



SALEM•KEIZER
PUBLIC SCHOOLS

**HST-M002-Pandemic Addendum
Communicable Disease Management
Plan for COVID-19**

Public Health Protocols

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Purpose

The pandemic addendum communicable disease management plan for COVID-19 is to be used in conjunction with the districts previous plans:

1. School Health Services Manual, SKSD Work Instruction Communicable disease guidance HST-W008, blueprint, and supporting documents.
2. Epidemiology staff with local health departments:
3. Marion County: <https://www.co.marion.or.us/HLT/PH/Epid>
4. Polk County: <https://www.co.polk.or.us/ph/communicable-diseasetbstd>
5. HST-W008 - Communicable Disease, Student
6. HST-M001-Pandemic Flu and Infectious Disease
7. Communicable Disease Management Plan for COVID-19: To meet the requirements of COVID-19 specific interventions in the school setting as designated by the Oregon Department of Education Ready Schools Safe Learners guidance. This document addresses district specific processes to comply with the listed interventions. This document also uses guidance from the Centers for Disease Control and Prevention Reopening Guidance for Public Spaces, Oregon Health Authority, and local health departments.

How COVID-19 Spreads

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

- Between people who are in prolonged close contact (>15min accumulated in 24hrs) with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

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

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

Public Health Protocols

KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS
The mainstays of reducing exposure to the coronavirus and other respiratory pathogens are:

-  **Vaccination** – The most powerful tool available to stop the spread of COVID-19.
-  **Protective Equipment** – Use of face coverings and barriers.
-  **Cohorts** – Conducting all activities in small groups that remain together over time with minimal mixing of groups.
-  **Physical Distancing** – At least three feet with other people.
-  **Isolation & Quarantine** – Isolation separates people who have a contagious disease from people who do not. Quarantine separates and restricts the movement of people who were exposed to a contagious disease.
-  **Hand Hygiene** – Frequent washing with soap and water or using hand sanitizer.
-  **Environmental Cleaning & Disinfection** – Especially of high touch surfaces.
-  **Airflow & Circulation** – Outdoor activities are safer than indoor activities; maximize airflow in closed spaces.



Infection Control

SKPS has implemented tools to slow the spread of COVID-19 during the pandemic. Please review QAM [Communicable Disease HST-W008](#) which addresses protocol and requirements for notifying LPHA, communicable disease investigation process, cohort logs and more about mitigating disease

Hygiene:

Hygiene and sanitation are some of the most important methods of disease prevention. Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Hand sanitizer greater than 60% alcohol, while not effective, should be made available for times that handwashing is not immediately accessible. Hand sanitizer should be easily accessible throughout the building, specifically in high contact areas and at entrances and exits as feasible.

Handwashing resources (CDC 2020):

<https://www.cdc.gov/handwashing/index.html>

Cough etiquette:

These are infection prevention measures designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes. Implement measures to prevent the spread of respiratory infections from anyone in a health care setting with signs or symptoms.

- Education on cough etiquette.
- Cover your mouth and nose when coughing or sneezing.
- Use tissues and throw them away.
- Wash your hands for 20 seconds or use a hand sanitizer every time you touch your mouth or nose.

Immunizations/vaccines

In the school setting, vaccines are an important step toward communicable disease control. Certain vaccines are a requirement for attending school in Oregon. Although, certain populations may not be vaccinated because of medical contraindications or other decisions. Each school has record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases.

When a positive case of a vaccine preventable disease is identified in the school setting, designated staff will run immunization reports to identify unvaccinated students in the building. The District Health Authority (DHA) will work with the LPHA and the school administrator to determine the need for exclusion or notification of

exposure to members of the school community. If a positive case is identified in the school building, or when increasing in incidence or in a building/community, the school health nurse will work with the LPHA to determine the necessity for exclusion of unvaccinated.

COVID-19 Vaccination Getting vaccinated against COVID-19 is the best way to stop the pandemic and return society to more typical functioning. Everyone age 5 and up is eligible for a free COVID-19 vaccine. Under Oregon law, youth 15 years and older may give consent to receive medical treatment, including vaccinations, when provided by a physician, physician assistant, naturopath, nurse practitioner, dentist or optometrist, or other professionals operating under the license of these providers. Under OHA guidance, these COVID-19 vaccine registered providers may not require consent from a parent or guardian to vaccinate someone age 15, 16, or 17. Except for pharmacies, most locations where COVID-19 vaccinations are provided have oversight by a medical provider on this list. Parental or guardian consent is required to vaccinate people 5-14 years old, but the parental or guardian consent requirement does not necessarily mean a parent or guardian must go with the youth to receive the vaccination. Written consent may be obtained in advance. If you are interested in offering a COVID-19 vaccine clinic or event for your school, please contact your LPHA to discuss options for the kind of event you'd like to host. OHA and ODE strongly advise schools and districts to offer vaccination clinics throughout the school year.

