COVID-19 & DISEASE MITIGATION IN THE SCHOOL SETTING

- MOLALLA RIVER SCHOOL DISTRICT 2020-2021 PANDEMIC CONTROL MEASURES AT SCHOOL

OVERALL OBJECTIVES

- Meet the training requirements of RSSL and OSHA for COVID-19

- Understand guiding documents related to COVID-19 practices and reopening

- Address COVID-19 basics, terminology and infection control measures

- Present MRSD specific procedures for COVID-19 practices in the school setting

- Connect specific disease specific information to the rationale for specific control measures

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COVID-19 DISEASE MITIGATION IN THE SCHOOL SETTING

Section 1: COVID Overview & Transmission

COVID-19

COVID-19 OVERVIEW

- COVID-19 is the name of the illness

- The virus is named SARS CoV-2

- Typically respiratory course of illness

- Largely leads to mild to moderate course of illness lasting 2-6 weeks

- Certain underlying conditions may impact severity and duration of illness

- High risk populations are at risk of complications

ILLNESS ONSET/ INCUBATION PERIOD

- The incubation period of SARS CoV2 is about 2 days to 2 weeks after exposure

- The mean incubation period is about 5 days

- Most individuals develop illness by day 11

- 14 days is regarded as the maximum incubation period

- <.01% had an onset after 14 days

(CDC, 2020; WHO, 2020b)

Image: Federation of American Society of Experimental Biology

COVID-19 Illness Course
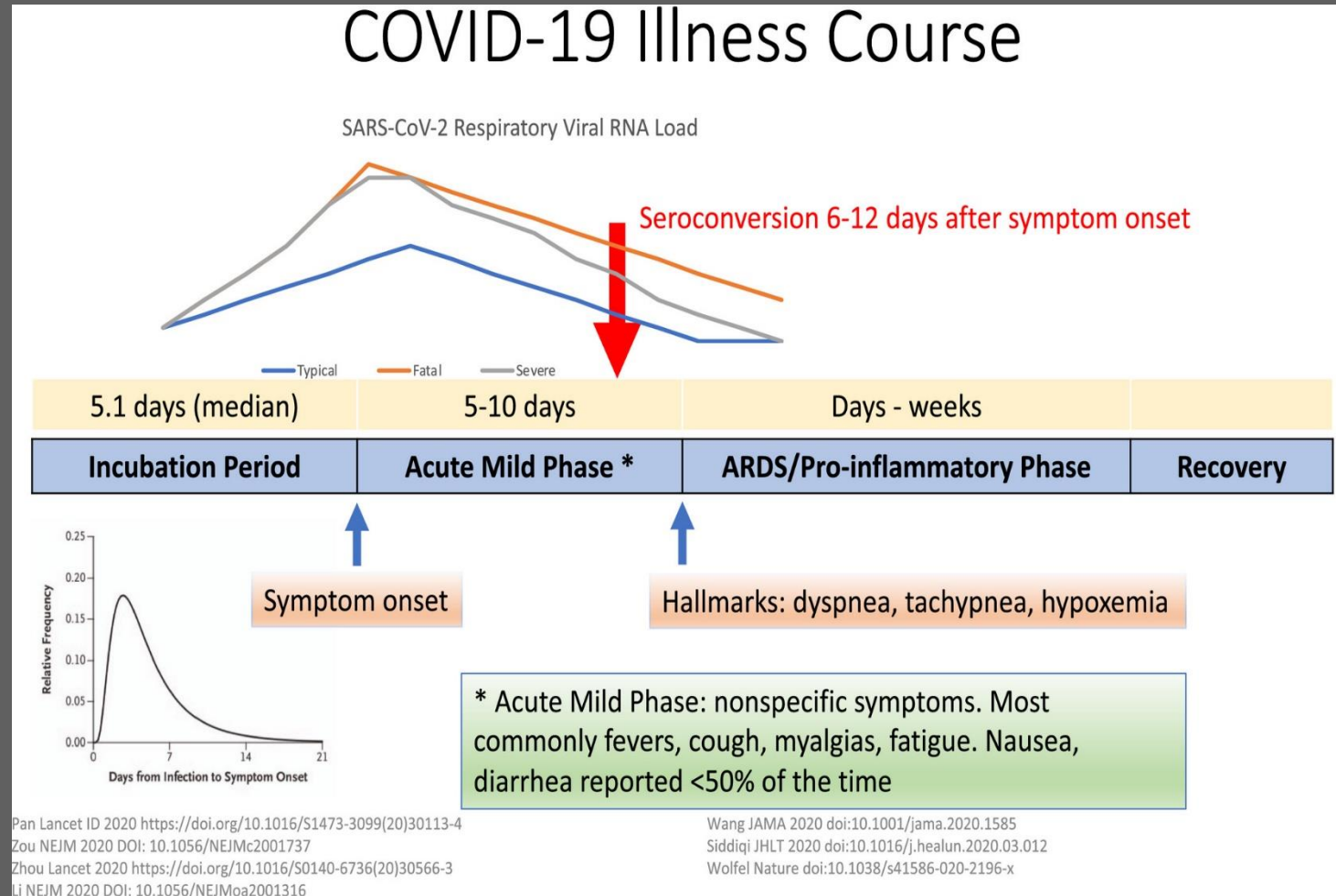
SYMPTOMS OF COVID-19

