or district must: 1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan including on-site instruction with accommodations or adjustments. 2. Placement determinations cannot be made due solely to the inability to wear a face covering. 3. Plans should include updates to accommodations and modifications to support students.
- Students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, the school or district must:
    1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan.
    2. The team must determine that the disability is not prohibiting the student from meeting the requirement.
- 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.
    1. Hold a 504/IEP meeting to determine equitable access to educational opportunities which may include limited in-person instruction, on-site instruction with accommodations, or Comprehensive Distance Learning.

❑ For students not currently served under an IEP or 504, districts must consider whether or not student inability to consistently wear a face covering or face shield as required is due to a disability. Ongoing inability to meet this requirement may be evidence of the need for an evaluation to determine eligibility for support under IDEA or Section 504.

❑ If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

Recommended

⇨ If face coverings are worn, they should be washed daily or a new covering worn daily.

⇨ Children not yet in grade Kindergarten or up should not wear a face covering:

- If they have a medical condition that makes it difficult for them to breathe with a face covering;
- If they experience a disability that prevents them from wearing a face covering;
- If they are unable to remove the face covering independently; or
- While sleeping.

⇨ Plexiglass barriers have limited utility for schools and are not practical for classroom use. Examples of where barriers could be used include the library check-out station, cafeteria check-out, or front office. Recommendations for barriers in non-classroom settings are as follows:

- Material: fixed, impermeable barrier

- At least 3 feet wide and 4 feet tall, centered at the level of mouth/nose level (i.e. height will depend on whether people are to be seated or standing or both).

JSD COHORTING REQUIREMENTS

Required

❑ Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff.

- The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases.

❑ Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Schools should plan to limit cohort sizes to allow for efficient contact-tracing and minimal risk for exposure.

❑ Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a).

❑ Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms.

❑ Cleaning and disinfecting surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.

❑ Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade-level academic content standards3 , and peers.

❑ Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.

Recommended

⇨ A smaller cohort size of 24-36 is recommended for public health and safety, and schools are encouraged to create and maintain even smaller sized cohorts when feasible.

⇨ When feasible, stable cohorts should remain in one classroom environment for the duration of the learning day, including lunch.

- Teachers of specific academic content areas rotate instead of students to the maximum extent possible.
- In secondary schools or 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.

⇨ When feasible, limit the number of students in the building (e.g., rotating cohorts, blended learning with established cleaning between stable cohorts) to maintain requirements for physical distancing (see section 1c).

SECTION 1: UNDERSTANDING COVID-19

How is COVID-19 transmitted? COVID-19 is the disease caused by the SARS-CoV-2 coronavirus. Before we talk about specific reopening strategies, it is useful to recall how the COVID-19 virus spreads so we can understand when and how a specific intervention might be effective. There are three routes of transmission for COVID-19 that are supported by models and case studies of outbreaks.

Close-contact transmission can occur via droplets (> 5 µm in diameter) or aerosols (tiny droplets < 5 µm in diameter, also called droplet nuclei). Close contact transmission by droplets refers to close-range transmission of virus by sometimes-visible droplets that are coughed or sneezed by an infectious person directly onto the eyes, mouth, or nose of a nearby person. Droplet transmission can be minimized by, among other things, physical distancing and universal non-medical cloth mask-wearing. Close contact transmission by aerosols refers to transmission of virus in tiny, invisible droplets that are generated when an infectious person exhales, speaks, coughs, sneezes, or sings, and that are then inhaled by another nearby person, allowing the virus to deposit directly on the surfaces of their respiratory tract. This close contact aerosol transmission can also be minimized by, among other things, physical distancing and mask-wearing.

Long-range transmission refers to transmission of virus in aerosols, which may be generated when an infectious person exhales, speaks, sneezes, or coughs and then travel out of the immediate 6-foot vicinity of the infectious person via airflow patterns. This airborne virus can remain aloft for more than an hour indoors to infect people who are not interacting closely with the infectious person. Long-range airborne transmission can be minimized by, among other things, increasing outdoor air ventilation to dilute the concentration of airborne virus or filtering air recirculating in a room or building.

Fomite transmission refers to viral transmission via inanimate objects, like desks, tables, playground equipment, or water fountains that are contaminated with the virus. A surface could become contaminated in many ways, for example, after a person coughs directly onto an object or after they sneeze into their hand and then touch the surface. Individuals who touch the fomite while the virus remains viable, and then touch their eyes, nose, or mouth before washing their hands, could be exposed to the virus. How long the virus can be detected on fomites depends on the type of surface and the environmental conditions. Under some conditions, the COVID-19 virus can be detected up to 72 hours after deposition on hard, shiny or plastic surfaces or up to 24 hours after deposition on more porous surfaces, but the risk posed by these day(s)-later detections is much lower than the initial risk because the amount of the detectable infectious virus decreases rapidly over time.

Fomite transmission of a virus can be minimized through frequent cleaning and disinfection of commonly-touched objects, through use of automatic or touchless alternatives (e.g., automatic doors), and through frequent hand washing.

What factors determine exposure?

There are three components of exposure – intensity, frequency, and duration. In general, more intense, more frequent, and/or longer duration exposures have the potential to cause more harm. In the case of COVID-19, we can reduce the risk of illness through interventions that reduce any or all of these three characteristics:

Intensity of exposure to SARS-CoV-2 may be minimized by physical distancing because the amount of SARS-CoV-2 in the environment around an infectious person is highest closest to the infectious person. Additionally, infectious people following respiratory etiquette (i.e., cover nose/ mouth when coughing or sneezing) and wearing masks reduces exposure intensity to people nearby

Frequency of exposure to SARS-CoV-2 may be minimized by reducing how often someone is in close contact with individuals outside the home who may be infectious.

Duration of exposure to SARS-CoV-2 may be minimized by spending less overall time inside in close contact with others.

What factors determine risk?

While exposure is largely a function of intensity, frequency, and duration, risk is determined by many additional factors. Most importantly, personal risk is dependent on individual susceptibility. For example, this may be a function of age, gender, pre-existing conditions, or genetics. For these reasons, two people with the same exposure may have very different risk. Discussions of risk can also be subjective, in that they depend on personal risk tolerance. Last, risk is a function of factors outside of the individual, including the local healthcare capacity, the efficacy of available treatments, and the extent of spread in the underlying community.

What age groups are most susceptible to COVID-19?

Existing research indicates that children are less susceptible to COVID-19 than adults. Studies based on contact tracing data from Asia, PCR test results from Israel, serum antibody test results from the Netherlands, and mathematical modeling using data from six countries suggest that children are approximately half as likely as adults to become infected with COVID-19 after being in close contact with an infectious person. Older adults are more susceptible to COVID-19 than younger adults. Analysis of serum antibody data from households from the Netherlands found that 1- to 5-year-olds were 32% less likely than 18- to 45-year-olds and 51% less likely than 45+-year-olds to get COVID-19 from an infectious family member.

Note: *This data is ever changing and inconclusive. Health experts are still learning about to what extent children are carriers and able to transmit the disease. They are also finding that while children are less susceptible to getting ill, some do and some have become very ill with complications. Some have die*d.

What are the symptoms and outcomes for kids with COVID-19?

Symptomatic children often experience many of the same symptoms as adults, including fever, cough, and fatigue, along with nasal stuffiness, rhinorrhea, sputum, diarrhea, and headache. Compared to adults, children have more upper respiratory tract involvement (including nasopharyngeal carriage) rather than lower respiratory tract involvement, and prolonged viral shedding in nasal secretions and stool. In general, COVID-19 appears to be less severe among children than among adults. The infection fatality rate (IFR), the number of deaths per infection, is a useful metric for comparing the severity of COVID-19 infection across groups. A recent study of Geneva, Switzerland, found that individuals younger than 50 years of age had lower IFR values (ranging from 0.00032-0.0016%) compared to individuals aged 50-64 years (0.14%) and 65+ years (5.6%). Similar metrics measured in Hubei province, China, and northern Italy also found that adults with COVID-19 were more likely to die from COVID-19 than children. While severe cases of pediatric COVID-19 are reported to be rare, some groups

seem to be at elevated risk of negative outcomes. Children with comorbidities, such as pre-existing cardiac or respiratory conditions, may be at a higher risk for severe COVID-19 requiring hospitalization. Furthermore, it has recently been suggested that previously asymptomatic children may develop a hyperinflammatory syndrome with multiorgan failure. Finally, it is not yet known whether COVID-19 may have long-term negative health outcomes for children. Severe acute respiratory syndrome (SARS), another respiratory virus, was found to have negative impacts on children's aerobic capacity 15 months after they were ill. Therefore, while children comprise a small fraction of global COVID-19 cases and their symptoms are often mild, the potential for negative health outcomes in children due to transmission in schools cannot be discounted.