CDC guidance states that people who are **fully vaccinated** and do not have COVID-19 symptoms do not need to quarantine or get tested after an exposure to someone with COVID-19. This protects the student's access to in-person learning, sports and extracurricular activities. People are considered fully vaccinated 2 weeks after their second dose of the Pfizer-BioNTech or Moderna COVID-19 vaccines, or 2 weeks after the single-dose Johnson & Johnson's COVID-19 vaccine.

Face Coverings

Face Coverings are required for students 5yrs old and older per OAR 333-019-1015.

In the case that a student or family chooses not to wear a face covering for reasons other than medical need or disability, schools should follow district processes to determine how to respond keeping in mind both the responsibility for health and safety and the student's need to access education. Conversations should be progressive and lead to resolution that ideally does not involve suspension. Schools cannot serve a student in-person if they or their family choose not to wear a face covering. Schools may offer a remote or online school option for the student.

<p>DO choose masks that</p> <ul style="list-style-type: none">  Have two or more layers of washable, breathable fabric  Completely cover your nose and mouth  Fit snugly against the sides of your face and don't have gaps  Have a nose wire to prevent air from leaking out of the top of the mask 	<p>DO NOT choose masks that</p> <ul style="list-style-type: none">  Are made of fabric that makes it hard to breathe, for example, vinyl  Have exhalation valves or vents which allow virus particles to escape  Are prioritized for healthcare workers (e.g., N95 respirators labeled as "surgical" or "medical") 	<p>Gaiters & face shields</p> <ul style="list-style-type: none">  Wear a gaiter with two layers, or fold it to make two layers  Not recommended: Evaluation of face shields is ongoing, but effectiveness is unknown at this time. <p>Children</p> <ul style="list-style-type: none">  Find a mask that is made for children to help ensure proper fit  Check to be sure the mask fits snugly over the nose and mouth and under the chin and that there are no gaps around the sides  Do NOT put on children younger than 2 years old
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*Section 504 of the Americans with Disabilities Act (ADA) is a protection for students whose disability has a substantial impact on their education. Accommodations are required only when necessary to enable access to education and prevent discrimination on the basis of disability. **Qualifying for a 504 plan is not based on parent/student comfort or preference.** We direct all parents who are seeking 504 accommodations related to the*

current mask requirement to seek documentation of disability from their child's health provider. The 504 team, including parent, student, administrator, counselor, and school nurse, will determine if the documented disability qualifies the student under section 504 due to a substantial impact on the student's ability to access education. The school nurse and/or counselor may require additional information from the health care provider to establish eligibility. The student will continue to wear a mask per ODE requirements during the evaluation period.

A face covering is NOT a substitute for physical distancing. Face coverings are required and maintaining at least 3 feet of physical distancing to the extent possible, especially when indoors or outdoors around people from different households.

Staff Accommodations for Face Coverings

Staff to follow SKPS policies on face coverings in the workplace.

Entry and Visual Screening

Visual Screening

Students should be visually screened by designated staff each day upon entry to the school bus or the school building, to determine if illness may be present. This may happen in the classroom. Please call the NHL for medical guidance as needed. Staff must ensure that students are not shamed or subjected to bias based on race, ethnicity, clothing, or perceived socioeconomic status. If staff concerns, they should be sent to the office to be further screened by designated staff.

Students presenting to the office should be identified as Health Room or Sick/Isolation room based on needs and logged into the Synergy health room log. Student health history must also be reviewed by trained staff. Health checks will be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations.

Designated health staff will specifically screen students as per the Symptom Screening Criteria (and algorithm) to determine if symptoms are present that require isolation and dismissal as per Communicable Disease Plan and previously listed:

- HST-W010 - COVID-19 Specific Communicable Disease, Student Exclusion Decision Tree
- HST-W011 - COVID-19 Specific, Salem-Keizer Extracurricular Activities Participation Guidelines
- HST-W016 – COVID-19 Student Specific Layered Screening Process
- <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/COVID-19%20Exclusion%20Summary%20Chart.pdf>
- [Scenarios-draft2.pdf - Google Drive](#)

Physical Distancing

Classrooms will be set up to maintain 3' or greater distance to the greatest extent possible.

Isolation and Quarantine

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.

OHA Communicable Disease Symptom Based Exclusion Guidelines

Staff and Students only report to buildings when healthy

SKPS follows district work instruction HST-W008-Communicable Disease and [OHA Communicable Disease Guidelines](#). Pages 10 and 11 of the guidelines are below.

Students meeting exclusion criteria should be sent to the sick/isolation room where trained staff will provide assistance. Staff should consult the school health nurse or NHL prior to sending the student home. Ill students must be placed in separate isolation space until picked up by parent, guardian, or emergency contact as soon as possible. All Health Room and Sick/Isolation room students will be logged into Synergy-Student Health Log. When designated staff chart the health room visit they will chose reason under “CODE-- sick/isolation room”. Contact the Nurse Help Line at any time during student contact hours 503-399-3376.

