

ZION

LUTHERAN CHRISTIAN SCHOOL

Communicable Disease Policy



Purpose

The purpose of the policy is to outline provisions that maximize protection against communicable diseases in the school setting. This document is to provide a guidance process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help slow the spread of respiratory illnesses such as pandemic flu or novel coronaviruses. NPI's, specifically in regards to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document should be used as a contingency plan that is modified with a response planning team based on the current level of pandemic threat.

Communicable Disease Prevention

There are a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, sanitation, and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread. How these communicable diseases are spread depends on the specific infectious agent. Common ways in which communicable diseases spread include: Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB) Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria); Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and travel through the air, such as measles. In the school setting, the most frequent risks are associated with direct contact with ill individuals or contamination of surfaces or through airborne transmission. Primary sources of prevention include hand and surface hygiene, isolation, exclusion, and standard precautions. This section of the plan will provide a brief overview Common Childhood Infectious Disease Vaccines Respiratory/Cough Etiquette This section will provide procedures for addressing the following communicable disease issues in the school setting.

Hygiene

Prevention-oriented measures are grounded in education of how diseases are transmitted, and practice application related to appropriate sanitizing measures and precautions. 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. Appropriate handwashing practices should be taught, modeled by staff, and practiced by all. Age appropriate hand hygiene curriculum can be found from a variety of resources and should be provided annually in the fall and as needed during peak illness season or specific increases of disease in the school setting. Hand sanitizer, while not effective against a large number of pathogens, 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. Supervised stocks of hand sanitizer should be available in each classroom.



Students and staff should wash hands:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

When immunocompromised students and staff are present, increase in hand hygiene frequency is a necessary illness-prevention intervention.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection can be spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet, reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching objects or shaking hands, and then touching one's eyes, nose, or mouth. Droplets can live for a short time on a variety of objects such as high-contact areas like door knobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), and because some individuals can carry and spread diseases without ever showing any symptoms of illness, we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced, and modeled to prevent the spread of disease

Environmental Surface Cleaning

Clean schools contribute to healthy environments and reduce the risk of communicable disease transmission. Some of the important concepts associated with reduction in illness include: the scheduling and documenting of routine cleaning of classrooms, common areas, and shared objects and surfaces; ensuring adequate stock of appropriate sanitizers and disinfectants; ensuring garbage and sharps containers are emptied before they become full; and ensuring that any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is largely governed by facilities management and custodial services, there are certain classroom measures that can be practiced to improve cleanliness and reduce the risk of illness-transmission during peak illness times, such as increasing access to sanitizing wipes, tissue, and hand sanitizer.

Exclusion From School For Health Reasons

In the school environment, communicable diseases are easily transmitted from one individual to another by various routes, and can even be transmitted while an individual is not showing symptoms of illness. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis, and adequate isolation or treatment. Restriction of some communicable diseases may be imposed by the local public health authority for reportable conditions.

Parents, students, and staff should be taught to not come to school if experiencing any of the following: The guidelines below have been developed for the exclusion of students who have communicable or contagious diseases. These regulations are in compliance with the requirements of the local health department.

- A student with any of the following symptoms will be excluded from school until such time as the student is free of symptoms, has been satisfactorily treated, or submits a signed physician's statement that he/she is no longer contagious.

Exclusion Symptom	Exclusion Action Taken
A temperature of 100.4 or more	Students must be fever free for 72 hours, without medication, before re-entry.
Nausea, vomiting, or diarrhea.	Students must be symptom free for 48 hours without medication before re-entry.
Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage	Seek medical attention; return to school when advised by a licensed healthcare provider
A deep, barking, unusually persistent cough/fits of coughing, or productive cough of colored mucus.	Stay home until 72 hours after the cough resolves. b) If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, students must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
Jaundice: yellowing of the eyes or skin (new or uncharacteristic)	Must be seen by a licensed prescriber and cleared before return to school
Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities	Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.
Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider	Refer to healthcare provider Student should not be at school until health and safety are addressed
Difficulty breathing or shortness of breath not explained by situations such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.	Seek medical attention; return to school when advised by a licensed healthcare provider

Reporting

Reportable diseases, as defined by the state health department, will be reported to the local health department, Benton County Health Department. These diseases include chickenpox, measles, pertussis, meningitis, hepatitis A, shigella, salmonella, mumps, T.B., E. coli, hepatitis B, COVID-19, and noroviruses.

If a report is made to the school office, administration, or other school staff regarding any communicable disease diagnosis in students or staff, this should immediately be referred to the school office.

This will be regarded as an urgent referral to the nurse consultant if the disease is regarded as a reportable condition. School staff receiving reports should follow confidentiality rules by not informing any other students, staff, or parents of the report, besides notifying the administrator. The school office will confirm the diagnosis with the local health department, and identify the need for communication, surveillance, or control measures. The interventions and communication are driven by multiple factors including the diagnosis, student health status, risk of exposure, number of individuals infected, and risk to cohorts or specific students and staff. Depending on the diagnosis and the identified interaction with a reported case, the nurse consultant may ask that the school office directly notify any immunocompromised or pregnant students or staff members, so that they can reach out to their healthcare provider right away with any questions or concerns. The school office will work with the principal to ensure that any staff members or students who have identified as being in this higher-risk category will receive immediate notification of potential exposures.

Isolation spaces

The school will segregate the ill child from well children at the school until he/she can go home to limit the spread of disease. Parents and guardians will need to pick up their child from school within the hour that the illness was made known. If this is not possible, parents and guardians will inform the office on the estimated arrival time. Parents of children possibly exposed to infectious diseases, as well as staff, will be informed. The school will adhere to the exclusion and readmission recommendations. The staff will watch for signs and symptoms of communicable diseases in classrooms where one is identified.

Outbreaks of Illness, and Symptom Clusters

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same communicability time period.

The attention to outbreaks, interventions, and resources are highly dependent on the severity or communicability of the syndrome or pathogen. Outbreak investigations will be facilitated through the school office in collaboration with the principal, the school or district administrator, and the local health department (LHD) with the use of the Oregon Health Authority Outbreak Toolkits for Schools.

Respiratory Illness

Respiratory illness or disease refers to the pathological conditions affecting the organs and tissues that make gas exchange possible, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. Respiratory diseases range from mild and self-limiting, such as the common cold, to life-threatening entities like bacterial pneumonia. Respiratory illnesses are often observed in the school setting. The following indicators should be reported to the school office, who will consult with the local health authority:

- Any respiratory illness resulting in hospitalization or death of a student or staff member
- Diagnosed pneumonia in 3 or more individuals in the same cohort
- Unusually high (10 or more individuals, or $\geq 20\%$ of a cohort, whichever is greater) population of individuals affected with compatible respiratory symptoms
- Prolonged illness, lasting longer than 3 days on average, among 10 or more persons (or $\geq 20\%$, whichever is greater) in the same cohort
- Any uncommon incidence of illness in more than two students *In the event of respiratory illnesses related to novel viruses, the Pandemic Plan will be deferred to.