How long does it take for symptoms to appear?

The incubation period of a disease is defined as the time from exposure to a disease-causing agent to the time when clinical signs of a disease first appear. This period may vary between individuals and is often reported as a range. For COVID-19, the average incubation period is around 7.7 days in children and 5.4 days in adults but can range to up to 14 days.

When can someone transmit COVID-19?

It is possible for individuals to spread COVID-19 prior to experiencing any symptoms. Studies suggest that transmission of COVID-19 can occur as early as five days before onset of symptoms. For mild cases not requiring hospitalization, studies suggest that an individual is no longer able to transmit disease ten days after first experiencing symptoms (as long as they do not have a fever and have improved clinically). Severe COVID-19 cases may have a longer infectious period; one study found that the infectious period among 129 severely or critically ill hospitalized patients ranged from 0 days to 20 days after symptom onset with a median of 8 days after onset. According to the World Health Organization (WHO), two consecutive negative laboratory test results, taken at least 24 hours apart, can be used to determine the end of the infectious period.

What do we know about kids spreading COVID-19?

Children's ability to transmit COVID-19 ("infectivity") is dependent on their susceptibility to infection, development of symptoms, viral load, and their risk factors for exposure and for exposing others. Contact tracing studies indicate that children were the index case (original infected person) less than 10% of the time, although further analysis accounting for asymptomatic children suggests 21% of cases could be attributed to transmission by children. Studies of households indicate that transmission from children to other children or to adults is much less common than transmission from adults to children or transmission between adults.

While children can clearly transmit the virus to others and despite some evidence of prolonged nasal or fecal viral shedding in children, infectivity is reported to be lower in youth compared to adults. Preliminary models estimate that infectivity of children is 85% that of adults. In the limited available data in schools, transmission between children has also been reported to be low. One potential reason for reduced infectivity of children is their reduced susceptibility to infection, which would reduce their overall likelihood of acquiring and transmitting the virus to others. While asymptomatic or mild cases can certainly spread COVID-19, the generally less severe symptoms in children may also reduce infectivity by not producing as many large droplets or aerosols via talking/coughing/sneezing. Regardless of children's susceptibility to infection, symptom severity, and viral load, there are unique behavioral factors in this age group that can facilitate the spread of infectious disease, including the large number of contacts of school-aged children and the frequency with which children, particularly young children, put their hands or objects in their mouth. In the absence of further scientific knowledge about COVID-19 transmission among and by children, particularly in school settings, it is reasonable and prudent to assume that COVID-19 transmission may occur between children and from children to adults in reopened US schools.

https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf

Schools can make us sick, or keep us healthy

The transmission of communicable diseases can occur in school environments. Outbreaks of diseases such as chickenpox, measles, mumps, scabies, acute hemorrhagic conjunctivitis (pink eye), and norovirus in schoolshave all been well documented in the scientific literature. In some cases, outbreaks have occurred even in populations of school children with high vaccination rates. There are several reasons why disease outbreaks occur in school environments. Research shows that disease outbreaks can happen when immunization against a disease is not 100% effective, when there is vaccination failure, or when there is an inadequate level of immunity in some of the students. Furthermore, the high degree of interaction of students in schools and the frequency with which children put their hands or objects in their mouths increase the transmission of disease. Even so, historical disease outbreaks in school environments indicate that implementing adequate intervention strategies can successfully minimize COVID-19 transmission and keep students safe when reopening schools.

SECTION 2: GUIDING PRINCIPLES

Follow the precautionary principle

Schools should err on the side of caution when it comes to health and safety. Children generally have less severe COVID-19 symptoms than adults, but they are not immune. Children can become severely ill with COVID-19, and they are capable of transmitting the virus among themselves and to family members or teachers. Older adults are at greater risk of severe COVID-19 illness. On the other hand, schools, teachers, administrators, and parents must also recognize that there is no 'zero risk'. Reopening schools will require accepting that the goal is risk and harm reduction.

Layer defenses

No one control strategy alone can limit the transmission of disease. Schools should approach reopening with a layered defense strategy, where many small interventions and strategies are combined, simultaneously. Schools should deploy an 'all in' approach that uses every control feasible.

Share responsibilities

Just as there is no single control strategy that is effective in and of itself, there is no single entity that is solely responsible for keeping everyone safe. Successfully reopening schools will require continual collaboration between administrators, staff, and teachers and ongoing cooperation among teachers, students, and parents. Everyone has a critical role to play. Getting through this pandemic will require a great deal of social trust.

Limit transmission chains

Even with the best control strategies in place, there will be cases in some schools. To limit classroom outbreaks from becoming school-wide outbreaks, schools should take steps to limit contact chains as much as possible. Within a district, school populations should not be mixed. Within a school, classes should be kept separated as much as possible. Within a classroom, kids should be physically separated as much as possible.

Be flexible

The scientific community's understanding of this virus is changing rapidly. Disease spread and timing are not fully predictable. Schools should recognize that the dynamic nature of knowledge during a global pandemic requires a flexible and adaptive approach. The strategies in this report were developed with careful attention to the most recent scientific discoveries regarding COVID-19 and its effects on and transmission among school-aged children. Our collective understanding of this virus will change, and therefore the approach schools take may change over time, too.

Ensure equity

School closures have disproportionately impacted children of lower socioeconomic status, children with disabilities, and children in other marginalized groups. The reopening of schools must be done with equity in mind. Some challenges to ensuring equity in schools during the current pandemic that should be addressed when developing plans to reopen include:

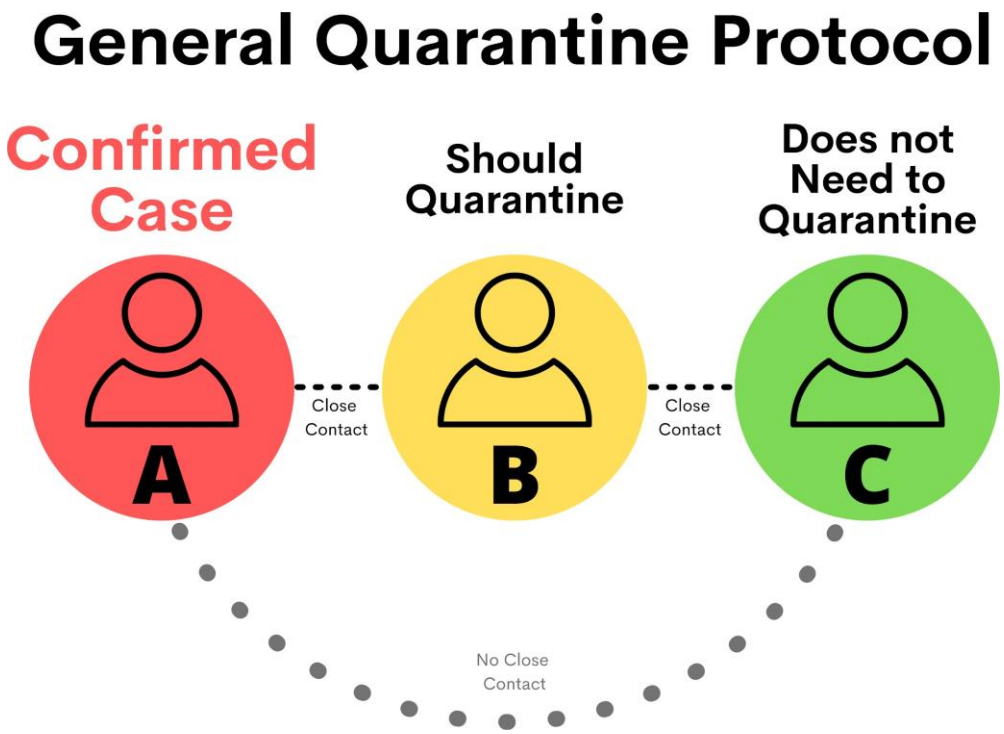

Figure 1. General Quarantine Protocol
A PDF of this figure is available here.

