

COVID-19 SPECIFIC COMMUNICABLE DISEASE MANAGEMENT PLAN ADDENDUM

FERN RIDGE SCHOOL DISTRICT

1. PUBLIC HEALTH PROTOCOLS

1a. Communicable Disease Management Plan

This plan will be used in conjunction with the districts Communicable Disease Plan, and district policies JHCC and JHCC-AR, to meet the requirements of COVID-19 specific interventions in the school setting as designated by the most recent version of Oregon Department of Education/Oregon Health Authority “Ready Schools, Safe Learners Guidance for School Year 2020-21.” The sections of this plan are numbered referencing this guidance. This plan also uses guidance from the “Centers for Disease Control and Prevention – Guidance for Schools and Child Care” and the “Centers for Disease Control and Prevention – Considerations for Schools.”

Background: COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. Most coronaviruses cause mild illness. Some, like this one, can also cause more severe symptoms. COVID-19 infection often causes fever, cough, and some trouble breathing. COVID-19 additionally has been reported to cause symptoms such as muscle pain, sore throat, lethargy, nausea, vomiting, diarrhea, and loss of taste. Some people have mild symptoms. Other people can get quite sick. Rarely, people die (OHA, 2020) COVID-19 is spread when people touch or breathe in droplets made when ill people cough, sneeze or talk. This can happen when someone is close to a sick person, within six feet. Rarely, people might catch COVID-19 by touching a surface that a person with the infection coughed or sneezed on, and then touching their own mouth, nose or eyes. Coronaviruses can’t survive for long on surfaces, though, so this isn’t common (OHA, 2020).

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to a disposition of slowly and incrementally reopening public spaces. Relative to school districts this requires coordinated infection control planning for the upcoming school year with a framework for the specified areas of intervention:

- High Risk Populations
- Physical Distancing
- Cohorting
- Public Health Communication
- Entry and Screening
- Visitors/Volunteers
- Face Coverings, Face Shield and Clear Plastic Barriers
- Isolations Measures

Guiding Principles: Any setting where people gather poses an increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19 and have not been found to contribute substantially to the spread of the virus, it is essential to note that individuals with mild symptoms and less commonly those who are asymptomatic may transmit the infection to high-risk individuals (NCDHHS, 2020). In regards to schools and reopening, the CDC (2020) identifies three categories of exposure risk for students and staff as it related to the risk of COVID-19 transmission. The risk of COVID-19 spread increases in school settings as follows:

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

The risk level category will be systematically approached as the state and county lift restrictions. Public health guidance will provide information on recommendations in the school setting which will be used to revise interventions as they are delivered. Public Health Guidance will determine school’s ability, capacity and safety to reopen.

It is important to remember that because statewide guidance and requirements are fluid based on the incidence in the state and communities, infection control guidance will be fluid as well. The district must be prepared to operate under the premise that guidance will be updated intermittently until a stable environment of operations and disease transmission is established outside of the school setting.

Links:

- Oregon Department of Education <https://www.oregon.gov/ode/Pages/default.aspx>
- Oregon Health Authority <https://www.oregon.gov/OHA/Pages/index.aspx>
- Lane County Public Health https://lanecounty.org/government/county_departments/health_and_human_services/public_health
- Centers for Disease Control and Prevention <https://www.cdc.gov/>

Contacts:

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- Fern Ride School District Nurse: Teresa Parsons

Applicable Legislation:

Emergency Rules Related to COVID-19: The Oregon Health Authority (OHA), Public Health Division, is temporarily adopting OAR 333-017-0800 and OAR 333-018-900 which add a definition of COVID-19 and add COVID-19 to the list of diseases reportable to public health authorities within 24 hours. In addition, OHA is also adopting OAR 333-19-1000 related to exclusion from schools, children's facilities, food service facilities and health care facilities.