Vaccine Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists. Current VPDs routinely immunized for in the United States include:

1. Diphtheria
2. Tetanus
3. Measles
4. Mumps
5. Rubella
6. Haemophilus influenzae type b infections (Hib)
7. Pneumococcal infection
8. Meningococcal disease
9. Pertussis (whooping cough)
10. Poliomyelitis (polio)
11. Hepatitis A
12. Hepatitis B
13. Varicella (chickenpox)
14. Influenza

Most vaccine preventable diseases are also notifiable/reportable diseases, meaning they are reportable to the local health department and are under constant surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US. These may include: cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis, and typhoid.

While these conditions are uncommon locally, a diagnosed case would be of interest. Reports of vaccine preventable diseases should be referred to the local health department, whether coming from a parent, provider, or community member.

Indicators for a possible report to the health department of school-identified VPDs include:

- A single case of a vaccine preventable disease that is also a reportable disease or uncommon locally
- More than 2 cases of diagnosed chickenpox (varicella) from separate households in the same classroom, or more than 5 cases in a school.
- More than 3 cases of diagnosed influenza from separate households in the same school setting

SIGNS AND SYMPTOMS	COLD	FLU
Symptom onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

#FIGHT FLU

Gastroenteritis

An outbreak of gastroenteritis is defined as more cases than expected for a given population and time period. For example, two children in a 25- person classroom with vomiting or diarrhea within one week could potentially indicate an outbreak. Because the nature of norovirus (viral gastroenteritis) is common, seasonal, and highly infectious, it is unlikely to result in an outbreak investigation unless the number infected, frequency, or duration is unusual. However, preventive measures to reduce spread would need to be immediately enhanced and enforced. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness.

Gastrointestinal indicators to report to the school office include:

- Multiple children with compatible symptoms in 48 hours within the same cohort, but separate households
- More than 2 cases of diarrhea with bloody stool in the school setting
- Sudden onset of vomiting in multiple persons in the same cohort
- Any unusual combination of gastrointestinal symptoms, severity, duration, or incidence

Other Circumstances

Less commonly, outbreaks of skin infections or other novel diseases occur, or unusual infectious disease circumstances arise. To ensure that appropriate disease control, intervention, and follow-up occur, these unusual situations should be referred to the school office, and will be handled on a case by case basis. Examples of these circumstance may include:

- More than 2 students from separate households with reported compatible skin infections in the same school setting or athletic team
- Any student or staff member coming into contact with blood, saliva, or feces from a non-domestic animal
- Any staff coming into contact with blood or other potentially infectious body fluid that is not their own. Students coming into contact with the body fluids of others should be referred to the school office or principal
- Any combination of illness symptoms, severity, duration, or frequency that seems unusual as compared to routine seasonal illness

Lice

Scientific evidence supports that exclusion from school for nits alone is not indicated. When there is a suspected case of Lice, the school office will examine the students head to see if lice are present. When it is determined live lice are present:

- The parent will be contacted for treatment to begin.
- After treatment has begun and no live lice are present, the student should be checked by the office prior to re-entry.
- The school office will remind parents to check their child's hair periodically, especially after overnight visits with other children. Parents should educate their child to avoid the spread of lice by head-to-head contact, sharing of hats, combs, brushes, pillows, etc.

Exposure Control Plan

Standard Precautions shall be observed at Zion in order to prevent contact with all body fluids and other potentially infectious materials, including blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, and peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Transmission-based Precautions should additionally be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff member.

Disease transmission is facilitated by three conditions: high infectivity of a body fluid from an infectious person (carrier), a portal of exit from the carrier, and a portal of entry into a susceptible person. Any staff who may be expected to clean up body fluid spills; perform personal care for a student, perform initial first aid or injury response; or who are working with populations less able to control their body fluids in a congregate setting such as a school, are reasonably anticipated to have “occupational exposure” to blood or other potentially infectious material, and should be provided the required training and Personal Protective Equipment (PPE), to be aware of their risks and to be able to best protect themselves.

Exposure Prevention

Per OSHA regulations, in order to reduce risk and promote prevention of infections related to blood or body fluids, the district will provide or promote specific trainings or practices to prepare staff, including:

- Blood Borne Pathogens (BBP) Training (this is an annual requirement for all at-risk staff.)
- Consistent use of Standard Precautions is expected any time the risk of exposure to body fluids is present.
- Routine training, refreshers, and understanding of appropriate first aid.
- Routine training or refreshers for staff who provide direct care to students or who work with students with specific disabilities, or health or behavior plans.

Prevention Strategies For Communicable Disease



The school environment:

- Cleaning and disinfecting surfaces to reduce the risk of spreading infection.
 - * If surfaces or objects are soiled with body fluids or blood, gloves and other standard precautions are to be used to avoid coming in contact with fluid. Remove spill, then the surface is to be cleaned and disinfected.
 - * Office staff are called for episodes of vomiting, large amounts of blood, feces, or urine that contaminate the floor, carpet, or restroom to be cleaned by an approved disinfectant.
 - * Material soiled with vomit, blood, feces or other body fluid will be double bagged to throw away. Extra attention to periodic vigilant cleaning will be utilized in common areas such as desks, tables, drinking fountains and in high touch areas, such as computer keyboards, doorknobs and handles, and telephones.
 - * Kleenex and protective equipment such as gloves will be kept available.
- Staff will be reminded about infection control and blood borne infection control procedures annually.
- Universal Precautions: a set of guidelines that assume all blood and certain other bodily potentially infectious. Universal precautions are to be followed when providing care to any individual whether or not the person is known to be infectious. These include:
 - o Hand washing: Hand washing is one of the best tools for controlling the spread of infections. Hands are to be washed thoroughly with running water and soap for at least 15-20 seconds with scrubbing between fingers, under fingernails and around the tops and palms of hands. Hand washing should be done before and after eating, after using the restroom, after playing outside or sports, and after field trips to farms or places with animals. A shower is recommended for those students involved in contact sports as soon as possible

General Principles of Personal Protective Equipment

IF...	THEN...
It's wet (it's infectious)	Wear gloves
It could splash into your face	Wear a face shield
It's airborne	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves, wash hands before and after gloves
You are providing CPR	Use a barrier
There is a blood spill or body fluid spill	Then have staff trained in appropriate cleanup

Personal protective equipment.

- Gloves are to be used when in contact with blood or body fluids.
- Protective eyewear or masks should be worn in situations where it is possible body fluids could come in contact with eyes or mouth.

