LOSD COVID-19 Specific Communicable Disease Management Plan

All measures in this plan are in addition to the existing [Communicable Disease Management Plan](#), which includes links to the Emergency Operations Plan, Exposure Control Plan, and Pandemic Plan.

### Designated Personnel

<table>
<thead>
<tr>
<th>Designation</th>
<th>Contact Information</th>
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</table>
| Clackamas County Public Health is the Local Public Health Authority (LPHA) for LOSD | Dr. Sarah Present (tri-county health, deputy health officer)  
Report a Communicable Disease:  
503-655-8411  
Carolee Asher and Renee Jenkins (Communicable Disease Nurses) |
| LOSD District Nurses                                                       | Student Services Office:  
503-534-2359  
Shawn.Adams@loswego.k12.or.us  
Lisa.McBee@loswego.k12.or.us  
Hannah.Moriniti@loswego.k12.or.us  
Ann.Nelson@loswego.k12.or.us |
| LOSD Staff responsible for responding to specific COVID-19 concerns within each school building. | School principals or building supervisors, and district nurses |
| LOSD Staff responsible for screening and isolation of ill persons and appropriate data collection/data entry and data retrieval. | School office staff, specified Health Room assistants, and district nurses |
| LOSD Staff assigned to facilitating tracking documents of individuals entering and leaving schools. | Distinct nurses, John Parke, school administrators, and school office staff |
| LOSD Staff specifically trained to enforce social distancing during peak hours, such as arrival and departure and transition periods. | School administrators, teachers, educational assistants |
| LOSD Staff responsible to monitor appropriate hygiene measures at designated times, as needed. | School administrators, teachers, educational assistants |
| LOSD Staff trained to appropriately sanitize shared spaces in between cohorts to provide support to custodial staff. | Teachers, school office staff, educational assistants |

### Designated Technology
| Technology accessible in the Health (isolation) Room to log students with signs or symptoms of illness | Health Room ipads |
| Technology accessible to track health screening and arrival of staff to a school building/room | Health Screening ipads, QR codes on Health Screening form to allow for staff self-assessment |
| Technology accessible to track health screening and arrival of essential visitors | Raptor Emergency Management school security system |

### Measures to Limit the Spread of Disease

#### Wear a mask

*Oregon Ready Schools Safe Learners Face Coverings* content will be used to guide practices on face coverings in the school setting.

**Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling** into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice.

**No mask will offer full protection**, and they should not be viewed as a replacement for physical distancing of at least 6 feet from others, frequent hand-washing and avoiding crowds. When you combine masks with those measures, they can make a big difference.

**Masks should NOT** be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

**Masks with exhalation valves should NOT be worn.**

The district has/will provide a clear face shield and a cloth face mask for all staff. Disposable masks will be available in offices for staff and students if masks are forgotten.

Plexiglass sneeze guards will be installed at all transaction counters in offices. Plexiglass dividers in office areas between occupants unable to maintain 6 ft distancing. Plexiglass dividers will be installed in rooms using shared tables.

#### Coverings and Masks and Shields, Oh My!

**Level of coverage:**

👍 **Better:** A mask that a person will actually wear.

👍 **Better:** A mask that fits the face, without openings or vents for respiratory
droplets to come out.

**Cloth face coverings:**

👍 **Better:** Multiple layers of fabric. Wash daily.

**Face masks:**

👍 **Better:** 3-ply disposable mask (not medical grade). May dispose of soiled masks; or may bag, keep, and reuse in 7 days (very conservative number of days, some sources may say 24-48 hours).

*Surgical mask* that is regulated under 21 CFR 878.4040 (medical grade) designated for healthcare professionals. [FDA](https://www.fda.gov). *N99 or N95 mask* designated for healthcare professionals. Limit for wear 20-30 minutes. Fit-testing. Both seal tightly around the nose and mouth so that very few viral particles can seep in or out. They also contain tangled fibres to filter airborne pathogens.

**Face shields**

👍 **Better:** Sheet of clear plastic that cover the forehead, extend below the chin, and wrap around the sides of the face. [CDC](https://www.cdc.gov) At this time, it is not known what level of protection a face shield provides to people nearby from the spray of respiratory droplets from the wearer. However, wearing a mask may not be feasible in every situation.