As an overall framework:

- People who have tested positive for COVID-19 **should** isolate.
- Any person who has been in close contact with a person with positive COVID-19 **should** quarantine.
- Anyone who has been in close contact with someone who was exposed to COVID-19 does not **need to** quarantine.

This framework will need to be applied within an ever-changing local context. The following graphic represents the application of this framework in one possible local context to support school leaders in building the schema necessary to apply this information successfully in their own situation:

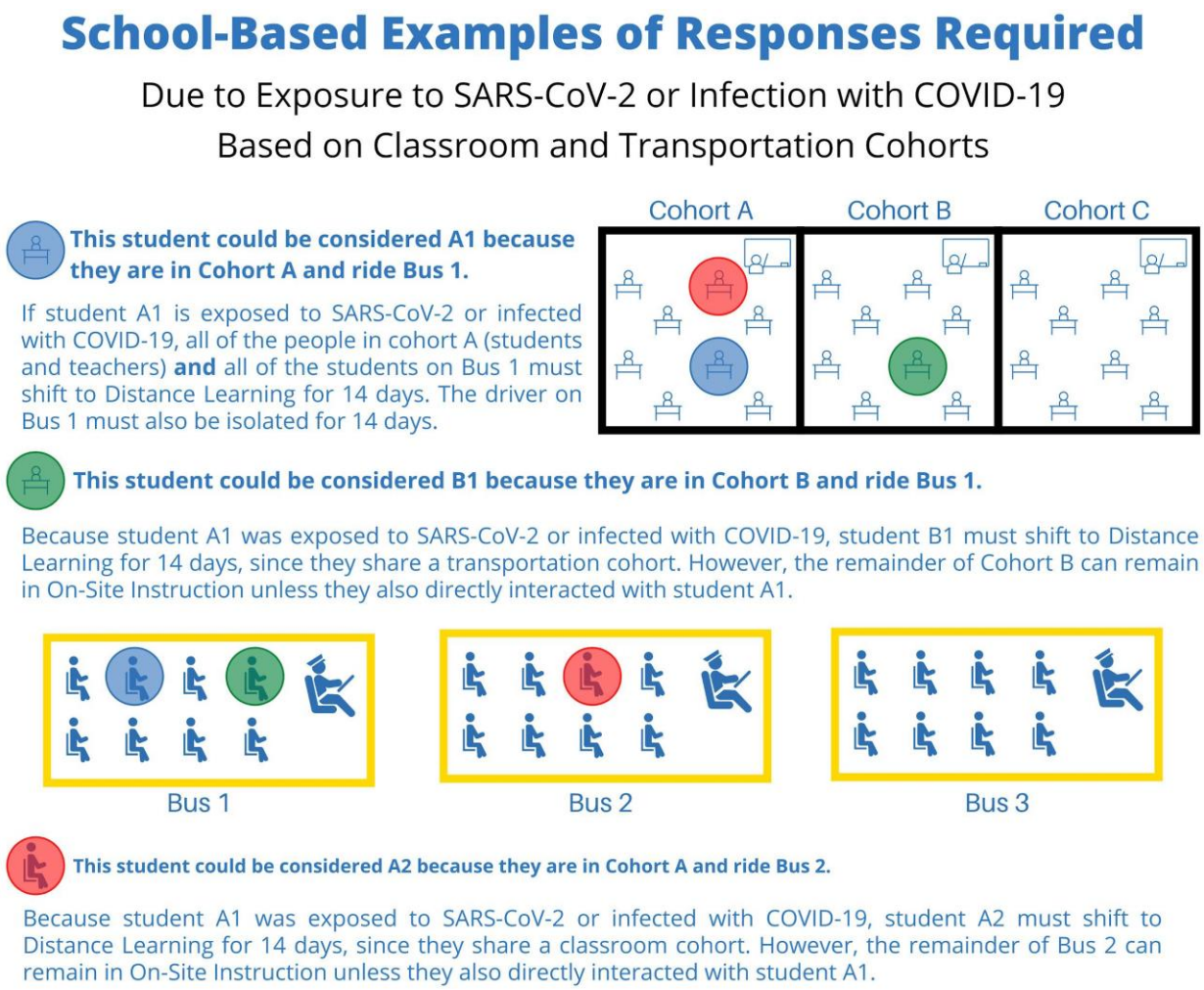

Figure 2. School-Based Examples of Responses Required
A PDF of this figure is available here.

Identify Area of Responsibility and Next Steps outlined in Scenarios

The scenario tables offer different examples with critical steps for schools and LPHAs. The roles and responsibilities, including communication protocols, from each entity (the school district and LPHA) will need to include partnership with the LPHA. Local public health authorities by county. School and classroom sizes are highly variable across Oregon, and cohort sizes also vary. Schools and LPHAs should consider the sizes of potentially affected cohorts when determining if closures are necessary. **Schools should strive to maintain small "stable cohorts," as this will minimize schoolwide disruptions when a case of COVID-19 is identified in a school.**

The response to a case of COVID-19 in the school setting requires a collaboration among many community partners. The following guidance tables categorize general “involved groups” in the response, in order to fit as many school settings as possible. It is recognized that the tables do not capture the community-level partners that may be critical in supporting public health. This includes the active community partners that support Oregon’s schools, school districts, LPHAs, and the Oregon Health Authority.

About Scenarios

Carefully read through the scenarios and terms in this document. Each scenario is an example event that involves a school and LPHA’s response to a COVID-19 illness at a school. The scenarios share required steps for the school leaders as well as the LPHA.

Exposure Scenarios: Refers to a student or staff member exposed to a person with a confirmed case of COVID-19.

Becomes Ill Scenarios: Refers to a student or staff member who becomes ill with COVID-19 either after no contact with a person with COVID-19 symptoms or after close contact with a person with COVID-19 symptoms.

Tests Positive Scenarios: Refers to one or more student or staff member having a positive COVID-19 test, including the action necessary if in the same or different cohorts.

Tests Negative Scenarios: Refers to an ill student or staff member who has a negative COVID-19 test.

Does not get Tested Scenarios: Refers to a student or staff member who does not get tested in response to specific events.

Common Protocols

Generally, the closer a person is to a confirmed COVID-19 case, the greater the need for isolation:

Scenarios

The following table summarizes the scenarios in the tables that follow.

Click on the underlined scenario number to go to the scenario table that describes actions required by involved persons. The information in the following scenarios can also be accessed in a flowchart format here.