Existing Rules and Statutes - School Centered:

OAR 581-022-2220 Standards for Public Elementary and Secondary Schools: Health Services

OAR 581-022-2225 Emergency Plan and Safety Programs

OAR 166-400-0010 Educational Service Districts, School Districts, and Individual School Records

ORS 433.255 Persons with or exposed to restrictable disease excluded from school or children's facility

ORS 336.201 Nursing services provided by district

1910-1030 OSHA Bloodborne Pathogens

Existing Rules and Statutes - Public Health Centered:

OAR 333-019-0015 Investigation and Control of Diseases: General Powers and Responsibilities

OAR 333-003-0050 Impending Public Health Crisis: Access to Individually Identifiable Health Information

ORS 431A.015 Authority of Public Health Director to take public health actions

1b. High Risk Populations

The district may put specific measures in place to reduce the risk of transmission of COVID-19 for students and staff in high-risk populations. High-risk populations include people who have one or more of the following characteristics or conditions (Ready Schools, Safe Learners):

- Age 65 years or older
- Chronic lung disease or moderate to severe asthma
- COPD (chronic obstructive pulmonary disease)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromising conditions, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Type 2 diabetes mellitus
- Chronic kidney disease undergoing dialysis
- Liver disease
- Sickle cell disease
- Other conditions or risk factors identified by OHA, CDC, or a licensed healthcare provider

Staff:

- Due to the nature of health privacy, staff members must self-identify as high risk. Staff may also self-identify as living with a high risk family member. While they do not have to provide a diagnosis to the district, documentation from a physician in regards to restrictions may be necessary.

Students:

- All students identified as high risk, either by a physician, or parent/guardian notification, may be enrolled in FRSD Options instruction with weekly check-ins.
- Students who experience disability will continue to receive specially designed instruction.
- Students with language services will continue to receive English Language Development.
- Ongoing school health services must be provided in tandem with COVID-19 specific interventions. School health services should continue operations as per existing district guidelines. Special consideration should be paid to where care (such as diabetic care or medication administration) is provided for high-risk students in vicinity to isolation rooms.

1c. Physical Distancing

Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. While staying at home and avoiding groups of people are important measures in achieving this, as schools reopen spatial measures must be taken to ensure physical distance between individuals. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020).

Room Capacity:

- A minimum of 35 square feet per person will be used to determine individual room capacity. Each building will make their own capacity limits based on this guidance.
- Excess furniture should be removed from classrooms to allow for increased spacing of desks.
- Desks or seating should at least 6 feet apart when feasible.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced at appropriate distances.

Physical Guides:

- Physical guides, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating “one way routes” in hallways, if feasible).

Instruction and Activities:

- Practices will be made adopted to maintain 6 feet distancing during activities and instruction.
- Times spent in lines will be kept to a minimum

Communal Spaces:

- Communal and shared spaces (such as cafeteria, playgrounds, and staff work areas) will be restricted as much as feasible.
- Physical distancing of 6 feet will be maintained as much as feasible.
- Use of these areas will be staggered and areas will be cleaned between uses.

Staff:

- All staff trainings, meetings, professional development and gatherings will adhere to physical distancing guidance or online delivery should be considered.

1d. Cohorting

Cohorting is a significant strategy to reduce COVID-19 spread. Cohorting refers to a consistent group of students that stays together for the duration of the school day. A key strategy in reducing the spread of disease is establishing stable cohort groups in schools. Students can be part of more than one stable cohort during the school day, but with each new cohort there is increased risk. Each cohort must have a system to ensure contact tracing can be completed; daily individual student or cohort logs are required; cohorts must be diverse groups of students that would typically be grouped in schools. (Ready Schools, Safe Learners)

Cohort guidance: The Cohort log used by the FRSD can be found at the following link:

<https://www.fernridge.k12.or.us/wp-content/uploads/2020/09/FRSD-Cohort-Log.pdf> Logs will be kept in the classrooms, and turned into the office weekly.

- In elementary settings, student and staff groupings will remain as static as possible by having the same group of children stay with the same staff as much as feasible. In settings, such as middle/high school that are more difficult to establish cohorts, practices will be emphasized to maintain 6 feet distancing during activities and instruction.
- Mixing between groups will be limited as much as feasible. If groups are mixed, ensure that this information is appropriately documented for possible contact tracing.
- 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
- Rosters of each cohort must be kept for all group encounters throughout the school day including transportation and athletics.
- Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, communal and shared areas).
- Arrival and dismissal times should be staggered by location and cohort as much as feasible while restricting direct contact with non-school individuals (parents or others who are dropping off or picking up students).