Common Symptoms

- Fever/chills*
- Cough*
- Shortness of breath*
- New loss of taste or smell*
- Headache
- Congestion or runny nose
- Nausea, Vomiting, Diarrhea
- Fatigue or weakness
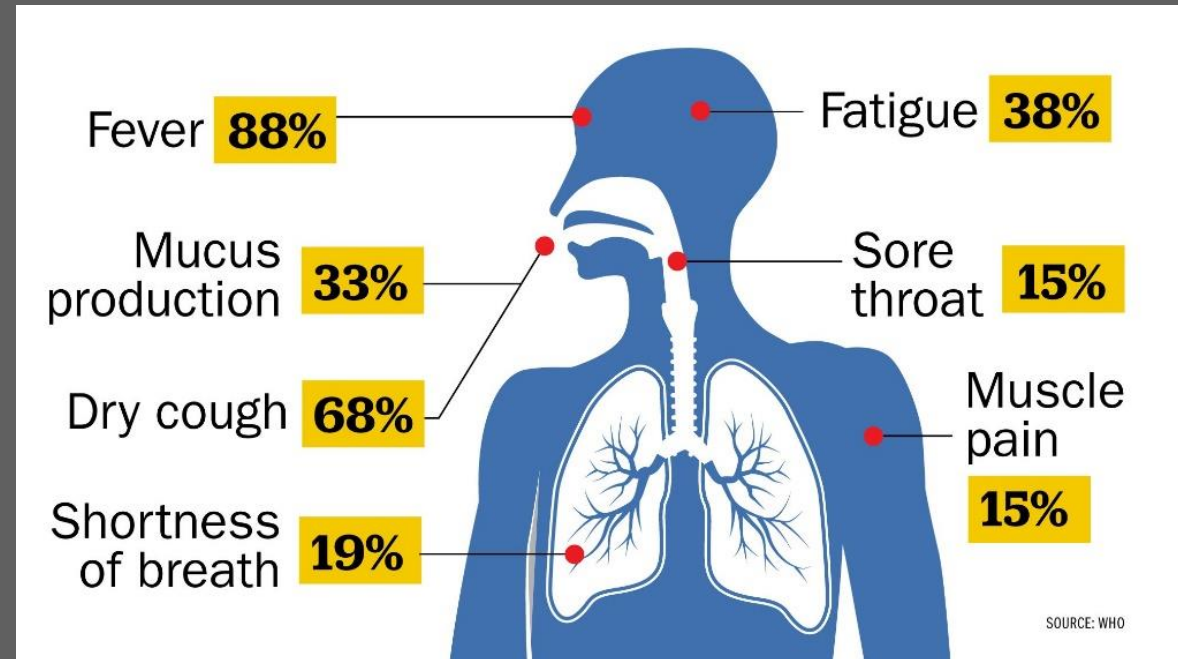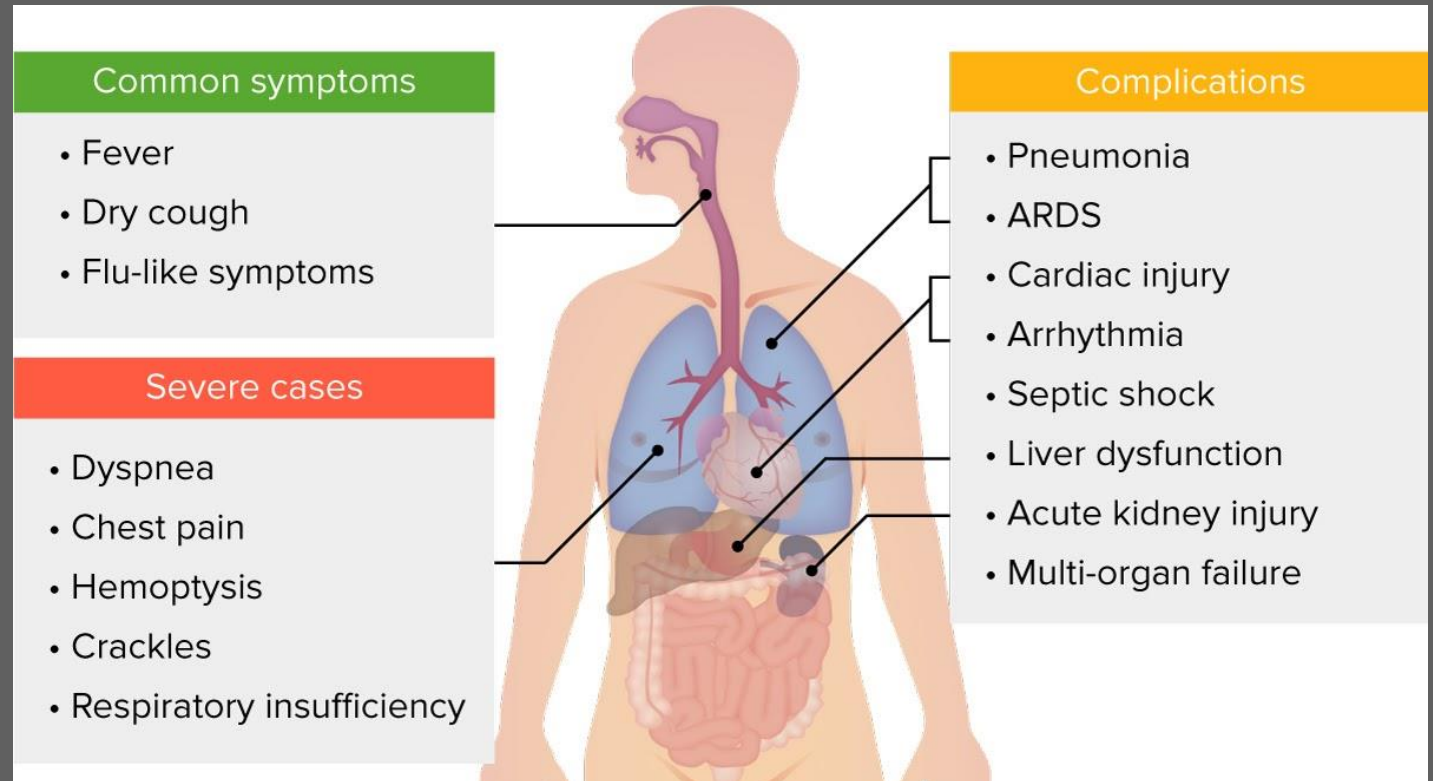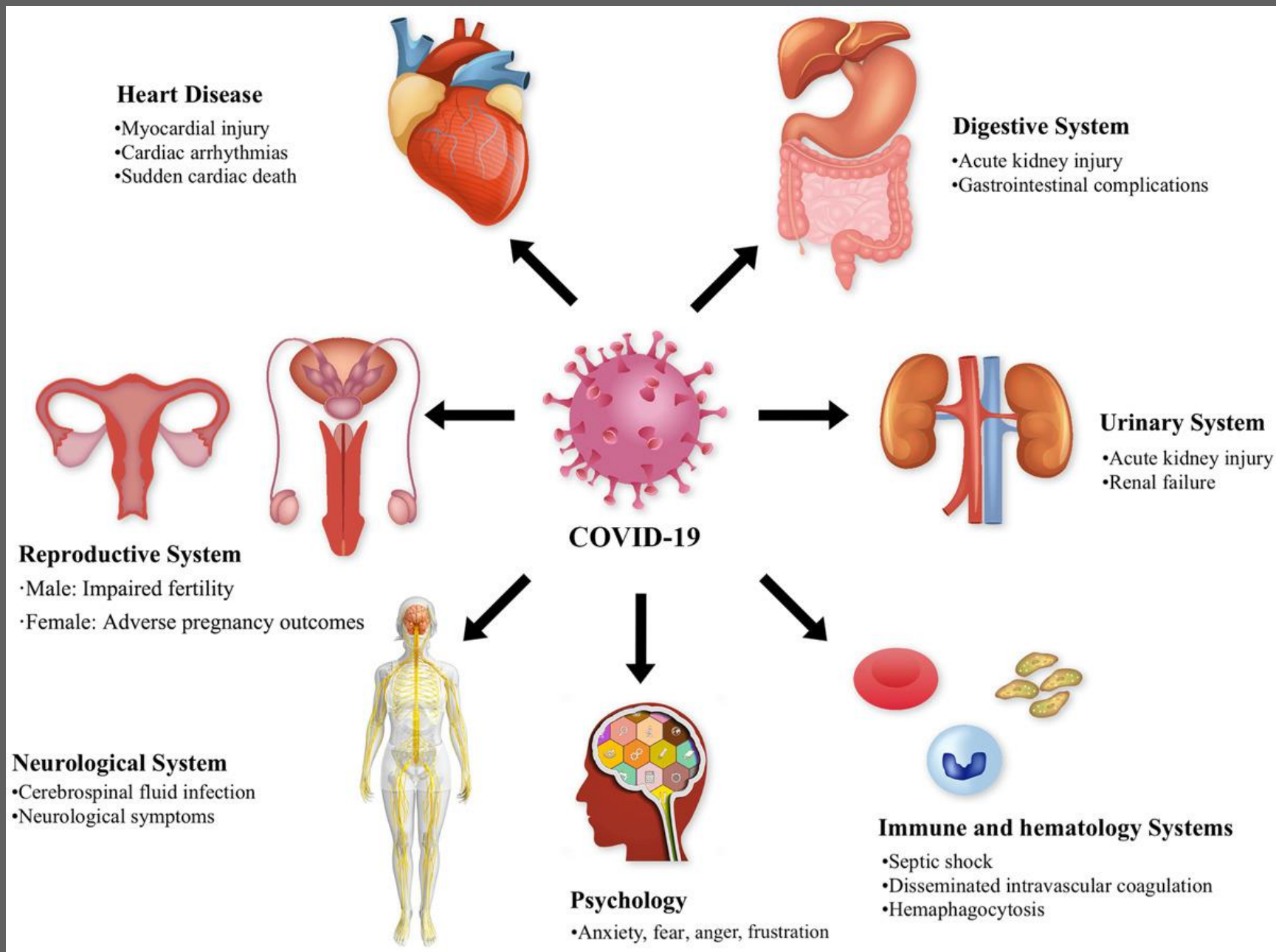- Muscle pain
- Sore throat