Scenario	Description
Scenario 1a	A student or staff member has been **exposed to a person with confirmed COVID-19** within their household. The student or staff member is not currently showing symptoms.
Scenario 1b	A student or staff member has been **exposed to a person with confirmed COVID-19** outside of their household. The student or staff member is not currently showing symptoms.
Scenario 2a	A student or staff member **becomes ill** with primary COVID-19 symptoms (cough, temperature of greater than 100.4 °F or chills, shortness of breath, or difficulty breathing). Ill symptomatic person has no known COVID-19 contacts in past 14 days.
Scenario 2b	A student or staff member **becomes ill** with primary COVID-19 symptoms (cough, temperature of greater than 100.4 °F or chills, shortness of breath, or difficulty breathing). Ill symptomatic person was in close contact with someone who had COVID-19 in past 14 days.
Scenario 3a	An ill symptomatic student or staff member has a **negative** COVID-19 viral test and has no known COVID-19 contacts in past 14 days.
Scenario 3b	An ill student or staff member has a **negative** COVID-19 viral test. Ill person was in close contact with someone who had COVID-19 in past 14 days.
Scenario 4a	An ill student or staff member **does not get tested** with a COVID-19 viral test. Ill person has no known COVID-19 contacts in past 14 days.
Scenario 4b	An ill student or staff member **does not get tested** with a COVID-19 viral test, and a clear alternative non-respiratory diagnosis **is not** identified. Ill person was in close contact with someone who had COVID-19 in past 14 days.
Scenario 4c	An ill student or staff member **does not get tested** with a COVID-19 viral test, and a clear non-respiratory diagnosis is identified as cause of illness. Ill person was in close contact with someone who had COVID-19 in past 14 days.
Scenario 5	**One student or staff** member has a **positive** COVID-19 viral test.
Scenario 6	**Two or more people** within same cohort have a **positive** COVID-19 viral test within 14 days.
Scenario 7	**Two or more people** in different cohorts have a **positive** COVID-19 viral test within 14 days.

Scenario 1a. A student or staff member has been **exposed to a person with confirmed COVID-19** within their household. The student or staff member is not currently showing symptoms.

Involved persons	Action
School	● Send individual home (if not home already). ● Record the date school became aware and excluded the individual.
Exposed person	● Quarantine at home for *14 days after date of last exposure* to the COVID-19 positive contact. 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. See CDC for quarantine scenario examples. ● If exposed person becomes ill during quarantine, see Scenario 2b.
Household members, including siblings (if exposed person is a student)	● Siblings should also quarantine at home for 14 days after date of last exposure to the COVID-19 positive contact. 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. See CDC for quarantine scenario examples. ● If exposed sibling becomes ill during quarantine, see Scenario 2b.

Scenario 1b. A student or staff member has been **exposed to a person with confirmed COVID-19** outside of their household. The student or staff member is not currently showing symptoms.

Involved persons	Action
School	● Send individual home (if not home already). ● Record the date school became aware and excluded the individual.
Exposed person	● Quarantine at home for *14 days after date of last exposure* to the COVID-19 positive contact. ● If exposed person develops COVID-19 symptoms during quarantine, see Scenario 2b.
Household members, including siblings (if exposed person is a student)	● **If household members were *not* exposed to the person with confirmed COVID-19:** they may continue school attendance as long as exposed sibling remains healthy.

Scenario 2a. A student or staff member **becomes ill** with primary COVID-19 symptoms (cough, temperature of greater than 100.4 °F or chills, shortness of breath, or difficulty breathing). Ill symptomatic person has no known COVID-19 contacts in past 14 days.

Involved persons	Action
School	● Isolate student or staff member following RSSL 1i ○ Send student or staff home. ● Record the symptoms reported or observed, and the date school became aware and excluded the individual.
Ill person	● Seek testing from healthcare provider. If individual does not have a provider and needs assistance finding a testing site, use the Oregon Health Authority (OHA) testing map to find the closest testing location: https://govstatus.egov.com/or-oha-covid-19-testing or call 211. ● If the ill person has a *negative* COVID-19 viral test, see Scenario 3b ● If the ill person does *not get tested* for COVID-19, see Scenario 4b ● If the ill person has a *positive* COVID-19 viral test, see Scenario 5
Household members, including siblings (if ill person is a student)	● All household members may continue school attendance while ill student is evaluated for COVID-19 infection.

Scenario 2b. A student or staff member **becomes ill** with primary COVID-19 symptoms (cough, temperature of greater than 100.4 °F or chills, shortness of breath, or difficulty breathing). Ill symptomatic person was in close contact with someone who had COVID-19 in past 14 days.

Involved persons	Action
School	● Isolate student or staff member following RSSL 1i ● Send student or staff home. The ill person is a "presumptive case," due to recent contact with a COVID-19 case. ● Record the symptoms reported or observed, and the date school became aware/excluded the individual.
Ill person	● Seek testing from healthcare provider. If individual does not have a provider and needs assistance finding a testing site, use the Oregon Health Authority (OHA) testing map to find the closest testing location: https://govstatus.egov.com/or-oha-covid-19-testing or call 211. ● If the ill person has a *negative* COVID-19 viral test, see Scenario 3b ● If the ill person *does not get tested* for COVID-19, see Scenario 4b ● If the ill person has a *positive* COVID-19 viral test, see Scenario 5
Household members, including siblings (if ill person is a student)	● Any household member should be sent home while ill student is evaluated for COVID-19 infection. Decision to quarantine will depend on ill person's test result (see "Ill person" guidance above).

Scenario 3a. An ill symptomatic student or staff member has a **negative** COVID-19 viral test and has no known COVID-19 contacts in past 14 days.

Involved persons	Action
School	● Send individual home (if not home already).
Ill person	● Isolate at home until 24 hours after fever is resolved, without use of fever-reducing medicine, ***and*** symptoms are improving.
Household members, including siblings (if ill person is a student)	● Healthy asymptomatic household members may continue school attendance.

Scenario 3b. An ill student or staff member has a **negative** COVID-19 viral test. Ill person was in close contact with someone who had COVID-19 in past 14 days.

Involved persons	Action
School	● Send individual home (if not home already). The ill person is a "presumptive case," due to recent contact with a COVID-19 case. ● School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing. ● After confirming "presumptive positive" case, use Common Communication protocol to notify class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals. ● Document on cohort logs when 6 feet physical distancing was not maintained during school day. ● Provide cohort logs to LPHA, to assist with identifying exposed individuals. ● If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.
Ill person	● Even though the COVID-19 test was negative, the ill person is considered a "presumptive case" because of recent close contact and the negative test may be a false negative viral test. ● Ill person should isolate at home for 10 days since symptoms first appeared, ***and*** until 24 hours after fever is resolved, without use of fever-reducing medicine, ***and*** other symptoms are improving.
Local public health authority (LPHA)	● Confirm that "presumptive case" was exposed to a confirmed case. ● Work with school to review cohort logs to identify exposed individuals. ● Review if 6 feet physical distancing was consistently maintained during school day. Identify exposed contacts. ● If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to cohort quarantine. ● Notify exposed contacts to initiate quarantine period.
School District Superintendent or Executive Leadership	● Collaborate with LPHA to determine if cohort quarantine is indicated. ● Use Common Communication protocol when communicating decision to quarantine the cohort.
Exposed persons	● Refer to Scenario 1a ● If student rides school district transportation (not public transit) for transportation ***and*** bus ride is >15 minutes, all students on bus should be considered an exposed cohort.
Household members, including siblings (if ill person is a student)	All household members should be sent home to quarantine, see Scenario 1a

Scenario 4a. An ill student or staff member **does not get tested** with a COVID-19 viral test. Ill person has no known COVID-19 contacts in past 14 days.

Involved persons	Action
School	● Send individual home (if not home already).
Ill person	● **If the ill person has respiratory symptoms**, 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 no** alternative **diagnosis is identified** as the cause of the person's illness, the ill person should 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 a** clear **alternative *non-respiratory* diagnosis is identified by a healthcare provider** as the cause of the person's illness (e.g., a positive urine culture in a febrile child), then usual disease-specific return-to-school guidance should be followed ***and*** person should be fever-free for 24 hours, without use of fever-reducing medicine. ○ A healthcare provider note is required for return to school *before* 10 days of isolation, ensuring that the person is no longer contagious.
Household members, including siblings (if ill person is a student)	● **If no alternative diagnosis is identified by a healthcare provider** as the cause of the person's illness, then all household members should quarantine at home. Refer to Scenario 1a. ● **If a** clear **alternative non-respiratory diagnosis is identified by a healthcare provider** as the cause of the person's illness (e.g., a positive urine culture in a febrile child), then all household members may continue school attendance.

Scenario 4b. An ill student or staff member **does not get tested** with a COVID-19 viral test, and a clear alternative non-respiratory diagnosis **is not** identified. Ill person was in close contact with someone who had COVID-19 in past 14 days.