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Face shield or goggles

N95 or higher respirator

When respirators are not available, use the best available alternative, like a facemask.

One pair of clean, non-sterile gloves

Isolation gown

Acceptable Alternative PPE – Use Facemask



Face shield or goggles

Facemask

N95 or higher respirators are preferred but facemasks are an acceptable alternative.

One pair of clean, non-sterile gloves

Isolation gown



cdc.gov/COVID19

Cleaning:

Blood or body spills are to be wiped up as soon as possible. Spills are to be double bagged and disposed of in trash. The area is to be cleaned with an approved disinfectant or bleach solution. All soiled clothing should be double bagged and sent home with the person.

Immunizations:

The state health regulations require students and staff attending school to be up to date on all immunizations. A notarized waiver is required for a valid exemption (medical, religious, or personal exemption). The school will keep documentation of the immunization status of all students on file.

- If a reportable communicable disease is known, parents of students without that vaccine will be notified to check with their doctor regarding exclusion from school for a designated time.

Needle-stick

If a staff member's skin is pierced or punctured with a needle that has been used to deliver medication to a student, immediate first aid should occur including:

- Encouraging the wound to bleed, ideally by holding it under running water.
- Wash the wound with plenty of soap and running water.
- Do not use cold water as that encourages restriction of blood vessels.
- Do not scrub the wound
- Do not suck the wound
- Dry the wound and cover it with a waterproof dressing.
- Immediately notify your administrator and seek medical attention.
- It is highly recommended that the source of the exposure be tested for blood borne pathogens immediately following the incident as well. The nurse or district administrator should make this communication to families. Confidentiality will be exercised with exposures regarding both the individual and the source to the fullest extent feasible.
- As soon as feasible, complete an incident report and report to Human Resources
- Staff may be required to report back for subsequent blood tests.
- Staff may be required to take prophylactic medication.
- In the nature of being a high stressful event, staff may be reminded that they can access supportive services for stress management.

Bites

For a bite that has broken skin, immediate medical attention is required. As above, encourage bleeding and provide first aid. While bloodborne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Staff may be directed to take antibiotic prophylaxis as deemed necessary for bites, specifically those from non-human sources.

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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COVID-19 Policy

This plan is intended to be used in conjunction with the districts School Health Services Manual, Communicable Disease Plan, Pandemic Plan, and Exposure Control Plan 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*.

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).

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. In regards to schools and reopening, the CDC 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. The risk level category will be approached as the state and county lift restrictions. Public health guidance will provide information on recommendations in the school, which will be used to revise interventions as they are delivered. Public Health Guidance will determine our 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, that too will infection control guidance be fluid. The school will be prepared to operate under the premise that guidance will be updated consistently by week until a stable environment of operations and disease transmission is established outside of the school setting.

Routine Measures to Limit Spread of Disease

There are some infection control measures that should be consistently practiced, taught, modeled and reinforced, even outside of pandemic spread. These primary principles include Hand Hygiene and Respiratory Etiquette. Oregon Ready Schools Safe Learners Hand Hygiene content will be used to guide required practices in the school setting.

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff upon entry to the building, prior to eating, after restroom use and before and after recess.
- 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. Hand sanitizer should not be used with students that have a sensitivity or risk of ingesting sanitizer related to developmental or cognitive level.
- Associated Resources CDC's Clean Hands Save Lives Campaign CDC printable resources for schools

- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
- Students and staff may also be encouraged to cough into their elbow and away from other individuals when tissues and handwashing is not immediately accessible.

Staff Communication

All 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. All staff will receive information on when to return to school based on public health guidance. All 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. Staff will receive communication in regards to scheduling changes and staggering processes. Custodial 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 cohorts or buildings. Staff will be informed of isolation space location and process for referral. Staff will be informed on infection control procedures.

Physical Distancing (Social Distancing/Spatial Distancing)

Oregon Ready Schools, Safe Learners Physical Distancing content will be used to inform required practices in the school setting.

- *Room Capacity* A minimum of 35 square feet per person will be used to determine individual room capacity. As needed, commons areas or alternate spaces will be used to place student cohorts for instruction time in order to maintain appropriate spacing.
- *Modified Layouts* Excess furniture should be removed from classrooms to allow for increased spacing of desks. Desks or seating should be 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 Barriers and Guides* Physical barriers, such as sneeze guards and partitions, will be installed in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks, cafeteria).
- *Physical guides*, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children maintain social distancing in lines and at other times (e.g. guides for creating “one-way routes” in hallways, if feasible).
- *Staggered Scheduling* Arrival and drop-off will be staggered by cohort if necessary. Arrival will be adjusted by building as determined to be necessary and feasible.
- Departure times will be staggered as needed to the extent feasible to promote physical distancing.
- Staggered and extended hallway passing should be endorsed to reduce hallway congestion and promote physical distancing.
- *Instruction & Activities* Practices will be made adopted to maintain 6 feet distancing during activities and instruction.
- Outdoor spaces should be used as much as feasible.
- When distancing cannot be maintained, staff will wear PPE.

Communal Spaces

Communal and shared spaces will be restricted as much as feasible. When used, use will be staggered, and spaces will be cleaned and disinfected between use. Increased restrictions may occur if there have been identified cases in the building.

Cohorting

Per Oregon Ready, Schools Safe Learners Cohort content: Cohorts help manage risks in the potential spread of COVID-19. In particular, the size of the cohort matters for risk management. Student cohorting: limits the number of exposed people when a COVID-19 case is identified in the school quickly identifies exposed individuals when a COVID-19 case is identified, minimizes school-wide disruptions in student learning. Student cohorting not only helps to quickly identify exposed people, it also minimizes disruptions to learning, because only the cohort members would be affected by the exposure.

Cohorts will be established with minimum numbers where feasible, understanding that the fewer encounters and smaller numbers per cohort lend to reduced transmission of infectious disease. Cohorts will be established by grade levels in elementary settings and where feasible in upper grade levels.

Per state guidelines: Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Elementary 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.

Interaction between groups will be limited as much as feasible.

- When groups will be mixed, ensure that this information is appropriately mapped for contact tracing if needed.
- When cohorting is practiced, sanitizing common areas should be performed between each cohort.
- Rosters of each cohort must be kept for all group encounters throughout the school day, including transportation.
- Where stable cohorts are difficult to maintain, practices will be re-emphasized to maintain 6 feet distancing during activities and instruction
- Accurate attendance must be maintained for cohort tracking.