Health Log Nurse Add
Student Name: [REDACTED]
Save Cancel
Log Student Injury Report
Date: 11/08/2020
Health Code: [REDACTED] Time In: 2:32 PM
Time Out: [REDACTED] Disposition: [REDACTED]
Staff Name: [REDACTED] Referred By: [REDACTED] Follow Up: [REDACTED]
Parent Contact Attempted: [REDACTED] Parent Contact Made: [REDACTED]
Subjective Objective: [REDACTED]

****Emergency signs that require immediate medical attention and call 911:**

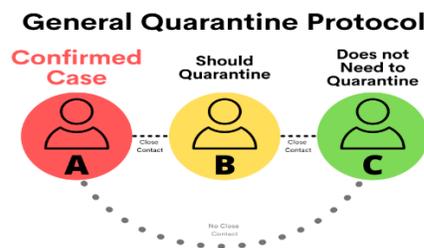
- Trouble breathing Persistent pain or pressure in the chest
- New confusion or inability to awaken
- Bluish lips or face (lighter skin); greyish lips or face (darker skin)
- Other severe or life-threatening symptoms

Follow LPHA Advice on Restricting from School

Per Marion/Polk County Health Department, individuals who have had close contact with someone diagnosed with COVID-19 will be informed to stay home for 10 -14 days after exposure based on incubation period. Individuals who have a positive COVID-19 test but are asymptomatic will be instructed to stay home for 10-14 days after test if no symptoms present (MCHD and CDC). School nurses will follow the ODE COVID-19 scenarios when gathering initial information, then will engage the COVID-19 response team.

Excluding Staff or Students

Follow OHA Communicable Disease Guidance for Exclusions. Use Synergy No In-person code when students are excluded from school for a health-related reason.



Identifying ill students and staff is critical in illness prevention within school buildings. Students and staff will be trained on how to identify symptoms or self-identify symptoms of COVID-19. 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. The school must provide a remote learning option for students who are required to be temporarily off-site for isolation and quarantine.

- Every school will have a designated sick isolation room in addition to the health room (Oregon Rule 581-022-2220). The isolation room will be stocked with adequate PPE for school nurse, School Based Health Assistant, or designated backup staff.

Procedures for Safe Transportation of Sick Individuals

Please see HST-W017 Release of Ill or Symptomatic Student.

COVID-19 Testing

OHA Sponsored COVID-19 Testing in Schools (HST-W018-COVID-19 Testing in SKPS K-12 Schools)

Please reference HST-W018 COVID-19 Testing in SKPS K-12 Schools for testing policy.

Visitors/Volunteers

Please see SKPS District Visitor Policy.

Public Health Communication and Training

(See district work instruction HST-W008-Communicable Disease and ATL mandatory staff COVID-19 training)

Communication and Training to Staff Explaining Infection Control Measures

Mandatory Staff ATL COVID-19 training and are mandatory for all staff to provide education on how to implement infection control measures and reduce the risk of disease transmission during a global pandemic.

Protocols for Immediately Communicating New Cases

Follow district work instruction HST-W008-Communicable disease for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members.

Response to Outbreak

Please see HST-W008 Communicable Disease.

COVID-19 Response

Levels Green (mild), Yellow (moderate), Red (Severe) in conjunction with current COVID-19:

DHA will coordinate with LPHA to provide a routine report utilizing the current health metrics for school operations to monitor risk levels. SKPS DHA will also work with SRMS to map the district occurrences vs risk and plan.

Review and Utilize the "[Planning for COVID-19 Scenarios in Schools](#)" Toolkit

LEVEL **GREEN** (Mild) ACTIONS: VIRUS DETECTED IN THE REGION (PREVENTION FOCUSED Incidence is low)

Personal	Community	Environmental	Communication
<ul style="list-style-type: none"> *In-person instruction option. *Increase routine hand hygiene. *Use alcohol-based hand sanitizer when hand washing is not an option. *Cover coughs/sneezes, throw away tissues at each use, wash your hands. *Stay home (staff and students) when ill for at least 24 hours after fever free without the use of fever-reducing medication. *Maintain health and safety measures. 	<ul style="list-style-type: none"> *Identify baseline absentee rates to determine if rates have increased by 20% or more or 2 or more cases of similar illnesses, 1 communicable disease within setting. *Increase communication and education on respiratory etiquette and hand hygiene in the classroom. *Teachers can provide age-appropriate education. *Communicable Disease surveillance - monitoring and reporting student illness to DHA. *Increase space between students in the classroom. * Instruct students in small, stable groups as feasible. 	<ul style="list-style-type: none"> *Increase sanitizing of flat surfaces, touch points, and shared objects. *Devise prevention and post-exposure sanitizing strategies based on current recommendations. *Isolate students who become ill at school with febrile respiratory illness until parents can pick up separate from health room-healthy student support. *Discourage the use of shared items in the classroom. 	<ul style="list-style-type: none"> *Provide communications to families based on the current situation, general information, and public health guidance. *Provide communication to staff of the current situation. *Provide communication to immunocompromised student families to defer to personal providers regarding in-person attendance vs distance/online learning. *Work with the communication department.