Involved persons	Action
School	● Send individual home (if not home already). The ill person is a "presumptive case," due to recent contact with a COVID-19 case. ● School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing. ● After confirming positive cases with LPHA, use Common Communication protocol to notify affected class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals. ● Document on cohort logs when 6 feet physical distancing was not maintained during school day. ● Provide cohort logs to LPHA, to assist with identifying exposed individuals. ● If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.
Ill person	● **If no alternative diagnosis is identified by a healthcare provider** as the cause of the person's illness, the ill person should 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 an** alternative **respiratory diagnosis is identified by a healthcare provider** as the cause of the person's illness (e.g., positive influenza test), COVID-19 is still not ruled out. Co-infection is possible. The ill person should 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.
Local public health authority (LPHA)	● Confirm that "presumptive case" was exposed to a confirmed case. ● Work with school to review cohort logs to identify exposed individuals. ● Review if 6 feet physical distancing was consistently maintained during school day. Identify exposed contacts. ● If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to quarantine the cohort. Notify exposed contacts to initiate quarantine period.
School district	● Collaborate with LPHA to determine if cohort quarantine is indicated. Use Common Communication protocol when communicating decision to quarantine the cohort.
Exposed persons	● Refer to Scenario 1a If student rides school district transportation (not public transit) for transportation ***and*** bus ride is >15 minutes, all students on bus should be considered an exposed cohort.
Household members, including siblings (if ill person is a student)	● **If no alternative diagnosis is identified** as the cause of the person's illness, then all household members should quarantine at home for 14 days after their last exposure to the ill sibling. Refer to Scenario 1a. ● **If an alternative respiratory diagnosis is identified by a healthcare provider**, then all household members still require quarantine at home for 14 days after their last exposure to the ill sibling. Refer to Scenario 1a.

Scenario 4c. An ill student or staff member **does not get tested** with a COVID-19 viral test, and a clear non-respiratory diagnosis is identified as cause of illness. Ill person was in close contact with someone who had COVID-19 in past 14 days.

Involved persons	Action
School	● Send individual home (if not home already). The ill person is not considered a "presumptive case," due to alternative diagnosis.
Ill person	● **If a clear alternative non-respiratory diagnosis is identified by a healthcare provider** as the cause of the person's illness (e.g., a positive urine culture in a febrile child), then usual disease-specific return-to-school guidance should be followed. However, **this student also requires quarantine,** due to recent exposure to COVID-19 case. Person must quarantine at home for *14 days after date of last exposure* to the COVID-19 positive contact (refer to Scenario 1a), ***and*** meet usual return-to-school guidance for diagnosis. If person develops new COVID-19 symptoms during quarantine, refer to Scenario 2b.
Household members, including siblings (if ill person is a student)	● **If a clear alternative non-respiratory diagnosis is identified by a healthcare provider** as the cause of the person's illness (e.g., a positive urine culture in a febrile child), then all household members may continue school attendance, as long as the family member develops no COVID-19 symptoms during quarantine.

Scenario 5. One student or staff member has a **positive** COVID-19 viral test

Involved persons	Action
School	● Send student/staff home, if not already isolated. ● School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing. ● After confirming positive case, use Common Communication protocol to notify class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals. ● Document on cohort logs when 6 feet physical distancing was not maintained during school day. ● Provide cohort logs to LPHA, to assist with identifying exposed individuals. ● If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.
Ill person	● 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. ● A negative viral COVID-19 test is **not** needed for return to school.
Local public health authority (LPHA)	● Work with school to review cohort logs to identify exposed individuals. ● Review if 6 feet physical distancing was consistently maintained during school day. Identify exposed contacts. ● If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to quarantine the cohort. ● Notify exposed contacts to initiate quarantine period.
School District Superintendent or Executive Leadership	● Collaborate with LPHA to determine if cohort quarantine is indicated. ● Use Common Communication protocol when communicating decision to quarantine the cohort.
Exposed persons	● Refer to Scenario 1a ● If student rides school district transportation (not public transit) for transportation ***and*** bus ride is >15 minutes, all students on bus should be considered an exposed cohort.
Household members, including siblings (if ill person is a student)	● All household members must quarantine at home. Refer to Scenario 1a.

Scenario 6. **Two or more people** within same cohort have a **positive** COVID-19 viral test within 14 days

Involved persons	Action
School	● Send student/staff home, if not already isolated outside the school setting. ● School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing. ● After confirming positive cases with LPHA, use Common Communication protocol to notify affected class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals. ● Document on cohort logs when 6 feet physical distancing was not maintained during school day. ● Provide cohort logs to LPHA, to assist with identifying exposed individuals. ● If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.
Ill persons	● 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. ● A negative viral COVID-19 test is **not** needed for return to school.
Local public health authority (LPHA)	● Work with school to review cases and cohort logs. ● Review if 6 feet physical distancing was consistently maintained during school day. Identify exposed contacts. ● If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to quarantine entire cohort. ● Notify exposed contacts to initiate quarantine period.
School District Superintendent or Executive Leadership	● Collaborate with LPHA to determine if cohort quarantine is indicated. ● Use Common Communication protocol when communicating decision to quarantine the cohort.
Exposed person	● Refer to Scenario 1a ● If student with confirmed COVID-19 rides school district transportation (not public transit) for transportation ***and*** bus ride is >15 minutes, all students on bus should be considered an exposed cohort.
Household members, including siblings (if ill person is a student)	● All household members must quarantine at home. Refer to Scenario 1a.

Scenario 7. **Two or more people** in different cohorts have a **positive** COVID-19 viral test within 14 days

Involved persons	Action
School	● Send student/staff home, if not already isolated outside the school setting. ● School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing. ● After confirming positive cases with LPHA, use Common Communication protocol to notify affected class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals. ● Document on cohort logs when 6 feet physical distancing was not maintained during school day. ● Provide cohort logs to LPHA, to assist with identifying exposed individuals. ● If LPHA determines an entire cohort (or other identified group) requires quarantine, follow Common Communication protocol.
Ill persons	● Isolate at home for 10 days after symptom first appeared ***and*** until 24 hours after fever is resolved, without use of fever-reducing medicine, ***and*** other symptoms are improving. ● A negative viral COVID-19 test is **not** needed for return to school.
Local public health authority (LPHA)	● Work with school to review cases and cohort logs. ● **If cases are related** (e.g., same household, or same exposure source outside of school setting), may not be due to transmission across different cohort. ○ Review if 6 feet physical distancing was consistently maintained during school day in each cohort. Identify exposed contacts. ○ If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to quarantine affected cohorts. ○ Notify exposed contacts to initiate quarantine period. ● **If cases are unrelated** (e.g., not from same household, cannot identify a common source outside of school setting), these may be sporadic cases. Refer to Scenario 5. ● **If the cases are unrelated but have definite exposure to each other during school day** (e.g., not assigned to same cohort, but attend same after-school activity), this may be due to transmission during groups outside of cohorts. ○ Recommend to quarantine if specific groups can be identified. If specific overlapping groups cannot be identified, recommend quarantine of all affected cohorts. ○ Notify exposed contacts to initiate quarantine period.

Involved persons	Action
School District Superintendent or Executive Leadership	● Collaborate with LPHA to determine if cohort quarantine is indicated. ● Use Common Communication protocol when communicating decision to quarantine the cohort.
Exposed person	● Refer to Scenario 1a ● If student with confirmed COVID-19 rides school district transportation (not public transit) for transportation ***and*** bus ride is >15 minutes, all students on bus should be considered an exposed cohort.
Household members and siblings (if ill person is a student)	● All household members must quarantine at home. Refer to Scenario 1a.

Communication Tools & Resources

Each of the scenarios require a differentiated approach to communication. School and district leaders should customize these tools for their local scenario and context.

Schools also must adhere to FERPA regulations when communicating with families and the community. Schools must take extra precautions when sending communications

Plan Communication Methods

When it comes to communicating with staff, students and families, school and district leaders are a trusted source. Parents, families and the community want to feel listened to, valued, and considered in decision-making regarding events that impact the school community.