Cleaning and Disinfection

All frequently touched surfaces (e.g., door handles, sink handles, drinking fountains) within the school will be cleaned and disinfected at least daily and between use as much as possible. Use of shared objects should be limited when possible or cleaned between use. A schedule will be designated for increased, routine cleaning and disinfection. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children. Use products that meet EPA disinfection criteria. Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

Shared Objects

Discourage sharing of items that are difficult to clean or disinfect. Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas. Ensure adequate supplies to minimize sharing of high touch materials to the extent possible or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use. Avoid sharing electronic devices, toys, books, and other games or learning aids. School designated technology will be wiped down between uses.

Face Coverings & Personal Protective Equipment

Students: All students' kindergarten and older will be expected to wear face coverings in the school. Children who experience a medical condition or disability that precludes them from safely wearing a face covering will be addressed on an individual basis in collaboration with family, physician, and administration, as applicable. Students requiring breaks from masks must have a designated space to remove masks and take breaks that respects distancing and ventilation requirements. Breaks will also respect student dignity and developmental level.

Staff: Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk of chemical exposure. For the purposes of COVID-19 response, where cloth facial coverings are used in unprecedented frequency, it should be clarified that face coverings are not synonymous with masks. Face coverings may include masks, cloth covers, or shields.

Screening

Each morning, students will enter through the east doors. Parents and guardians will be asked questions about their students' health. One child or students from the same household will enter the building and go to their class. Teachers will keep accurate attendance records for contact tracing. If a student is absent, the office will call the family to make sure they are not experiencing COVID-19 symptoms.

All volunteers will be given a health screening as well. The staff giving the health screen will ask to take the volunteer's temperature. They are allowed to decline if they so choose. Scheduled volunteers are to be here on a regular basis. A record of volunteers is kept in the school office. At this time, visitors are not allowed in the building.

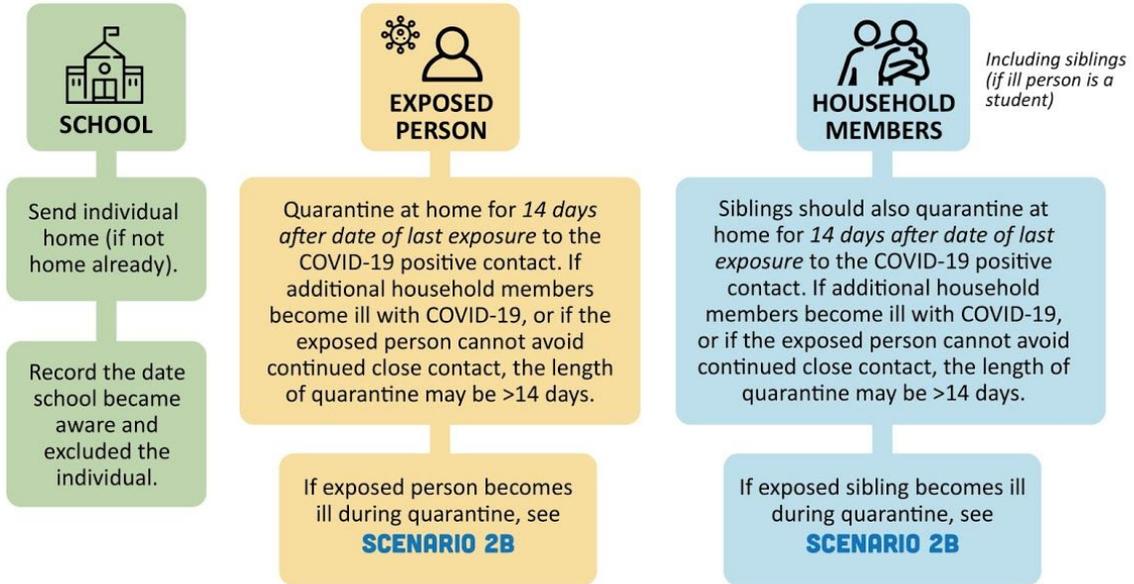
COVID-19 case in school

Zion Lutheran Christian school will go by the following directions if there were to have a COVID case in our school:

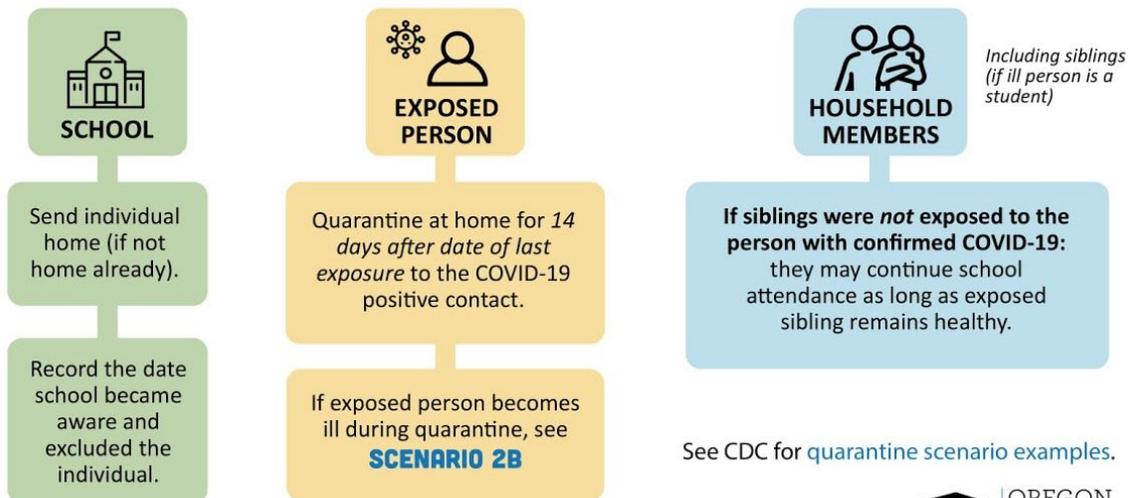
1. SCHOOL SCENARIOS

HOW TO HANDLE EXPOSURE TO COVID-19

SCENARIO 1A. A HEALTHY STUDENT OR STAFF MEMBER HAS BEEN EXPOSED TO A PERSON WITH CONFIRMED COVID-19 WITHIN THEIR HOUSEHOLD



SCENARIO 1B. A HEALTHY STUDENT OR STAFF MEMBER HAS BEEN EXPOSED TO A PERSON WITH CONFIRMED COVID-19 OUTSIDE OF THEIR HOUSEHOLD