Image source: WHO, 2020

COVID-19 COMPLICATIONS

- Pneumonia
- Organ/ Vascular damage
  - Acute liver damage
  - Renal failure
  - Cardiac effects
- Neurological impacts
- Blood clots
- Secondary infections
- Major inflammatory reactions
- Acute respiratory distress
- Dermatological manifestations

(CDC, 2020; Lancet, 2020; Tang et al, 2020; WHO, 2020; Image: Researchgate)

Common symptoms
- Fever
- Dry cough
- Flu-like symptoms

Severe cases
- Dyspnea
- Chest pain
- Hemoptysis
- Crackles
- Respiratory insufficiency

Complications
- Pneumonia
- ARDS
- Cardiac injury
- Arrhythmia
- Septic shock
- Liver dysfunction
- Acute kidney injury
- Multi-organ failure

DURATION & SEVERITY OF COVID-19 ILLNESS

- Typical course of illness is 2 to 6 weeks

- 15-20% Moderate courses of illness (5-8 weeks +)

- 5% Critical/Severe course of illness (>6 weeks)

- Multiple studies ongoing on long term impact and sequelae of COVID-19

(WHO, 2020)
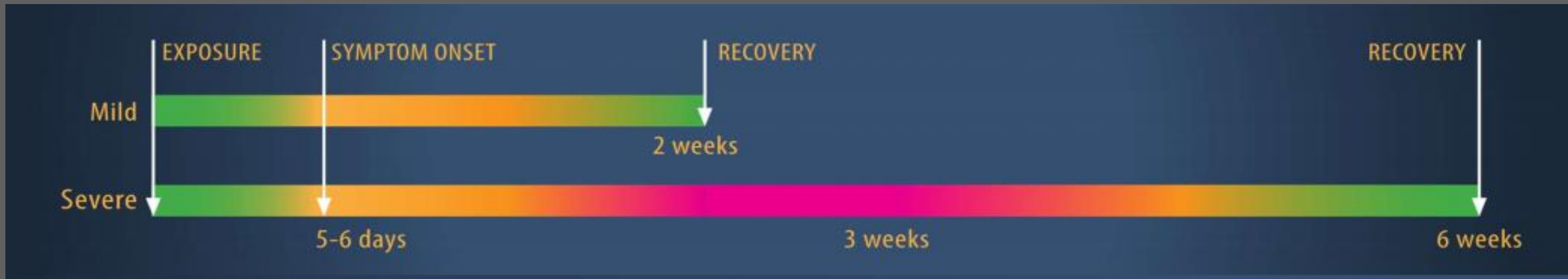
LONG TERM EFFECTS

- Vascular sequelae
- Cardiac injury
- Clotting disorders
- Miscarriage
- Multi-organ failure
- Neurological impact
- Renal Failure including dialysis
- Permanent lung damage
- Long term loss of taste or smell
- Long term mood impact, depression
- Profound fatigue
- Joint pain

(CDC, 2020; WHO, 2020; Image: Baylor-Lariat)

Long-term effects of Covid-19

hair loss

difficulty with concentration

smell and taste loss

Lung function abnormalities

Kidney injury

memory loss

anxiety

depression

inflammation of the heart muscle

muscle pain

PEDIATRICS ILLNESS

Symptoms

- Typically milder

- Most common symptoms are mild fever and cough

- Other symptoms include:
  - A fever that will not go away
  - Abdominal pain, diarrhea, or vomiting
  - Rash or changes in skin color
  - Pink or red eyes
  - Trouble breathing
  - The child seems confused or overly sleepy
  - Loss of taste or smell

MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) ASSOCIATED WITH COVID-19

MOLALLA RIVER Ready!

- Multisystem Inflammatory Syndrome in Children
- Complication of COVID-19
- Fever
- Abdominal pain, Vomiting, Diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Feeling extra tired, Inability to wake or stay awake
- Trouble breathing
- Pain or pressure in the chest that does not go away
- New confusion
- Bluish lips or face
   (CDC, 2020)

MIS-C

HIGH RISK POPULATIONS

- More common in elderly and those with underlying health conditions
- Serious heart diseases, such as heart failure, coronary artery disease or cardiomyopathy
- Cancer
- Chronic obstructive pulmonary disease (COPD)
- Type 2 diabetes
- Obesity or severe obesity
- Smoking
- Chronic kidney disease
- Sickle cell disease
- Weakened immune system from solid organ transplants
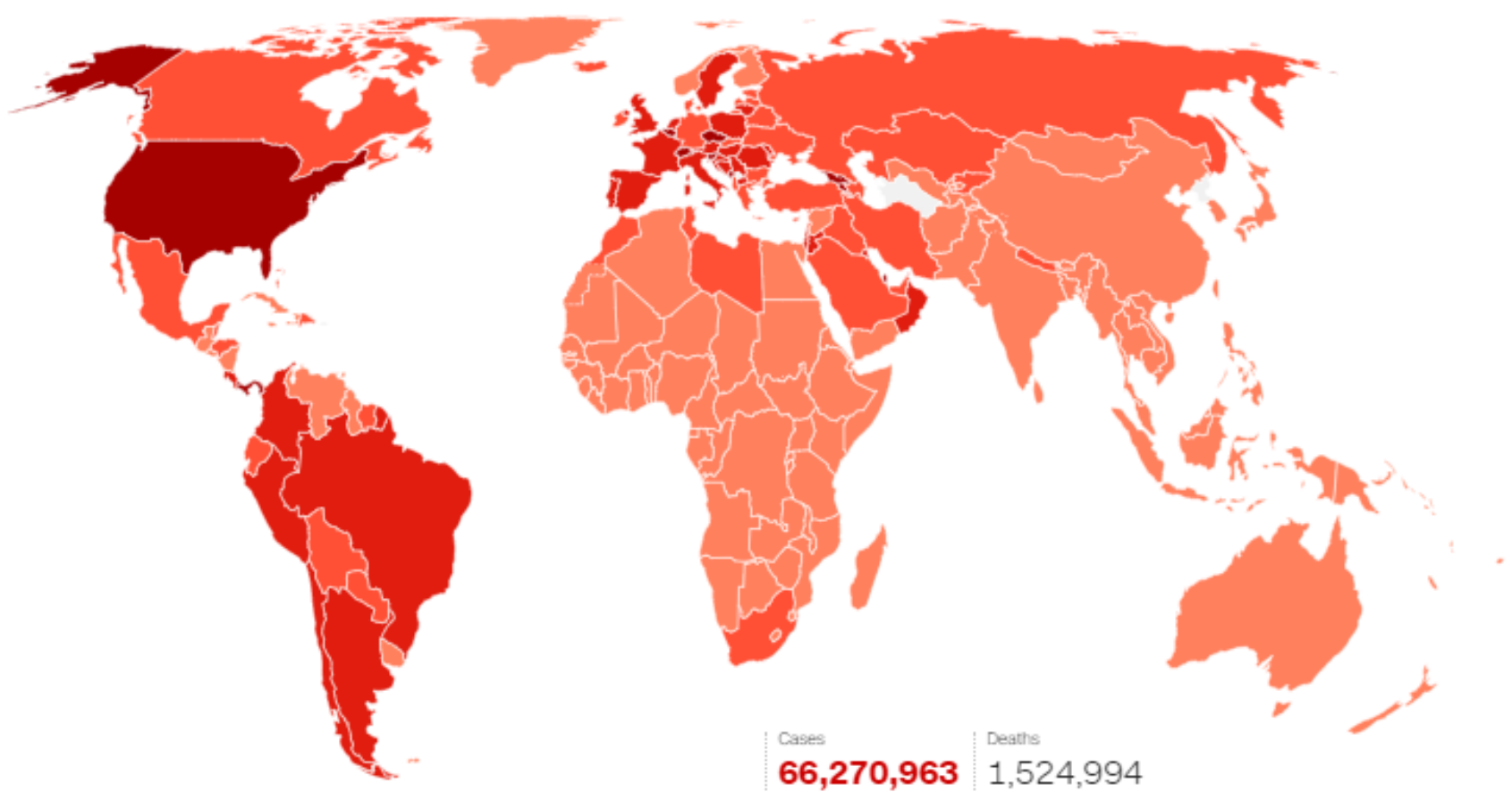- Pregnancy