To the extent possible, schools should initiate routine status updates to keep staff, students and families informed before a crisis occurs. Build your network of key messengers, ensuring all communities have access to relevant and timely information and post information and resources on the homepage of your website. Follow these tips:

- **Keep it simple!** (who, what, were, when, why, how, how much)
- **Be clear, concise, and factual.** Information moves quickly in times of crisis.
- **Customize the sample templates in this resource.** Modify for your school community.
- **Use methods that work best for families and students** which can direct people to additional resources and information on the web, which may include:
    - Voice
    - Text
    - Push notifications
    - Email
    - Social media
    - Web

Letter to Families: Prevention and Information

Use this letter to help prepare parents and families for COVID-19 events in your school or district. Let them know how they'll be updated and where to go for more information.

Dear Parents and Families,

This letter will help your family prepare should our school or school district have a COVID-19 event occur. Events may include positive cases, outbreaks or exposures. It is important to know that currently there are no positive cases in our school community. However, we want you to know that your health and safety is our top priority.

We are partnering closely with local public health officials and they will provide support and direction for managing COVID-19 related scenarios that impact our school community.

When an event occurs in our school or district you will receive information via (email, alert, notification). This webpage will have the most up to date information.

We want our community to protect themselves against COVID-19. Here are some ways to protect your family:

- ✓ Keep children who are sick at home. Don't send them to school.
- ✓ Teach your children to wash hands with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to stay at least three feet away from people who are sick.
- ✓ People who are sick should stay home from work or school and avoid other people until they are better. If you have questions, please contact your school nurse, healthcare provider, or your local board of health or check the CDC website

More information can be found on the Oregon Department of Education's Ready Schools, Safe Learners page, the Oregon Health Authority's COVID-19 page and [INSERT district website with COVID information, if applicable]. If you have any questions, please contact [INSERT contact information].

Sincerely,

Principal _____

Letter to Staff and Families: Case of COVID-19 in School

Dear Staff and Families of XXXX School,

Recently, we were notified that a person in_____school has been diagnosed with COVID-19. As members of the school community, we understand that this might raise concerns alongside a caring response. We are working closely with [INSERT local health department] to respond to this news and protect the health of our community by temporarily closing [INSERT name of school here].

Each situation calls for different protocols. In this case, we will follow the following steps:

1. (customize steps)
2.

[INSERT steps taken here. They can include – but are not limited to – explaining cohort impacts, addressing contact tracing, any relevant information on staying home or testing, a deep clean of classrooms and common areas in the school, manual wiping of surfaces, use of an electrostatic disinfectant sprayer that deploys charged disinfectant particles into an area that covers every surface in the space.]

The best way to prevent the spread of COVID-19 is through wearing face coverings, physical distancing and to practice good health hygiene habits. Be sure to wash your hands frequently with soap and water, cover your coughs and sneezes, and avoid contact with people who have signs of illness. Get plenty of rest, exercise, and eat a healthy diet. Protect the community by following the Governor's safety requirements. Wearing cloth face coverings reduce the spread of virus and help prevent those who have the virus, but do not have symptoms, from passing it to others. [INSERT any additional physical distancing requirements that may have been approved by your city or county government]

We will keep you updated with any new information as it comes out, while meeting the requirements to honor everyone's right to privacy.

More information can be found on the Oregon Department of Education's Ready Schools, Safe Learners page, the Oregon Health Authority's COVID-19 page and [INSERT district website with COVID information, if applicable]. If you have any questions, please contact [INSERT contact information].

Sincerely,

Superintendent

Notification to Families: Schools Close to In-Person Instruction

Use this letter to inform parents and families about a school closure

Dear Parents and Families,

We have worked in partnership with health officials to recommended that _____ school(s) in_____school district to close immediately.

This shift to Comprehensive Distance Learning is due to an outbreak in the school with an increased number of positive COVID-19 cases._____school(s) is/are immediately closed until_____and children should stay home. The school(s) may be closed for several days or weeks to reduce contact among children and stop the spread of the virus.

We know this is a hard time for our community and our hearts go out to those who are ill. We will remain in contact with you to update the status of the school(s). Please check our school district webpage for updated information.

We will contact you as soon as we have information about when school will reopen, and we will inform the local news media.

This closure will result in Comprehensive Distance Learning for all students.

Notification: Exposure to COVID-19

Use this notification message to alert families when their child has been exposed to a positive case of COVID-19 or to alert Staff members when they have been exposed to a positive case of COVID-19.

Dear Parents and Families (or staff),

The_____health officials have worked closely with school officials to review cohort logs to identify individuals who may have been exposed to a person who tested positive for COVID-19. It has been determined that your child (you) may have had direct exposure to an ill person with COVID-19 symptoms/a person with a confirmed positive COVID-19 case.

In consultation with the the LPHA, we are immediately closing the following cohorts: _____ who will remain at home for 14 days under Comprehensive Distance Learning, with a tentative plan to return to in-person learning on_____(insert date).

It's important to notify us If additional household members become ill with COVID-19. Additional protocols will be followed to ensure a safe return to school.

We know this is a hard time for everyone and our hearts go out to those who are ill. We will remain in contact with you to update the status of the school(s). Please check our school district webpage for updated information.

If you have questions, please contact_____.

Script for Teachers / Staff - Positive Case at School

A positive case of COVID-19 was reported today (date).

This is difficult news and impacts all who are part of the (school / district) community.

While we are not able to share personally-identifiable information, we care about keeping our community informed.

Here's what we know about the COVID-19 case(s) reported:

- On [date], an employee / student at [District / School Name] notified us of their positive test result for COVID-19.
- It has been____days since the employee / student was last in contact with staff or students in our district.
- The individual(s) involved have been asked to stay home and self-isolate, as have any those who were in close contact.

The safety and well-being of our staff and students is our top priority.

Our district has taken these action steps:

- They've contacted, and are working closely with, the Local Public Health Authority.
- They've contacted all person(s) who were in close contact with the individual.
- They've (closed the school building) and launched deep cleaning efforts.
- They've notified all students and families.

Phone Call (Pre-Recorded Message)

This is Superintendent (name) from (name) school district.

Recently, we were notified that a school district employee / student has tested positive for COVID-19. If you have not been notified that your child was in direct contact with an exposed person, they can return to school.

As members of the school community, we understand that this might raise concerns and questions about how this impacts your child and family.

We are working closely with [INSERT local health department] to respond to this news and protect the health of our community by temporarily closing [INSERT name of school here].

We have taken immediate action:

(list steps)

We care about the health and safety of our community.

For more information, visit the homepage of our website at_____.

Media Talking Points for COVID-19 Events

For School Leaders to Customize.

About the COVID-19 Scenario

- On X date, at X school located in X county, X number of individuals were confirmed positive for the COVID-19 virus.
- The individual(s) involved have been asked to stay home and self-isolate, as have any of those who were in close contact.
- The safety and well-being of our staff and students is our top priority.
- We have contacted the local health department and are working cooperatively and collaboratively with any additional direction given by them.

As a School District, we have initiated a Response Plan:

- We have notified staff, students and families of the event.
- We are undertaking additional cleaning and sanitation protocols throughout the school (or "affected places in" the school).
- We also continue to follow and maintain Oregon Health Authority and Oregon Department of Education guidelines; namely practicing handwashing, physical distancing to the degree we can, requiring people wear masks inside the building, and upholding cleaning and sanitizing protocols.

(Optional - When the school building closes temporarily or students are asked to quarantine after being exposed or testing positive for COVID-19)

- While our school buildings have had to close for on-site instruction, learning has continued because of our dedicated teachers and school leaders.
- Throughout this crisis, we have come to recognize the importance of face-to-face interaction and look forward to students and teachers returning to school buildings as soon as it is safe for all students and teachers.
- Our goal is for students and staff to be able to return once it is safe to do so.
- Students will continue learning at home, online, and in their communities for (eg. the remainder of the 2019-2020 school year)
- The school is working to address questions and decisions necessary to reopen school buildings safely, and we will engage parents, teachers, school leaders and policymakers throughout this process.
- We are working with our district and school leaders to make accommodations for vulnerable people.