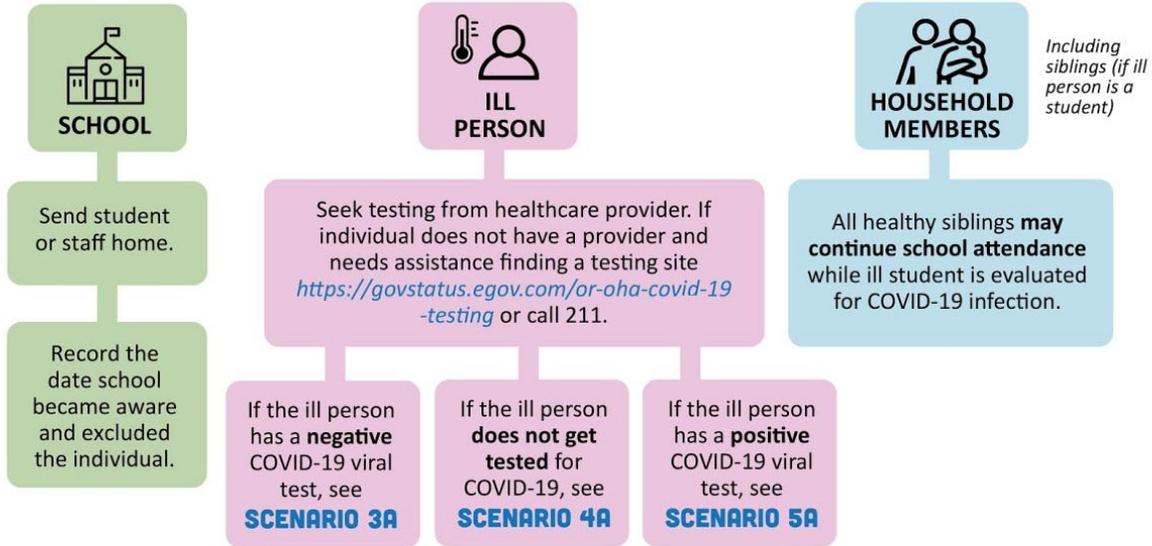


See CDC for quarantine scenario examples.

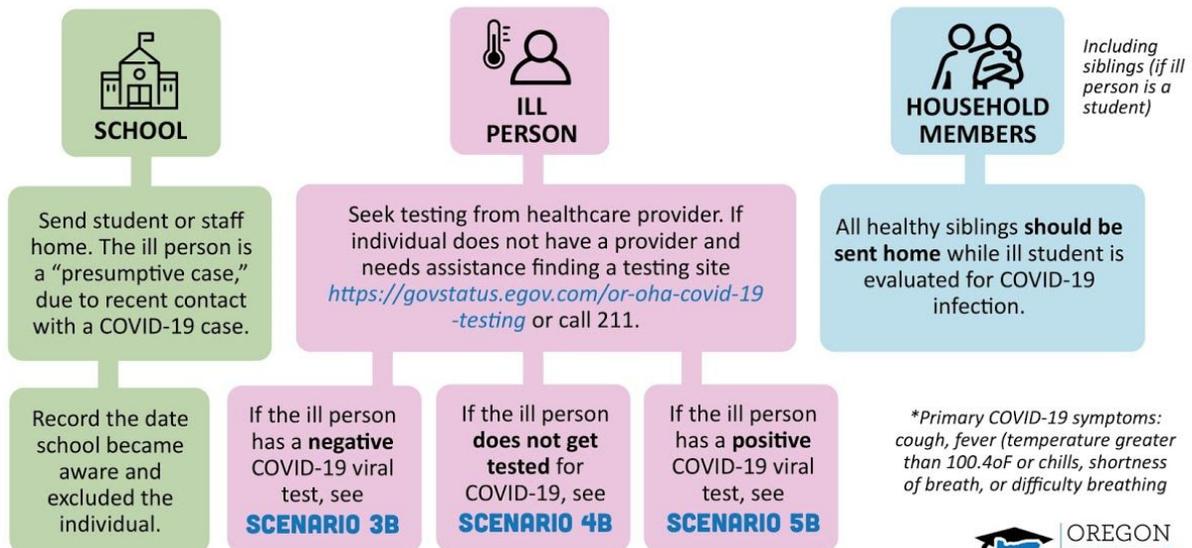
2. SCHOOL SCENARIOS

HOW TO HANDLE COVID-19 ILLNESS

SCENARIO 2A. A STUDENT OR STAFF MEMBER BECOMES ILL WITH COVID-19 SYMPTOMS*. ILL PERSON HAS NO KNOWN COVID-19 CONTACTS IN PAST 14 DAYS.



SCENARIO 2B. A STUDENT OR STAFF MEMBER BECOMES ILL WITH COVID-19 SYMPTOMS*. ILL PERSON WAS IN CLOSE CONTACT WITH SOMEONE WITH HAS COVID-19 IN PAST 14 DAYS.



**Primary COVID-19 symptoms: cough, fever (temperature greater than 100.4oF or chills, shortness of breath, or difficulty breathing*

3A. SCHOOL SCENARIOS

HOW TO HANDLE A NEGATIVE COVID-19 VIRAL TEST

SCENARIO 3A. AN ILL STUDENT OR STAFF MEMBER HAS A NEGATIVE COVID-19 VIRAL TEST. ILL PERSON HAS NO KNOWN COVID-19 CONTACTS IN PAST 14 DAYS.



Send individual home (if not home already).



Isolate at home until 24 hours after fever is resolved, without use of fever-reducing medicine, *and* symptoms are improving.