<table>
<thead>
<tr>
<th><strong>Watch your distance</strong></th>
<th><strong>Oregon Ready Schools Safe learners Physical Distancing</strong> content will be used to inform required physical/social distancing practices in the school setting.</th>
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<td></td>
<td>Six foot distancing between occupants. Classrooms will accommodate 35 sq. ft. per student. Maximum occupant notices will be posted in common areas.</td>
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<tr>
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<td>Signage installed at all facilities establishing safe distancing. Corridors: directional arrows in our corridors separating directions and placed</td>
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appropriately every 25’. Keep your distance reminders placed appropriately every 50’.
Entrances: social distancing reminders and distance markings in vestibules.
Classrooms: desk markings, social distancing reminders.
Common areas: Spacing dots in waiting or queuing areas.

| Wash your hands | Oregon Ready Schools Safe Learners Hand Hygiene content will be used to guide school practices. Teach and reinforce handwashing with soap and water for at least 20 seconds. Wash your hands poster with specific steps Increase monitoring to ensure adherence upon entry to the building, prior to eating, after restroom use, and before and after recess. Classrooms with sinks and will have hand soap and paper towels available. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer). Students should be supervised with the use of hand sanitizer. Sanitizer dispensers will be located at all entrances, common areas, offices, at stairs both top and bottom, classrooms, and strategically throughout the facilities. |

<p>| Staff Communication and Training |
| Communication to All Staff | Staff will receive communication on when to stay home and when they will be required to leave work based on illness or contact history with a COVID-19 case. Staff will receive information on when to return to school based on public health guidance. Staff will receive ongoing communication in regards to logistical and operational changes as they are finalized or changed for the district and for each school. |
| Communication to Specified Staff | Staff will receive communication in regards to scheduling changes and staggering processes. Staff will be trained under the direction of facilities management to increase sanitation measures as appropriate in shared spaces and isolation spaces. Staff will be informed of confirmed cases within their buildings. Staff will be informed of isolation space location and process for referral. |</p>
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<tr>
<th>Staff Training</th>
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<td><strong>Training for All Staff</strong></td>
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<th>Communication and Training Methods</th>
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<td>Formal communications to staff will occur electronically.</td>
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<tr>
<td>Communication and training will utilize: Virtual and in-person methods that ensure physical distancing. Signage in highly visible locations (such as building entrances, classrooms, staff break rooms, staff work rooms, bathrooms). <a href="https://www.cdc.gov">CDC print resources</a></td>
</tr>
<tr>
<td>Training sources will be used to provide COVID-19 information to staff. This will include information from the Centers for Disease Control, Oregon Health Authority, Oregon Department of Education, World Health Organization, National Association of School Nurses, and Oregon School Nurses Association.</td>
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### Protocol for Local Public Health Authority Notification

<table>
<thead>
<tr>
<th>Protocol to Notify LPHA of a confirmed case of COVID-19</th>
<th><a href="https://www.cdc.gov">COVID-19 Case or Outbreak Response Protocol</a></th>
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<tbody>
<tr>
<td>Process to ensure that the school reports to and consults with LPHA</td>
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</table>
regarding cleaning and possible classroom or school closure if anyone who has entered school is diagnosed with covid-19

<table>
<thead>
<tr>
<th>Protocol to report to LPHA any cluster of any illness among staff or students</th>
<th>School office staff, attendance office staff, and district nurses will monitor attendance information to help identify and report any clusters of illness among staff or students, as requested by LPHA.</th>
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**Possible Exposure to COVID-19**

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

| If person has COVID-19 symptoms or tested positive | Isolate  
1. Stay home for 10 days since the day symptoms first appeared, or since the day the positive test was taken, and  
2. 24 hours with no fever over 100.4 degrees F. (without using fever-reducing medication), and  
3. Symptoms are improving. |
|---|---|

| If person has COVID-19 symptoms but tested negative or did not test and has a more likely diagnosis according to a note from a health care provider | Exclude  
1. Stay home from school until 24 hours with no fever over 100.4 degrees F. (without using fever-reducing medication), and  
2. Symptoms are improving. |
|---|---|

| If person is a close contact to someone with COVID-19. (close contact means was within 6 feet for 15 minutes or more, regardless of wearing a face covering or mask) | Quarantine (even if no symptoms of COVID-19, or tested negative, or have not been tested).  
1. Stay home for 14 days after last exposure, and  
2. Monitor for symptoms. |
|---|---|

**Surveillance, Contact Tracing, and Logs**

| Protocol to cooperate | Surveillance is systematic collection of data to analyze specific diseases or |
with the LPHA and provide all logs and information in a timely fashion

| trends within a population.  
In the school setting:  
1. School staff will survey for an increase in illness or absenteeism, and report to a district nurse.  
2. The district nurse will identify a cohort, school building, or entire district population to actively survey based on community trends or a report from LPHA.  