Media Press Release

NEWS RELEASE

September XX, 2020

Media Contact:

_____ School District Responds to Positive COVID-19 Case(s)

The_____School District and_____Health Authority Partner in Response to Ensure Safety of All Students and Staff Members

(CITY, Ore.) - A_____School District employee / student at_____School has tested positive for COVID-19.

We are working closely with_____[INSERT local health department] to respond to this news and protect the health of our community.

Each situation calls for different protocols. In this case, we will follow the following steps:

1. (customize steps)
2.

We will post updates on the homepage of our website.

Initial Response to Any Scenario Checklist

Checklist For School Leader to Use when initially responding to a COVID-19 scenario in their school.

The initial response by school leaders will differ from event to event. The initial response checklist below is in the event that a positive case is identified at the school and/or an outbreak has occurred.

Confirm Details with Local Public Health Authority

Local public health officials call the superintendent with details.

- ❑ Who - student / staff name, gender, race/ethnicity, age, grade or occupation/role
- ❑ When - date, time
- ❑ Where - specific location, including school name, classroom(s)
- ❑ How - any related details that connect the positive COVID-19 case to the known person.
- ❑ Current status - is the positive individual self-isolating? hospitalized?

Assign Response Team Duties

Use protocols from Communicable Disease Management Plan to:

- ❑ Designate team members to specific jobs during the day.
- ❑ Prepare emergency communication methods and scripts.
- ❑ Establish Comprehensive Distance Learning

Initiate Emergency Communication Methods

Staff is informed via a written notice

- ❑ Share the facts
- ❑ Identify School Level Crisis Team members including Emergency Counseling Support (if necessary).
- ❑ Share clear action steps and what this means for school operations, instructional time, families, etc.
- ❑ Pass out a prepared script of information for staff to use with students.
- ❑ Discuss how students may react and how to help reduce fear, anxiety.
- ❑ Give plans for the day: e.g., tell students at the start of the school day, notify families.
- ❑ Refer all media contacts to district office spokesperson.
- ❑ Respond to questions, reactions.

Students and Families are informed via email alert / notification:

- ❑ Share facts
- ❑ Define initial actions and what this means for school operations, instructional time, students, etc.
- ❑ Share where to go for more information and where to direct questions.

Terms to Know

Term	Definition
Coronavirus	A large family of viruses that are common in people and many different species of animals.
COVID-19	Abbreviation for the coronavirus diseases 2019, a disease caused by a novel (or new) coronavirus that has not previously been seen in humans.
Outbreak	Two or more COVID-19 cases in 14 days and share an epilink.
Epilink	A place or someone that people who test positive for COVID-19 have in common such as a workplace or family member. It serves as a link or connection between people who are confirmed to have COVID-19.
Presumptive Positive	Individuals with at least one respiratory specimen that tested positive for the virus that causes COVID-19 at a state or local laboratory.
Community Spread	When people have been infected with the virus in an area and some are not sure how or where they became infected.
Epidemic	Affecting or tending to affect a disproportionately large number of individuals within a population, community or region at the same time.
Pandemic	Occurring over a wide geographic area and affecting an exceptionally high proportion of the population.
Isolation	Separates sick people with a contagious disease from people who are not sick.
Quarantine	Separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.
Social Distancing	Measures intended to limit the movement of people in order to interrupt the transmission of infectious, contagious diseases.

Sample: Frequently Asked Questions for Families

How will parents and families be informed about outbreaks in their schools?
In XX district, we will use XX method to communicate information. Parents will be informed about how their children were exposed, such as whether it was in a classroom or other part of the school, but they will not be given any information about the identity of the individual to whom they were exposed to protect that individual's confidentiality.

How else will the district communicate the latest information about COVID-19?
In emergency situations, X District relies on three methods of communication:

1. Messenger service / push notifications (automatic messages delivered instantly to your mobile device)
2. Website homepage for alerts and notifications
3. Social Media

What information will be shared when there is an outbreak at my child's school?
Per the Oregon Health Authority, we will share the school of the person who was ill as well as notify staff/students when they have been in direct contact with a positive or presumptive case.

Will I know whether there was a sick person in my child's classroom?
All staff and students who have come into close contact with the individual, will be informed. We value protecting the identities of individuals. In some schools and locations, disclosing this information could lead to identification of individuals who test positive or may be ill and in addition to that being an unauthorized disclosure of personal health information, and could result in stigmatization of these individuals and their families.

Why isn't school closing?
Our school has taken the following steps to reduce the spread of COVID-19. [INSERT steps taken here. They can include – but are not limited to – explaining cohort impacts, addressing contact tracing, any relevant information on staying home or testing, a deep clean of classrooms and common areas in the school, manual wiping of surfaces, use of an electrostatic disinfectant sprayer that deploys charged disinfectant particles into an area that covers every surface in the space.]

How do you define an "outbreak?"
An outbreak of COVID-19 is defined as two or more cases of the virus in a population within a particular geographic area, and which are epidemiologically linked, such as by sharing a specific location or source.

What is an epilink?

An epilink, or epidemiological link, is a particular place or individual that people who test positive for COVID-19 have in common, such as a workplace, co-worker or family member. It serves as a link or connection between people who are confirmed to have COVID-19.

Tips for Communicating about the 2020-21 School Year

Tips to consider when preparing for the 2020 – 21 academic year:

Establish a communications strategy. Consider these methods:

- Administer a survey to educators, parents, and/or students to gather their views around reopening and the role of summer learning as part of the equation.
- Appoint a family liaison in charge of overseeing all communications with families, if one is not present already.
- Ensure a dedicated COVID-19 email address or telephone number run by the district is functional, messages are monitored, and timely responses are provided.
- Host virtual town halls to communicate the results of the survey and work of the Task Force.
- Publish a press release articulating a detailed vision for the 2020-21 school year and how community input was/will be incorporated.
- Create and run public service announcements encouraging steps such as filling out the survey.
- Publish opinion pieces that articulate the district's reasoning behind its reopening plans and describe health and safety precautions being taken.
- Conduct a media briefing to communicate the district's reopening plans.

Provide concrete, parent-friendly information

- Avoid 'education jargon' or difficult instructions that are not plain language and can confuse parents. Explain what the changes will mean and provide step by step instructions for what they can expect when an outbreak occurs. For example, if they will receive an alert message through the school's messenger service.
- Translate updates into school community native languages as needed.
- Be empathetic and personalize the tone of updates as much as possible (parents care first and foremost on how changes will affect their child rather than the system). COVID 19 and school closures are stressful for parents, teachers, and students. Communication should acknowledge this difficult time and offer opportunities for the school community to support each other as much as possible.

Engage partners and key stakeholders

- Co-host meetings with educator organizations, community groups, parents and families, and other civic-minded bodies to hear concerns and provide clarity on the district's vision.
- Record meetings and post to website.
- Discuss and review parent-friendly materials.
- Work with partners to identify additional stakeholders and opportunities for deeper engagement.

Communicate new information frequently using multiple channels and platforms

- Update your website (homepage) regularly with the concrete, easy to understand information and resources. In addition to the updates, consider posting items that are being worked on and let parents know when to check back. (Example: Fall School Plans: In Progress. Check back for updates soon).
- Include all links to district digital learning platforms in one place as well as additional mobile-friendly digital resources or families who may not have access to high speed internet.
- If possible, also include the latest information regarding COVID 19 assistance (i.e. how students can get free meals if they qualify, or technology or internet connectivity assistance if available.)
- Have materials reviewed by civil rights, advocacy groups, and organizations that represent vulnerable communities for tone, cultural competency, and to ensure key issues are addressed and that the communication resources are reaching underserved populations.
- Take steps to ensure that all materials are available in multiple languages and are accessible to parents and other stakeholders with disabilities.
- Communicate via local media (earned, donated, and paid) channels including print, TV, and radio.
- Track questions that are raised and post an FAQ online with clear, detailed answers to respond to common concerns and issues.
- Engage with stakeholders on various social media channels.
- Utilize social media, voice and text to reach parents with key information.
- In addition to the above channels, share information through community-based organizations such as PTAs, Boys & Girls Clubs, and places of worship.