Other possible cohorts: Students should not be placed into full-time cohort groups based on any demographic or disability criteria (e.g., students with complex medical needs, students with IEPs, students receiving language services, etc).

- English Language Services
- Music
- Physical Education
- Speech and Language
- Title and Special Education
- Transportation
- Athletics

1e. Public Health Communication

The district will implement and provide communications for multiple areas including health promotion, communication of policies and restrictions. School staff should not provide medical advice.

School Communication:

- Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering where applicable.)
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors.
- Students will have education provided on COVID-19 symptoms in order to self-identify when developmentally possible.

Family and Staff Communication:

- Families and staff will be advised on policies related to communicable disease symptoms and exclusion criteria.
- Families and staff will receive communication on logistical changes for arrival and departure, physical distancing and schedule changes.
- Periodic messages will be communicated to students, staff and families explaining infection control measures that are being implemented to prevent spread of disease. These messages will be delivered on websites, newsletters, emails, social media, phone calls and school announcements.
- Families and staff will be provided with COVID-19 symptom screening criteria to use as a tool to self-identify and determine follow up.
- Communication will be provided in languages and formats as needed to assure accessibility.

Public Health Authority Communication:

- The district nurse or designated backup staff will be the point of contact for Lane County Public Health.
- The district nurse or designated backup staff will receive guidance along with information regarding possible students or staff who are close contacts or have positive cases of COVID-19. This will then be shared with families and staff as appropriate for each situation.

Communication regarding potential exposures or exclusions can be found in “Response to Outbreak” section 3.

1f. Entry and Screening

Parents will be advised to screen their children prior to sending them to school. Families and staff will be provided with a symptom checker along with steps to follow for any possible symptoms or exposure. This will be done as guidance and not as medical advice.

Each school will evaluate their physical layout, doorways and options, and available staff to generate a comprehensive plan for effective screening upon entry. Hand-sanitizing stations will be utilized by staff, students and visitors upon entry to building/classroom.

Student Screening:

Students should be visually screened each day during entry to school to determine if symptoms are present. If students are positive for any items listed in the “Visual Screening Guidance”, they should be sent to the health room to be screened by designated staff. Any student showing signs of illness during the course of the day, should be sent to the health room to be screened by designated staff.

Visual Screening Guidance:

- Unusual coloration (flushed, pale)
- Unusual behavior (lethargy, fatigue)
- New or significant coughing
- Shortness of breath
- Chills

Designated health room staff will specifically screen students as per the “Symptom Screening Criteria” to determine if symptoms are present that require isolation and dismissal. Students with symptoms will be logged into the health room log and all screenings will be conducted safely, respectfully and in accordance with any applicable privacy laws and regulations. See “1i. Isolation Methods” for specifics regarding isolation and exclusion.

Symptom Screening Criteria:

- Check temperature to assess for fever
- Identify if the following symptoms are present:
 - Chills
 - New onset of cough
 - Shortness of breath (not explained by an underlying condition such as asthma)
 - New onset of loss of smell or taste

Staff screening:

- Staff members can self-screen and attest to their own health.
- Staff members are not responsible for screening other staff members for symptoms.
- Staff are required to report to the building administrator as soon as they are aware that they may have been exposed to COVID-19 within the last 10 days.

- Staff are required to report to the building administrator as soon as they are aware that they have symptoms related to or a positive test for COVID-19.

1g. Visitors and Volunteers

During the school day, volunteers or visitors should be limited, to the extent possible, to activities that are essential and cannot be done virtually. Staff members such as student teachers, itinerant staff, substitute teachers and other district staff who move between buildings are not considered visitors.

When volunteers or visitors are allowed on campus, they will wash their hands or use hand sanitizer upon arrival and will complete the symptom screening survey. If there are any positive responses, they must immediately leave the building. When on school property, they will follow all face covering and distancing protocols currently in place.