**OAR 333-003-0050** During a declared public health emergency (such as COVID-19) the Public Health Director and local public health administrators shall be given immediate access to individually identifiable health information...including the reporting of individually identifiable health information for individuals with or exposed to a communicable disease, a reportable disease, or a condition of public health importance.  

**OHA Covid reporting Guidelines**  
Schools are required to report data on close contacts (individuals who were within 6 feet of a person identified with COVID-19 for at least 15 minutes regardless of if they were wearing face coverings) to LPHA for contact tracing (identifying those with the potential exposure to a communicable disease).  
**Information important for LPHA in contact tracing:**  
Name, Date of Birth, Phone number, Address, Last day in contact with the positive case whether that be in class, on the bus, or in another school activity.

| System for maintaining daily logs for each student/cohort.  
Protocol to record/keep daily logs to be used for contact tracing for a minimum of 4 weeks to assist LPHA as needed.  

**Process to ensure that all itinerant and all distinct staff who move between buildings keep a log or calendar with a running 4 week history of their time in each school building and who they were in contact with at each site.**  

| Logs:  
1. **Student classroom roster:** Electronic Synergy report of students in the classrooms for each cohort.  
2. **Intervention and student support cohorts:** Electronic google log of these cohorts, as needed.  
3. **Health Check using Health Room Log:** Electronic google log of symptom specific complaints of ill students and staff for the Health room.  
4. **Student attendance:** Electronic Synergy report on absence due to specific diagnoses or illness symptoms reported from the school community.  
5. **Transportation:** Electronic google log of how a student got to school and returned home from school.  
6. **Itinerant staff roster** (all district staff who move between buildings): Electronic google log to be accessed at each building by itinerant staff.  
7. **Raptor visitor roster:** Raptor report of essential visitors. Google forms and paper forms may also be used, as needed.  
8. **COVID-19 Surveillance:** Electronic google sheet for all students and staff who are absent due to confirmed COVID-19 or have COVID-19 symptoms.  
9. **Illness cluster or outbreak:** Electronic google sheet of clusters or outbreaks of communicable disease in the school setting. |
**Screening for Symptoms**

**Protocol for screening staff for symptoms**
(main symptoms of COVID-19 are fever or chills, cough, shortness of breath or difficulty breathing)

*Staff will self-screen for the main symptoms of COVID-19 using a google form on their computer or mobile phone. Staff may also request a Health Check, including temperature, from the Health Room staff at any time during the school day.*

**Protocol for screening students for symptoms**
(main symptoms of COVID-19 are fever or chills, cough, shortness of breath or difficulty breathing)

1. *Parents/Guardians* will be requested through district and school listserv messages and emails to screen their children each morning for the main symptoms of COVID-19 and excludable symptoms of communicable disease, before sending them to school.

2. *Bus drivers* will be requested to visually screen students for the main symptoms of COVID-19. They will report to the school staff that a student requires a Health Check.

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<thead>
<tr>
<th>If...</th>
<th>Then...</th>
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<tbody>
<tr>
<td>Student is visibly ill upon entry into the bus</td>
<td>The bus driver should request the student remain at home, if age appropriate. If child is not of age to remain alone or student or appears too ill to be unsupervised, bus driver should request that parent keep student at home. All efforts should be made to maintain dignity of student and family.</td>
</tr>
<tr>
<td>Student is visibly ill and parents are not present</td>
<td>Student should be seated close to the front and as separate from other students as feasible and the bus driver should radio dispatch in attempts to reach parents and notify school. Student should be immediately isolated upon arrival if parents or emergency contacts cannot be reached. All efforts should be made to maintain privacy and dignity of students.</td>
</tr>
<tr>
<td>Student becomes ill on bus route</td>
<td>Bus driver should provide student face mask if it is feasible for student to wear and contact dispatch to notify appropriate school and parents. Student should be immediately isolated upon arrival at school. School staff should report to bus to retrieve student and take to isolation space. All efforts should be made to maintain privacy and dignity of student.</td>
</tr>
<tr>
<td>Student is in distress during bus route</td>
<td>Follow existing emergency transportation procedures to contact EMS.</td>
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</tbody>
</table>

3. *School staff will visually screen students upon arrival* at the school entrance for the main symptoms of COVID-19. They will report to the Health room staff that a student requires a Health Check.