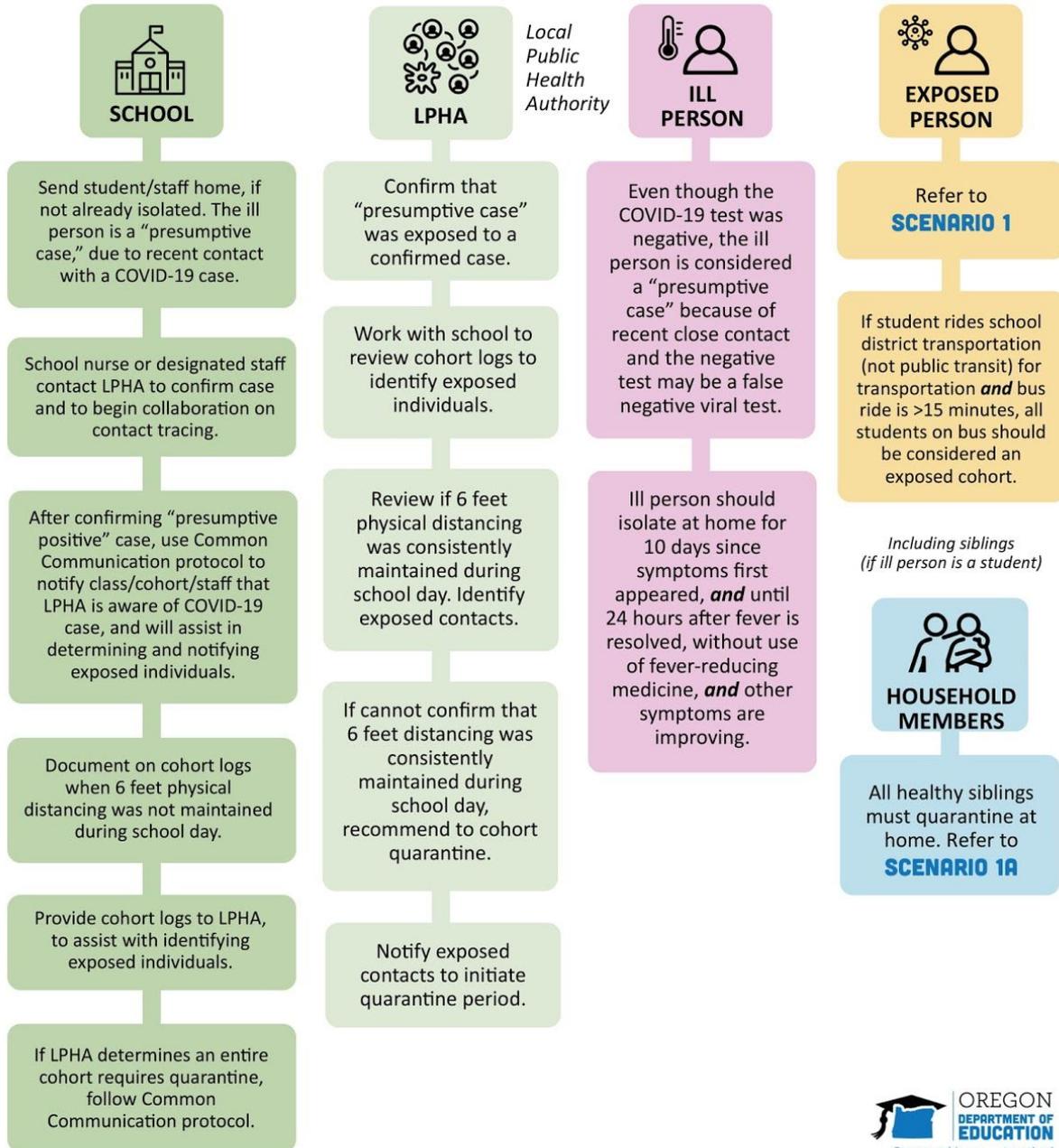
Including siblings (if ill person is a student)

Healthy siblings may continue school attendance.

3B. SCHOOL SCENARIOS

HOW TO HANDLE A POSITIVE COVID-19 VIRAL TEST

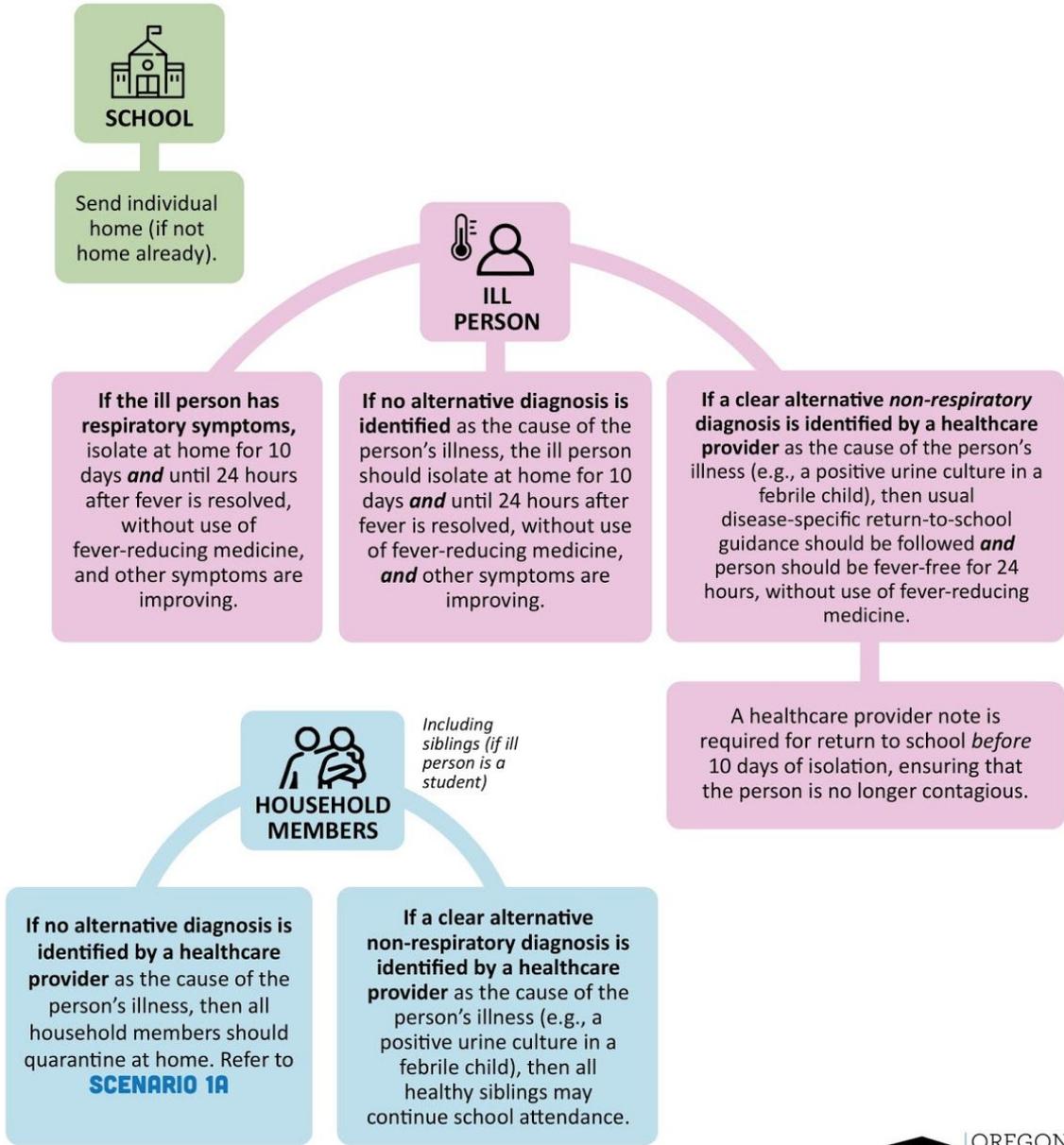
SCENARIO 3B. AN ILL STUDENT OR STAFF MEMBER HAS A NEGATIVE COVID-19 VIRAL TEST. ILL PERSON WAS IN CLOSE CONTACT WITH SOMEONE WITH HAS COVID-19 IN PAST 14 DAYS.