All organizations that share or use the school facilities will be required to follow the same guidance as visitors in addition to all current public health requirements related to their organization/activity.

1h. Face Coverings, Face Shields and Clear Plastic Barriers

For the purposes of this guidance, please refer to the current Oregon Health Authority definitions and specifications. <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288k.pdf>

- **Face covering:** A cloth, paper or disposable face covering that covers the nose and the mouth; may or may not be medical grade.
- **Face shield:** A clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.
- **Clear plastic barriers:** A clear plastic or solid surface that can be cleaned and sanitized often.

Physical Barriers

Physical barriers, such as sneeze guards and partitions may be installed in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks, cafeteria, restrooms).

1i. Isolation Methods

Each school principal (or designee) will connect with district nurse on updates for plan and isolation measures taken to that point.

Defer to district Communicable Disease Management Plan for appropriate isolation determination and processes.

Staff and students with known or suspected COVID-19 cannot remain at school and should return only after their symptoms resolve and they are physically ready to return to school. In no case can they return before timeframes and symptom resolution as listed in current OHA/ODE guidance.

All students who become ill at school with excludable symptoms will:

- Remain at school in the designated isolation area supervised by staff until parents can pick them up. A student will never be left unattended.
- Be provided a facial covering (if they can safely wear one). Staff will wear a facial covering and maintain physical distancing,

While exercising caution to maintain (ensure) safety is appropriate when working with student exhibiting symptoms, it is also critical that staff maintain sufficient composure and disposition so as not to unduly worry a student or family.

Staff will maintain student confidentiality as appropriate

Daily health room logs will be maintained:

- Routine health logs which include name of student, time they were in the health room, reason for the visit and treatment provided.
- Communicable disease surveillance logs will list name of students sent home for illness, along with their symptoms and time they were in the health room.
- FERPA allows schools to share personally identifiable information with local public health authorities without consent when needed to respond to a health emergency. Schools should work with their Local Public Health Authority (LPHA) to ensure they are able to effectively respond to and control outbreaks through sharing of information, even without parental consent, when appropriate. Consult with district legal counsel for more clarification.

2. FACILITIES AND SCHOOL OPERATIONS

2a: Enrollment

- All students will be enrolled following the Oregon Department of Education guidelines.
- No student will be dropped for non-attendance if they meet the following conditions:
 - Are identified as vulnerable, or otherwise considered to be part of a population vulnerable to infection with COVID-19
 - Have COVID-19 symptoms for the past 10 days

2b. Attendance

- Attendance policies and plans will encourage staff and students to stay home if someone in their house is sick.
- Designated attendance staff will notify the principal when the absence rate has increased by 20% or more.
- The principal (or designee) will report this increase to the district nurse.

2c. Technology

School devices will be cleaned and sanitized between each use.

2d. School Specific Functions/Facility Features

Hand Washing: Provide age appropriate hand washing education, define appropriate and frequent times to wash hands, and provide hand sanitizer when hand washing is not available.

Equipment: All classroom supplies and PE equipment will be cleaned and sanitized before use by another cohort group

Safety Drills: During fire drills (and all other safety drills), all cohort classes will be physically distanced during exit, recovery, and reentry procedures.

Events: Field trips will be designed virtually for the school year. All assemblies, special performances, school-wide parent meetings and other large gatherings will be cancelled, held in a virtual format or designed in a manner that allows appropriate physical distancing to be maintained throughout. Events may be able to resume under updated guidance from ODE and OHA. Athletics will follow guidance from ODE, OHA and Oregon School Activities Association.

Transitions/Hallways: Hallway traffic direction marked to show travel flow and transitions by cohorts will be staggered in timing when feasible.

Classroom line up: Line up areas are to be marked with visual cues to indicate adequate physical distance.

Personal Property: Each classroom will have a limit on the number of personal items brought in to school. A full list will be sent home prior to class starting with allowable items (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and not shared with other students. Students will not have access to hall or PE lockers to store personal items.