Send Regular updates on a consistent schedule so parents know to expect them. (For example, every Monday night.)

- Use multiple communication methods in a coordinated way to ensure you're reaching all families, including those without email/internet access. For example, share updates by text, phone, and social media.
- If updates are too long for text/social media, link to the website page and/or one pager that can easily be opened from those platforms.
- Consider leveraging an existing auto phone call system or chain (or create one) to contact families and/or students that you haven't been able to reach online. Phone calls should also be used for communicating sensitive or personal information.
- If possible, provide printed updates and instructions for home learning.

Create Opportunities for Two-way Communication

- Consider a way for parents to submit questions, ideas, and share resources.
- Provide a question/contact us box either on the website or Facebook page.
- Based on what parents are asking, post FAQ's on the website.
- Use social media and/or PTA/parent group pages as an avenue for parents to share ideas and resources on both academic as well as social/emotional development.

Frequently Asked Questions for School Leaders

Protecting Student and Staff Privacy

What information can a school / district share in the event of a positive case or outbreak of COVID-19?
Schools are required to protect student privacy under the federal FERPA law. Schools can maintain this privacy right by adhering to the letter templates above, consulting with legal counsel, or reviewing FERPA requirements in light of their own tools for communication.
We value protecting the identities of individuals. Schools are discouraged from providing any personally identifiable information and should consider the cohort size when notifying a small group of direct exposure. *Schools continue to be required to share students/staff specific information with the LPHA as required in Section 1a of RSSL.

Can parents and students find out who the COVID-positive cases are?
No. The identities of individuals who test positive for COVID-19 will be kept confidential to protect their privacy. This information is only shared with the LPHA.

A Single Positive Case of COVID-19

Can a school / district stay open when it has one positive case of COVID-19?
Yes. The school must take these immediate action steps outlined in Scenario 5 above:

- Send student/staff home, if not already isolated.
- School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing.
- After confirming positive case, use Common Communication protocol to notify class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.
- Document on cohort logs when 6 feet physical distancing was not maintained during school day.
- Provide cohort logs to LPHA, to assist with identifying exposed individuals.
- If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.
- Collaborate with LPHA to determine if cohort quarantine is indicated.
- Use Common Communication protocol when communicating decision to quarantine the cohort.

Initial Response to a Positive Case(s) at School

How will school districts find out if there are COVID-positive cases in their schools?

Local public health authorities will be informed of positive cases within schools and will notify the school district superintendent or designee. Families and/or staff may also contact the school directly. Schools and LPHAs should plan for continual communication regarding known cases.

What will schools have to do in response to positive cases?
Decisions about when or how schools need to respond to a COVID-19 event depends on the specific scenarios; refer to scenario table above. School and classroom sizes are highly variable across Oregon and therefore, the response and protocols may vary and will require school leaders to make critical decisions in partnership with the LPHA. *For all COVID-19 events, school and district leaders are required to partner with the local public health authority (LPHA).* The school and school district will coordinate on specific action steps as detailed in the scenario table. School and district leaders will serve as trusted communicators in notifying staff, students, families, and their community about the situation and the action steps taken by the school and district. It is critical that the school and district work with local health officials to protect the privacy of those impacted.

How will schools, parents, students and staff be informed, and how quickly?
Schools will be informed about cases by their local public health authorities. Schools should have as many communication methods as possible for communicating to parents, students and staff to ensure as many people as possible are reached. These methods can include text messages, push notifications, voice messages and email, which direct people to additional information on the web, but it should be done after being informed of the cases by the local public health authorities and notifying the school district and Oregon Department of Education.

Will each school need to be cleaned after a COVID-positive case is reported there?
Yes, and the size of the cleaning area depends on the number of people infected and where they and their close contacts spent time. For example, it may only be necessary to clean, beyond normal procedures, one part of the building if those who tested positive only spent time in that area of the school. If the school is experiencing a large outbreak that affects multiple parts of the facility, a school may choose to close the school and move to a hybrid or Comprehensive Distance Learning model.

Will everyone in the school be tested?
Unless individuals are displaying symptoms of COVID-19 or they were in close contact with confirmed cases, OHA does not recommend universal testing for everyone in a school facility if there are only a handful of cases. Testing may be recommended for a large group of people—up to and including everyone in a school—that may include asymptomatic individuals if it's determined that such testing would be useful in limiting the spread of the virus in a facility. This will be determined by the LPHA and OHA.

When to Close School(s) to In-Person Instruction

How many positive cases are needed to close a school to In-Person Instruction?

This depends on the size of the school, the cohort interactions, and the number of cases within different cohorts. Schools are encouraged to use small stable cohorts with little interaction with other cohorts to limit the potential for full school closure to In-Person Instruction.
The school will:

- Take immediate action to send students/staff home who have tested positive for COVID-19, if not isolated already.
- Contact the LPHA to confirm the case and begin collaboration on contact tracing, by providing cohort logs to identify exposed individuals.
- Use established communication protocol and customize communication templates to notify affected class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.

If the LPHA recommends an entire cohort (or other identified group) requires quarantine, a notification will be sent to those impacted to isolate at home for 10 days after symptoms first appear and until 24 hours after fever is resolved, without use of fever-reducing medicine and other symptoms are improving. More information can be found in Scenario 7.

If the percentage of cases within a particular school population goes above a level at which managing or containing an outbreak becomes more difficult, schools should consider closing In-Person Instruction to limit the spread of the virus among students and staff, and to allow the facility to be thoroughly cleaned.

Can a school be partially closed to In-Person Instruction when there are COVID-positive cases?
Yes. It depends on the size of the school and the number of people infected. A school could potentially continue offering in-person instruction if, for example, local public health authorities, in their investigation, determine that the outbreak was contained within a certain part of the facility, and that confirmed cases and their close contacts spent time only in certain areas.

Authority to Close School(s) to In-Person Instruction

Who has the authority to close schools?
Decisions about when or how schools need to respond to an outbreak of COVID-19 involve collaboration across multiple jurisdictions. If part or an entire school needs to close to in-person instruction and transition from On-Site or Hybrid Instructional models to *Comprehensive* Distance Learning models as a matter of public health, *or return from Comprehensive Distance Learning Models to Hybrid or On-Site models*, it is also important that educators, students, families, and the general public have a clear understanding of how decisions are made and who makes those decisions.

When determining if part or an entire school needs to close, schools should work in a collaborative manner with Local Public Health Authorities (LPHAs). LPHAs are vital partners to

advise and consult on health and safety in schools with school officials but in general decisions of public health at the local level reside with school and district officials. There can be exceptions within local law and any additional authorities should be clarified at the local level.

Public Reporting of School Cases

Why is it important to report outbreaks of positive COVID-19 cases?
Public reporting of outbreaks can help people better understand how disease transmission is happening in their communities. For example, if there are suddenly many more cases in a smaller county, reporting of a school outbreak responsible for many new cases can better illustrate why cases have spiked. This information also can prompt people within a particular area or location to take steps to protect themselves, such as by social distancing or wearing face coverings.

Role of State and Local Public Health Authorities

What is OHA's role in responding to outbreaks in school districts around the state?
OHA supports local public health authorities and schools in responding to cases and outbreaks through data sharing, technical assistance—recommendations for limiting the spread of the virus within a facility—and case investigation, which includes interviewing individuals who test positive for COVID-19 and tracing their close contacts.

What is the LPHA's role in responding to outbreaks in school districts around the state?
Local public health authorities, with support from the Oregon Health Authority, conduct case investigation and contact tracing activities, as well as provide recommendations on ways to limit the spread of the virus in a particular location, such as separating groups of people, quarantine and isolation, and good disinfection and hygiene practices.