(Mayo Clinic, 2020; CDC, 2020)

POPULATIONS WITH INCREASED RISK

- Asthma

- Liver disease

- Overweight

- Chronic lung diseases such as cystic fibrosis or pulmonary fibrosis

- Brain and nervous system conditions

- Weakened immune system from bone marrow transplant, HIV or some medications

- Type 1 diabetes

- High blood pressure

(Mayo Clinic, 2020)
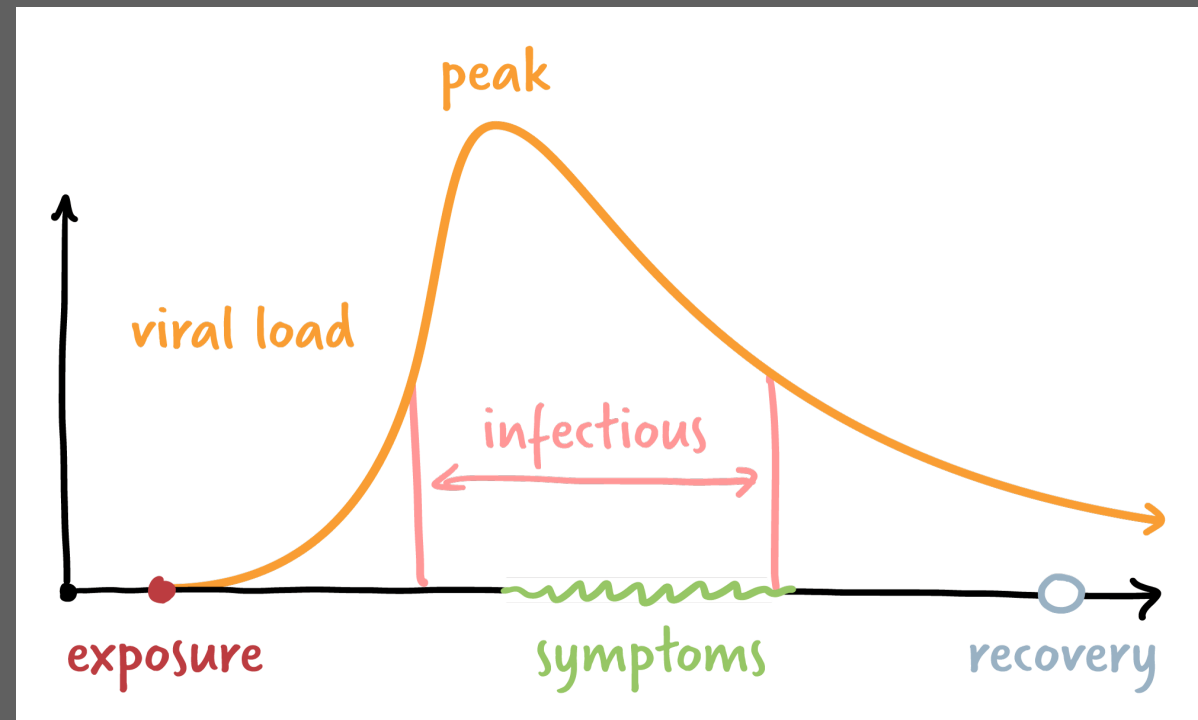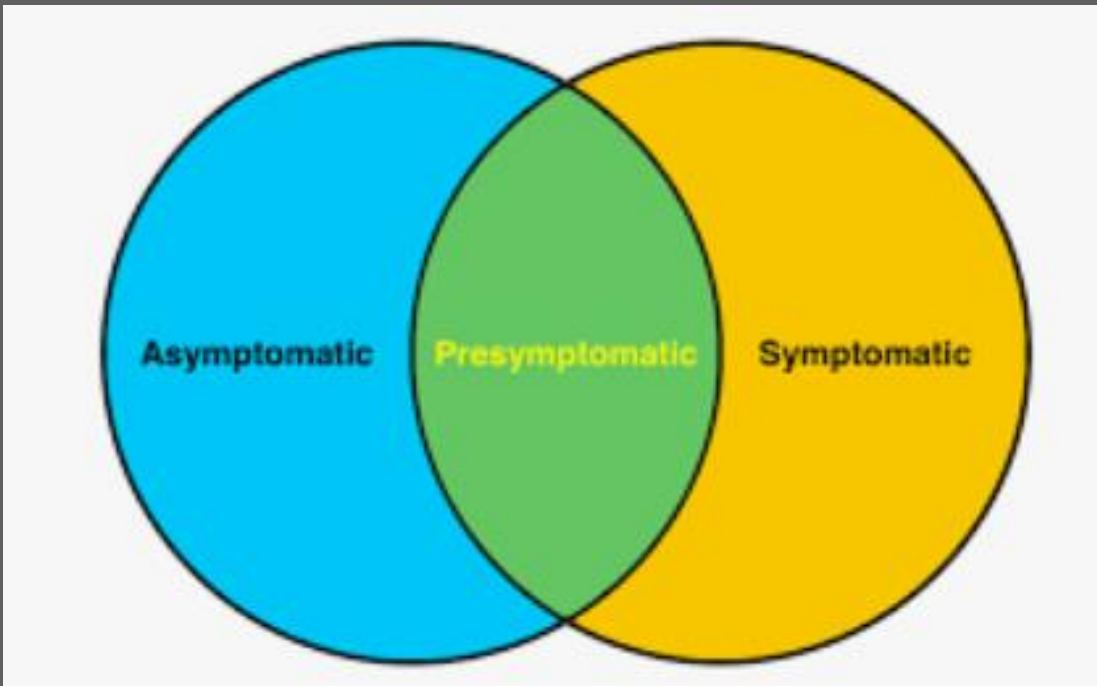
TRANSMISSION