Restrooms: Each cohort will have designated restroom schedules and locations alleviating waiting and large groups. If this cannot be maintained, the restrooms will be cleaned multiple times throughout the day. Visual reminders will be used in all restrooms to encourage hygienic practices.

2e. Arrival and Dismissal

Hand sanitizer dispensers will be placed near all entry doors and other high-traffic areas.

Students:

- Each student may be assigned an entrance point (i.e., a specific door) to be determined by each school building.
- Students may have staggered drop-off and pick-up times by cohort and grade level
- Upon entry, students will go directly to their first content cohort (i.e., the students in their first period class).
- Staff may be present at each entry point to visually screen students for symptoms. Students may also be visually screened in their classroom.
- Students identified as potentially symptomatic will be directed to the health room (follow plan outlined in 1f)

- Students entering or leaving the building at times other than arrival or dismissal will use the main building entrance.

Staff:

- Each teacher will use a sign-in/sign-out protocol to help facilitate contact tracing

Visitors:

- When volunteers or visitors are allowed on campus, they will wash their hands or use hand sanitizer upon arrival and will complete the symptom screening survey. If there are any positive responses, they must immediately leave the building.

2f. Classrooms/Repurposed Learning Spaces

Seating:

- Rearrange student desks and tables to at least six feet apart
- Assign seating so students are in the same seat at all times.
- Each classroom will have visual aids (e.g., painter’s tape, stickers, etc.) to illustrate traffic flow, appropriate spacing, assigned seating areas.

Materials:

- Each classroom will limit sharing of community supplies when possible (e.g., scissors, pencils, etc.). If needed to share, these items will be cleaned frequently.

Hand Washing:

- Students will wash hands or use hand sanitizer before each meal, after using the restroom and frequently throughout the day.
- Hand sanitizer will be available for use by students and staff in each classroom, office and common area.

Respiratory Etiquette:

- School staff will consistently teach and reinforce the need for ongoing respiratory etiquette and other hygienic practices.

Furniture:

- All upholstered furniture and soft seating may be removed from the school building.

Classroom Procedures:

- Classes may use an assigned cubby or storage spaces for individual student belongings; Middle and high school students will carry personal belongings. Students will not have access to hall or PE lockers to store personal items.
- Common/permanent restroom hall passes will not be utilized.

Environment:

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
- In cases where open doors and windows impact the operational settings of the ventilation system, facilities management will be consulted.
- Each classroom may hold classes outside when possible while maintaining physical distancing/facial covering guidance.

2g. Playgrounds, Fields, Recess and Breaks

Playground(s) will remain closed for public use. School will post adequate signs sharing this information with the public.

At this point, classes may use the playground for recess on a staggered schedule throughout the school day.

All playground structures will be disinfected daily and in between each cohort group.

Each cohort group will use their own playground supplies (e.g., balls, jump ropes, etc.).

Students must wash hands or use hand sanitizer before and after using playground equipment.

Cleaning requirements must be maintained; refer to section 3j.

Recess activities will be planned to support physical distancing and maintain stable cohorts. This can include limiting the number of students on one piece of equipment, at one game, etc.

Given the lessened capacity for equipment use due to cohorting and physical distancing requirements, teachers will need to set expectations for shared use of equipment by students and may need to support students with schedules for when specific equipment can be used.

2h. Meal Service/Nutrition

Building and grade specific plans will be implemented in consultation with FRSD staff and the FRSD Food Service Director, Mr. Alan Fullerton. Options to consider may include sack lunches, eating in classrooms, small cohorts in the cafeteria for our youngest students with cleaning before and after.

All students must wash hands or use hand sanitizer prior to meals. If possible, students will wash hands in the classroom. If not, follow hallway and restroom procedures above.

Students will not share utensils or other items during meals

2i. Transportation

Work with the contracted transportation company to develop district level routes, training, and updates.

Bus drivers are required to use facial shields or their equivalent. Facial shields will be provided for drivers. Shield must be in use when stopped but can be lifted while driving. When not using face shield, the driver should be wearing an alternative face covering.