4A. SCHOOL SCENARIOS

HOW TO HANDLE WHEN A PERSON DOES NOT GET TESTED

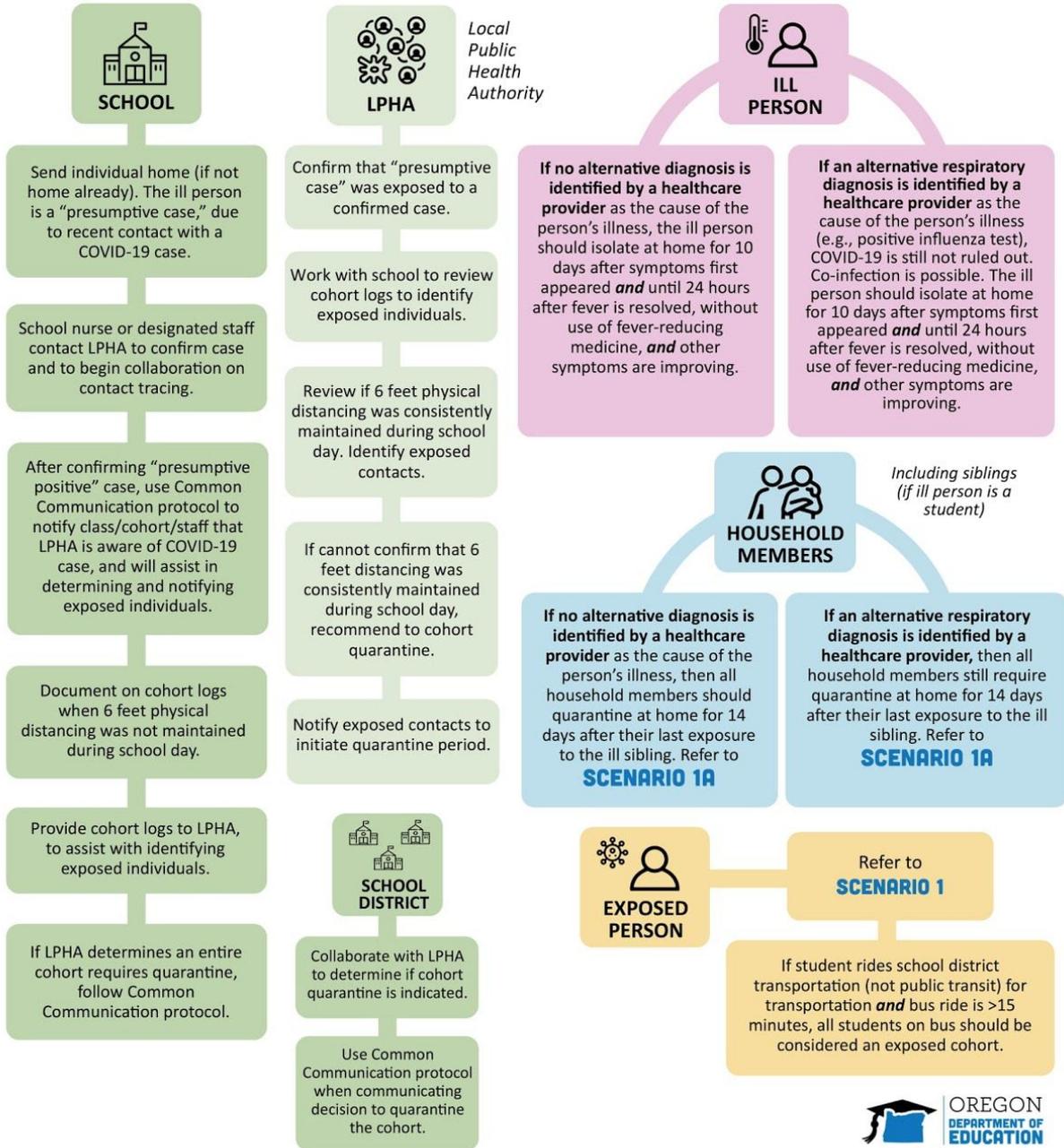
SCENARIO 4A. AN ILL STUDENT OR STAFF MEMBER DOES NOT GET TESTED WITH A COVID-19 VIRAL TEST. ILL PERSON HAS NO KNOWN COVID-19 CONTACTS IN PAST 14 DAYS.



4B. SCHOOL SCENARIOS

HOW TO HANDLE WHEN A PERSON DOES NOT GET TESTED

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.



4C. SCHOOL SCENARIOS

HOW TO HANDLE WHEN A PERSON DOES NOT GET TESTED

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.



Send individual home (if not home already). The ill person is not considered a “presumptive case,” due to alternative diagnosis.



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 1**), *and* meet usual return-to-school guidance for diagnosis.

If person develops new COVID-19 symptoms during quarantine, refer to **SCENARIO 2B**.



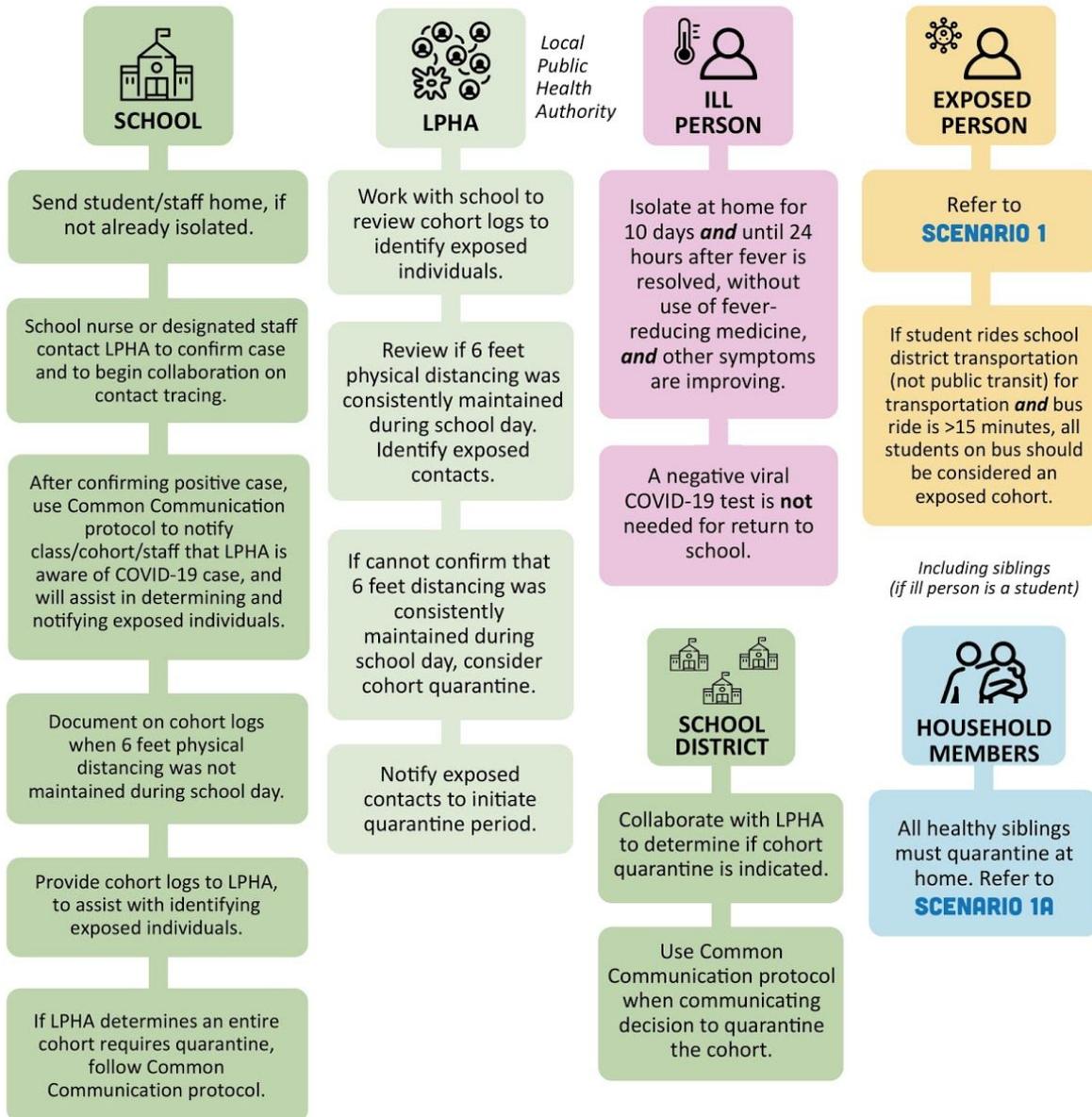
Including siblings (if ill person is a student)