4. *Teachers or other school staff will visually screen students for the main symptoms of COVID-19 (or other signs of communicable disease) when doing attendance upon arrival to the first classroom of their day* (and at any point during their school day). They will report to the Health Room staff that a student requires a Health Check.
## High Risk Populations

<table>
<thead>
<tr>
<th>High risk populations include people who have one or more of the following characteristics or conditions.</th>
<th>CDC Persons who have increased risk for severe infection with COVID-19</th>
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</thead>
</table>

### Staff

- All staff will be given the opportunity to self-identify as high risk or part of a high risk household.
- Redeployed staff members will be assigned to online instructional support, work tasks without in-person contact, (i.e., maintenance projects, office work), or leave options.

### Students

1. **Health promotion communication** will be provided to encourage measures and education on communicable disease prevention and consultation with physicians as needed on individualized measures.
2. **District nurses will communicate with each family of children who are known to be immunocompromised** to request consultation with their physician and specialists in regards to school attendance.
3. **District nurses will update Individualized Healthcare Plans**, as needed.
4. **Multidisciplinary teams will be convened to update 504’s and IEP’s**.
5. **District Nurses will provide appropriate communications and notifications on student-specific needs to applicable staff**.
6. **Families will have the option of a full-time online education**.

## Health Room for Isolation

<table>
<thead>
<tr>
<th>Protocol to Isolate any ill or exposed persons from physical contact with others</th>
<th>If students or staff are reporting or showing the main symptoms of COVID-19 or other communicable disease symptoms, they should be sent to the Health Room or other designated area away from others for a Health Check using the Health Room Log.</th>
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<tbody>
<tr>
<td></td>
<td>Health Room staff should be aware of and students or staff with reported underlying health issues and existing plans of care.</td>
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<tr>
<td></td>
<td>Students who do not have symptoms of communicable disease should not</td>
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</table>
enter the Health Room. Their needs will be attended to in the main office or other designated area.

Health Checks will be conducted privately and respectfully without implicit bias in accordance with district policies and any state laws or regulations.

Health Room staff will contact a district nurse for any questions or concerns.

Health Room staff will contact Emergency Medical Services (EMS) for serious illness as described in Medical Emergency procedures.

**Health Room staff will don appropriate PPE** (as designated in the ‘LOSD Communicable Disease Management Plan’) and **complete the Health Check.** They will follow the ‘When to Isolate and Send Students and Staff Home Flowheet’ to help determine if an individual may stay at school or should be sent home:

**When to Isolate and Send Students and Staff Home**

- **Person comes to health room feeling ill or showing signs of illness. ISOLATE the person.**
  - Wear appropriate PPE. Do not leave person unattended.
  - Take temperature, if fever over 100.4 degrees, or chills
  - Cough, new onset
  - Shortness of breath or difficulty breathing, new onset
  - Fatigue
  - Headache
  - Muscle Pain
  - Nasal Congestion, Runny nose
  - Nausea, Stomachache
  - New loss of taste or smell
  - Sore Throat
  - Diarrhea
    - Eyes (unexplained redness, pain, swelling, vision changes, or yellow/brown drainage)
    - Jaundice (new yellow color in eyes or skin)
    - Rash or open sores (new or spreading, or draining and cannot be completely covered with a bandage)
    - Vomiting
      - Acting different without a reason (unusually sleepy/grumpy, or after a head injury)
  - Put a disposable medical mask on person, if tolerated and developmentally appropriate.
  - Call Nurse, or
    - Call 911 if life-threatening.
  - Call Nurse, person may go home or may stay depending on the situation.
  - Person to go home or go to healthcare facility.