When cases of novel viruses are identified in the community or incidence is increasing, SKPS may move into level yellow. When novel viruses are identified in the community, DHA will defer to local public health guidance. Increased public health guidance will likely occur if the overall incidence of disease is increasing despite the proximity to the school (see county matrix and dashboard). When local transmission is detected, planning for cancellation of events and potential for dismissal and academic continuity should be prioritized. As well, plans for potential prolonged staff absences should be prioritized.

Continuous Services: Implementing Comprehensive Distance Learning

LEVEL **YELLOW** (moderate) ACTIONS: (INTERVENTION FOCUSED) [INCLUDES LEVEL 1 ACTIONS]

Personal	Community	Environmental	Communication
<ul style="list-style-type: none"> *Public health-specific guidance * Be prepared to allow your staff and students to stay home if someone in their house is sick. *Possible move to hybrid distance learning district model. 	<ul style="list-style-type: none"> *LPHA guidance *Increase space between people at school following public health guidelines, as much as possible. *Possible reduction in cohort movement (ex: parents take student to school to reduce a bus cohort) *Consider temporary dismissal of students attending childcare facilities, K-12 schools (Teachers report to work, students do not report to school). 	<ul style="list-style-type: none"> *LPHA school-specific guidance with DHA. *Modify, postpone, or cancel large school events as coordinated with or advised by public health officials. 	<ul style="list-style-type: none"> *Work with LPHA to establish timely communication with staff and families about specific exposures. *Provide communication to staff about the use of sick time and a reminder to stay home when sick or someone in household is sick. *Advise parents to report actual symptoms when calling students in sick, as part of communicable disease surveillance.

When novel viruses are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the DHA on the diagnosed case (s). Likewise, the LPHA will impose restrictions on contacts with support from SKPS cohort longs and line lists. If the school receives report of a confirmed case, they should

immediately contact the DHA who will work with the school nurse and principal to gather cohort lists to allow the health department to complete their contact tracing efforts.

LEVEL RED (Severe) ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

Personal	Community	Environmental	Communication
<ul style="list-style-type: none"> *Follow LPHA, public health or government direction. *Distance learning/online 	<ul style="list-style-type: none"> *Follow exclusion guidance designated by the LPHA, which may include physical distancing, revised gathering requirements, or student dismissal. *Continue meal distribution. 	<ul style="list-style-type: none"> *Follow LPHA direction on environmental cleaning, which may include school closure and canceling major events. *Possible modify, postpone, or cancel events to ensure health and safety. 	<ul style="list-style-type: none"> *Coordinate Communication with the LPHA, DHA, and SKPS communication team. *Identify potentially immediately impacted student populations such as seniors and graduation track. Students who may need extra support.

Recovery and Re-entry (post event)

SKPS has developed instructional models that support all learners in in-person/distance learning (hybrid) model as well as online EDGE option. SKPS' District stakeholders (EOC/DOC), Health Services, School Administration, Interdisciplinary Teams will work collaboratively to address individual student / family needs to support return to On-Site instruction and will work collaboratively to communicate with families about options and efforts to support returning to Onsite Instruction. Smaller groups, cohorts, and rotating schedules will be considered to allow for a safe return to school.

Personal	Community	Environmental	Communication
<ul style="list-style-type: none"> *District return plan from distance to in-person partial or full time. *Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. *Stay home when ill and until 24 hours fever free without the use of fever-reducing medications. *Only come to school or work healthy. 	<ul style="list-style-type: none"> *Routine illness exclusion when LPHA deems processes may return to baseline. *Possible pandemic treatment or cure plan. 	<ul style="list-style-type: none"> *Routine cleaning procedures when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> *Routine illness prevention and exclusion communication. *Participate in post-event evaluation to determine what worked in a response plan and what needs to be revised. *Determine the plans needed to make up lost academic time. *Communications to families on updates, plans, and school progress.

Additional resources not listed above:

Oregon Legislation:

<https://secure.sos.state.or.us/oard/processLogin.action>

https://oregon.public.law/rules/oar_333-019-0010

https://oregon.public.law/rules/oar_581-022-220

Oregon School Nurse Association:

<https://www.oregonschoolnurses.org/home>

<https://www.oregonschoolnurses.org/resources/covid-19-toolkit>