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.

5. SCHOOL SCENARIOS

HOW TO HANDLE A POSITIVE COVID-19 VIRAL TEST

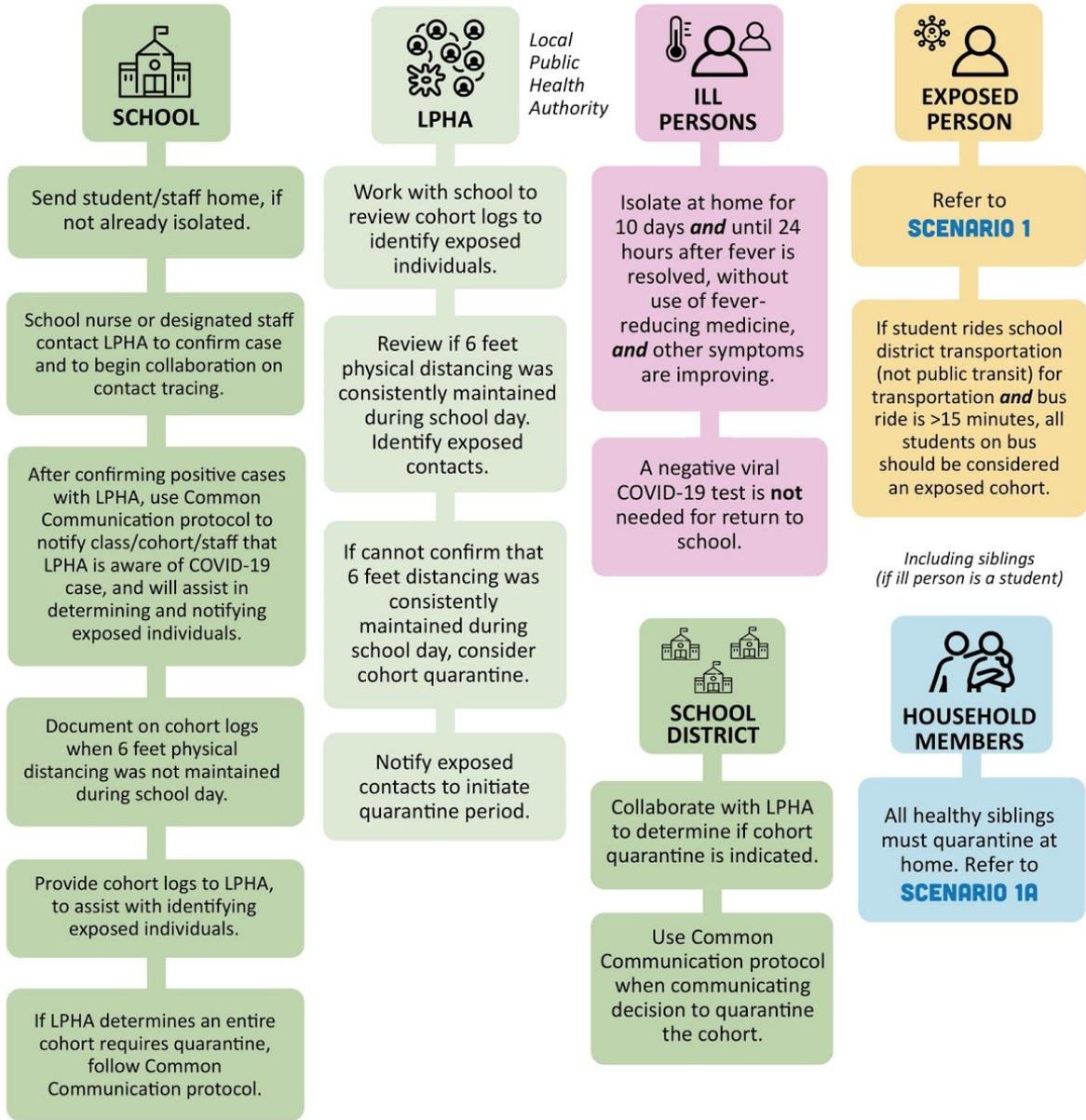
SCENARIO 5. ONE STUDENT OR STAFF MEMBER HAS A POSITIVE COVID-19 VIRAL TEST



6. SCHOOL SCENARIOS

HOW TO HANDLE MULTIPLE POSITIVE COVID-19 VIRAL TESTS

SCENARIO 6. TWO OR MORE PEOPLE WITHIN SAME COHORT HAVE A POSITIVE COVID-19 VIRAL TEST WITHIN 14 DAYS



7. SCHOOL SCENARIOS

HOW TO HANDLE MULTIPLE POSITIVE COVID-19 VIRAL TESTS

SCENARIO 7. TWO OR MORE PEOPLE WITHIN DIFFERENT COHORTS HAVE A POSITIVE COVID-19 VIRAL TEST WITHIN 14 DAYS