CORONAVIRUS TRANSMISSION

- Close contact
- Droplets
- Aerosolization
- Contact contamination
- Poor ventilation

(Image: UMMC)

CONTAGIOUS PERIOD

- Likely 2-3 days prior to onset of illness

- Most people are no longer contagious 10 days after onset of symptoms

(Harvard, 2020; WHO, 2020; Images: NY Times: UNC)

ASYMPTOMATIC TRANSMISSION

- Presence of viral growth without presence of symptoms
  - Related potentially to subclinical illness (Walker, 2020)
  - Related potentially to impaired immune function (Savvides, & Siegel, 2020)

- Asymptomatic transmission is when the virus is transmitted by people without symptoms
  - This is not the most common way COVID-19 Spreads (OSHA, 2020)
  - Presymptomatic spread is more common
    - 69% of cases went on to develop symptoms later
    (Buitrago-Garcia et al, 2020)

PRESYMPTOMATIC INDIVIDUALS

- Pre-symptomatic cases are those that have the presence of COVID-19 via laboratory findings but have not yet developed symptoms

- The statistics vary on the frequency that this occurs (~40% according to CDC)

- Important in consideration of staff and student contact immediately prior to onset of illness

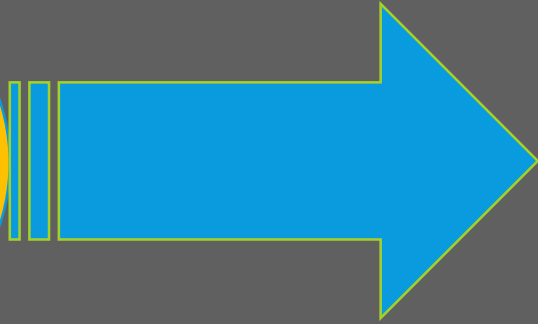- Reiterates necessary control measures at all times

PRESYMPTOMATIC TRANSMISSION

Presymptomatic transmission is the spread of the respiratory virus from an infected person to another person before the source develops symptoms.

Research indicates a person can substantially shed the COVID-19 virus (become contagious) several days before first symptoms appear.
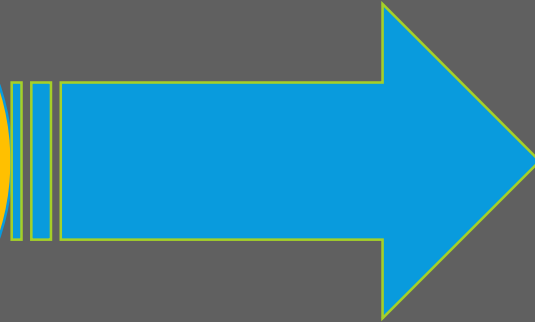
(Image: University of San Francisco)

MAKING CONNECTIONS

COVID-19 DISEASE MITIGATION IN THE SCHOOL SETTING

Section 2: Guiding Documents

GUIDING DOCUMENTS

LOCAL GUIDING DOCUMENTS

DISTRICT RESOURCES

METRICS

- Identify the incidence by county required for return to in person learning.

- Identify test positivity rate associated with in person learning.

- Describes what model of education delivery we must participate in.