**Follow school Medical Emergency Instructions for Serious Illness or Injury**

**OSNA Modifications to Health Room for Isolation**
Healthy Environments

**Plans for systemic disinfection of classrooms, offices, bathrooms, and activity areas**

Electrostatic disinfectant equipment will be available at each facility. This equipment will allow custodial staff to rapidly clean areas of the building with full coverage of all surfaces.

Disinfectant spray and microfiber cloths or disinfecting wipes will be available in every classroom and staff area. All microfiber towels will be washed daily.

School staff including but not limited to the building engineers and custodians are to disinfect the following areas between, before, after, or during lunch every day that students are in school: all high contact points include but are not limited to; desks, tables, chairs and stools, counters, dispensers, door handles, and any other high touch points that students and staff touch.

<table>
<thead>
<tr>
<th>Exposure Reduction Method</th>
<th>Examples to reduce exposure risk</th>
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| Physical distance         | Maintain 6 feet or more between cots, chairs, or isolated individuals. Establish a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals, such as plastic barrier or sheeting (compliant with fire codes). Barrier should be high and long enough to prevent direct transfer of air between spaces, i.e. 6 feet or more in all directions from isolated individual.  
  [guidance may change for airborne vs droplet] |
| Cleaning and sanitizing   | Ensure surfaces in the designated isolation space can be properly sanitized and disinfected. Limit use of cloth or other permeable materials, unless items are removed and washed between individuals. Use effective disinfection methods on surfaces [see EPA list].  
  To limit exposure to aerosolized particles, plan disinfection after the space has been empty 4 or more hours; or, disinfect while wearing full PPE (medical grade mask, gloves, isolation gown). |
| Ventilation               | Designated isolation space should have adequate ventilation. Designated space should have open windows and/or ventilation fans. Ensure installed fans do not feed into re-circulated air supply; vent to exterior or into isolated wall/attic space. |
| Hand hygiene              | Care providers should wash hands frequently and thoroughly, before and after providing care. Ensure isolation space has ready access to soap and water; sink at entryway is preferred. If hand sanitizer is used, ensure it is 60% alcohol or product with established efficacy. |
| Face covering or mask     | If able to do so safely, a symptomatic individual should wear a cloth face covering. Staff in close contact with symptomatic individuals should wear at a minimum, a medical-grade face mask. Other PPE may be needed depending on symptoms; such as N-95 mask, gloves, gown, foot coverings, face shield, etc. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space, and hands washed after removing PPE. Consult a nurse or health care professional regarding appropriate use of PPE. |
| Student safety and well-being | Consult school nurse for direct care provision. Adjust protocols to age and developmental abilities. Ensure line of sight; keep ill student visible. To reduce fear, anxiety, or shame related to isolation, provide clear explanation of procedures, including use of PPE and handwashing. |
The school engineer and custodians will disinfect the bathrooms at least once every day during student contact time and completely after school is out.

The school building engineer will use the electrostatic sprayer to disinfect classrooms during the day in between classes/periods. The custodians will provide support during the day to help cover the areas in between AM and PM groups. When school is over for the day at all locations, the night custodian(s) will do a deep cleaning of the school to get it ready for the next day. The following is what they will clean and disinfect: desks, tables, chairs, vacuum, trash, bathrooms, counters, sinks, towel and soap dispensers, door handles, light switches, door windows, walls.

### Shared objects

1. Discourage sharing of items that are difficult to clean or disinfect.
2. Keep each child’s belongings separated from others’ and in individually labeled containers, cubbies, or areas.
3. Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
4. School designated technology will be wiped down between uses.

### Playgrounds, Fields, Recess, Breaks, and Restrooms

Students will access outside areas during planned break times. No outdoor equipment will be used.

Recess activities will be designed to support cohorting and social distancing.

Students will wash their hands or use hand sanitizer before returning to the building, and after going to the restroom.

### Ventilation

Building air purging will occur prior to occupying each day, this process schedules our mechanical equipment to activate and bring in outside air.

Hepa filter units will be used in Health Rooms and rooms with possibly decreased air flow.

### Resources

- Centers for Disease Control (CDC)
- Molalla River School District Comprehensive Communicable Disease Plan
- National Association of School Nurses and Oregon School Nurse Association
- Oregon Department of Education (ODE)
- Oregon Health Authority (OHA)
<table>
<thead>
<tr>
<th>World Health Organization (WHO)</th>
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<tr>
<td>Images from CDC and OHA</td>
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