Each bus driver/staff will be required to:

- Visually screen students for illness. If a student displays symptoms, provide a face shield or face covering and keep the student at least 6 feet away from others. Continue transporting the student.
 - If arriving at school, notify staff to begin isolation measures.
 - If transporting for dismissal and the student displays an onset of symptoms, notify the school.
- Maintain logs for contact-tracing using procedures from 1a above.

Each bus will have:

- The recommend three (3) feet of physical distance between passengers
- The recommended six (6) feet of physical distance between the driver and passengers (except during boarding and in assisting those with mobility devices)
- Visual cues (e.g., floor decals, colored tape or signs) to discourage students from standing and sitting within three (3) feet of other passengers, drivers and other transit employees on the bus.

Clean and sanitize buses between cohort routes.

Meet with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service.

2j. Cleaning, Disinfection and Ventilation

All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) will be cleaned between uses by different cohorts, but not less than once daily.

Follow CDC guidelines for cleaning practices and follow instructions on all cleaning products used paying specific attention to use around children.

Staff will receive information on proper use of cleaning practices and procedures.

Ventilation systems will be checked and filter changed at regular intervals by maintenance staff and in consultation with HVAC contract servicers.

2k. Health Services

Health service plans will be drafted in collaboration with the district nurse, district mental and behavioral health staff and will include outside contracted staff assigned to individual students when necessary. Communication will follow guidelines listed in 1e.

Continuity of existing health management issues will have a plan for sustaining operations alongside COVID-19 specific planning (i.e. medication administration, diabetic care).

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

Designated staff will be:

- Responsible to responding to specific COVID-19 concerns within each school building, as appropriate this may be the principal, district nurse or designated staff.
- Assigned per building and trained for screening and isolation of ill persons and appropriate data collection/data entry and data retrieval as needed
- Assigned to facilitating tracking documents of individuals entering and leaving schools and classrooms.
- Specifically trained to enforce physical distancing during peak hours, such as arrival and departure and transition periods.

Staff Training:

- All staff will be trained on identification of concerning or excludable symptoms to determine when a student should be referred to the health room for symptom screening and isolation.
- Custodial staff will be trained, under the direction of facilities management to increase sanitation measures as appropriate in shared spaces and isolation spaces.
- All staff trainings will adhere to physical distancing guidance or online delivery should be considered.

3. RESPONSE TO OUTBREAK

3a. Prevention and Planning:

- Professional development and training will occur with all staff around the elements of these guidelines.
- If the region is impacted is in Lane County, LCPH will provide school-centered communication.
- When needed, the district will establish COVID-19 emergency response team, determine roles and create a response framework.

- The plan will be reviewed periodically for updates and improvements by the building and district safety and facility committees.
- Local and County Data will be monitored and evaluated to determine possible rate increases.

3b. Response:

- The primary point of contact for response to an outbreak is the District Nurse.
- The primary point of contact if we are informed that someone has entered our school and has been diagnosed or exposed to COVID-19 will be our District Nurse.
- The District Nurse will consult with Lane County Public Health Authority at 541-682-4041 and or www.lanecounty.org to share information and receive guidance. When informed of a confirmed COVID-19 case, the district nurse will report the case to LCPH. In on campus exposure:
 - Clean, sanitize and disinfect surfaces and follow CDC guidance for classrooms and other common areas connected to the confirmed case.
 - Possible closure of classroom or programs connected to the confirmed case.
- The district nurse will keep building and district administrators informed.
- District staff, the community and parents will be informed as appropriate and advised by Lane County Public Health.
- If school closure is advised by LCPH, consultation should occur between legal, union and district administration to ensure processes are consistent and appropriate.

3c. Recovery and Reentry:

- Primary guidance will be coordinated between Lane County Public Health and the District Nurse.
- District Facilities director and custodial cleaning staff will be utilized to ensure all sanitation, cleaning and disinfecting recommendations are implemented before reentry to a building occurs, following a shutdown.
- District staff, the community and parents will be informed as appropriate and advised by Lane County Public Health.