Metrics & Models	On-Site	On-Site and Distance Learning	Transition	Distance Learning
County Case Rate per 100,000 People Over 14 days	<50.0	50.0 to <100.0	100.0 to ≤200.0	>200.0
County Case Count Over 14 days (for small counties[1])	<30	30 to <45	45 to ≤60	>60
County Test Positivity[2]	<5.0%	5.0% to <8.0%	8.0% to ≤10.0%	>10.0%
Instructional Model	Prioritize *On-Site* or *Hybrid* (as needed to maintain small cohorts) instructional models.	Prioritize careful phasing in of *On-Site* or *Hybrid* for elementary schools (starting with K-3 and adding additional grades up to grade 6). Middle school and high school primarily *Comprehensive Distance Learning* with allowable *Limited In-Person Instruction*. Over time, if elementary schools can demonstrate the ability to limit transmission in the school environment[3], transition to *On-Site* or *Hybrid*.	Consider transition to *Comprehensive Distance Learning* with allowable *Limited In-Person Instruction*. For counties with an upward case/positivity trend (entering from a lower risk category), school officials should discuss with their local public health authority (LPHA) and consider the spread of COVID-19 within schools and the local community in deciding whether to return to Comprehensive Distance Learning (CDL).[4] Schools in counties with downward case/positivity trend must remain in CDL until they drop into the "On-Site and Distance Learning" category or lower.	*Implement Comprehensive Distance Learning* with allowable *Limited In-Person Instruction* only.
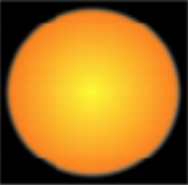
Return-to-School Metrics
State Guidance

Metrics and Models	On-site Learning	Hybrid Onsite and Distance Learning	Begin to Consider Transition	Distance Learning
County Case Rate Per 100,000 people over a 14 day period	<50	50-<100	100-< 200	>200
County Test Positivity	<5%	5%- <8%	8%-<10%	>10%
Instructional Model	Onsite or Hybrid (as needed to maintain small cohorts) instructional models	Phasing of Onsite or Hybrid for elementary schools. Starting with K-3 and adding additional grades up to grade 5. Middle and high school primarily Distance Learning with allowable Limited in-person instruction.*	Consider/ Plan for Transition → ←	Implement Comprehensive distance learning with allowable Limited in-person instruction only.

*If over time, elementary schools can demonstrate the ability to limit transmission in a school environment, carefully consider the Transition of middle and high school to Hybrid/ Onsite learning.

Return-to-School Metrics
Clackamas County- Molalla School District

COUNTY 2-Week Period Tracked	Total New Cases	County Cases per 100K	County Test Positivity	Return to In-person
11/22-12/5/2020	1926	454.9	8.3%	🔴
11/15 -11/28/2020	1575	372.0	8.9%	🔴
11/8- 11/21/2020	1434	338.7	7.4%	🔴

When Clackamas County metrics reach yellow status:	MRSD Plan A measured return to in-person instruction :		Learning Model & # Days/Week	Are we able to begin the transition?
	Can K-1 transition to on-site instruction?	Transition 14 days following county metrics reaching yellow status	In-person 4 days per week	🔴
	Can 2-3 transition to on-site instruction?	Transition 7 days after K-1 return, given no localized increase to case counts	In-person 4 days per week	🔴
	Can 4-5 transition to on-site instruction?	Transition 7 days after 2-3 return, given no localized increase to case counts	Hybrid- 2 days in person/ 3 days at home	🔴
	Can 6-12 transition to hybrid instruction?	Transition	Hybrid- 2 days in person/ 3 days at home	🔴

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OTHER CONSIDERATIONS FOR OPENING

Percentage of staff/students in high incident counties:

· If greater than 10% of staff for a single are drawn from a higher incidence county

· Requires collaboration with LPHA to determine

(Image: OHA)

Oregon's COVID-19 Risk Levels

Statewide Metrics

11/15/2020 - 11/28/2020
406.7 Cases Per 100k Residents
7.9% Test Positivity

COVID-19 Risk Levels
- Lower
- Moderate
- High
- Extreme

Hover over one of the bars below to highlight the counties in that risk level

Oregon Counties by COVID-19 Risk Level
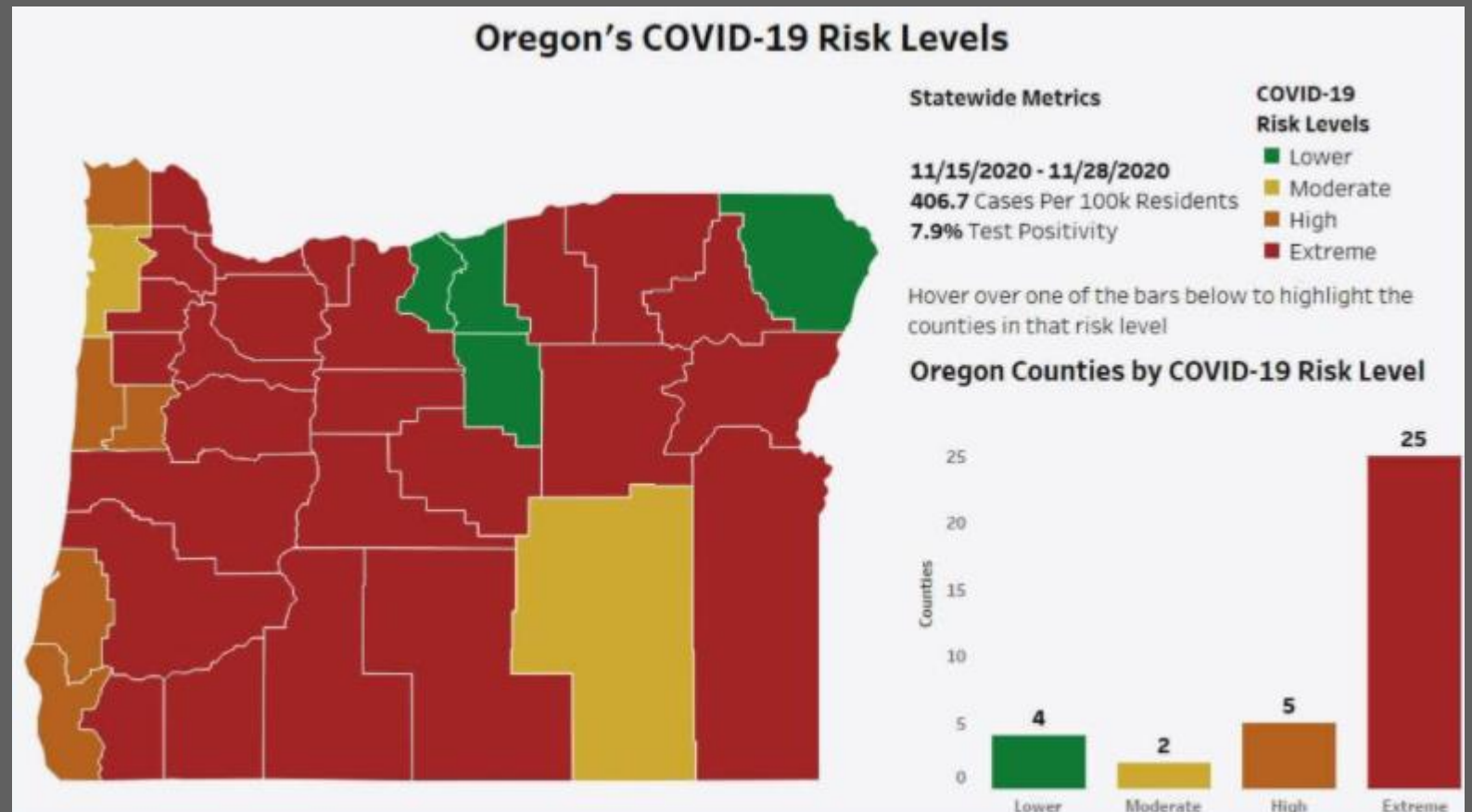
COVID-19 DISEASE MITIGATION IN THE SCHOOL SETTING

Section 3: Terminology and Key Practices

COVID-19 TERMINOLOGY

Common Terms Associated With COVID-19 Control Measures

COVID-19 TERMINOLOGY

QUARANTINE

- **Quarantine** separates and restricts movement of people *who are not sick*, but who have been exposed to a contagious disease, for a length of time, in case they develop symptoms, in order to limit spread of disease.
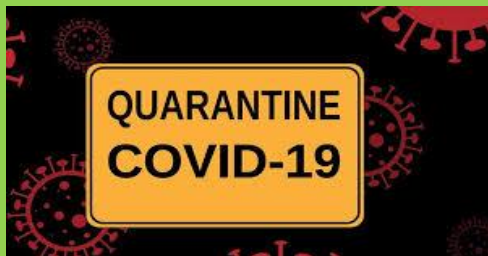
ISOLATION

- **Isolation** is an infection control measure that separates *sick people with a contagious disease* from other people who are not sick.

QUARANTINE COVID-19

COVID-19 TERMINOLOGY CONTINUED...

Social Distancing, also known as "physical distancing" or "spatial distancing" means keeping a safe distance between yourself and other people not from your household. Practicing physical distancing means maintaining about 6 feet between yourself and other people. It is recommended that this be used in conjunction with other measures such as wearing masks and practicing hand hygiene to prevent COVID-19 infection.

COVID-19 TERMINOLOGY CONTINUED...

Cohorting, is an infection control measure used in population based settings such as schools to limit contact between students and staff in efforts to reduce the risk of spread of COVID-19 in the school setting.
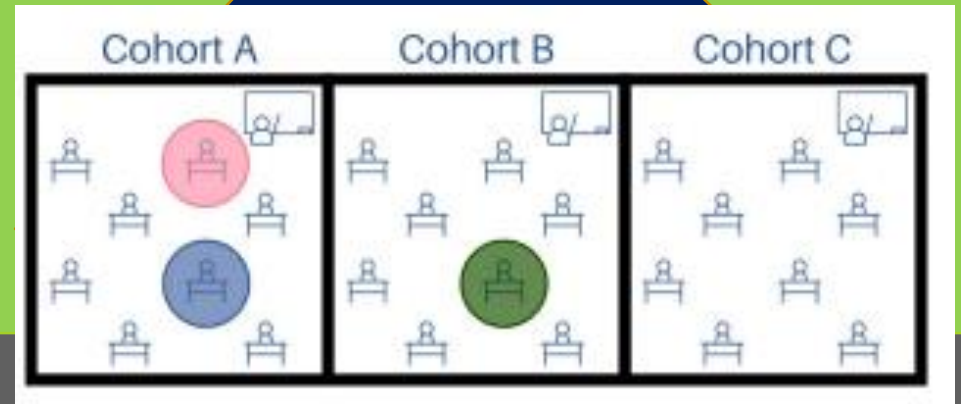
COVID-19 TERMINOLOGY CONTINUED

Cohort Tracking

- **Cohort Tracking** refers to procedures and processes put in place in specific settings, such as schools, to maintain record of where students and staff have been to aid in contact tracing.

Contact Tracing

- **Contact Tracing** is a public health process that identifies who may have come into contact with an infected person.
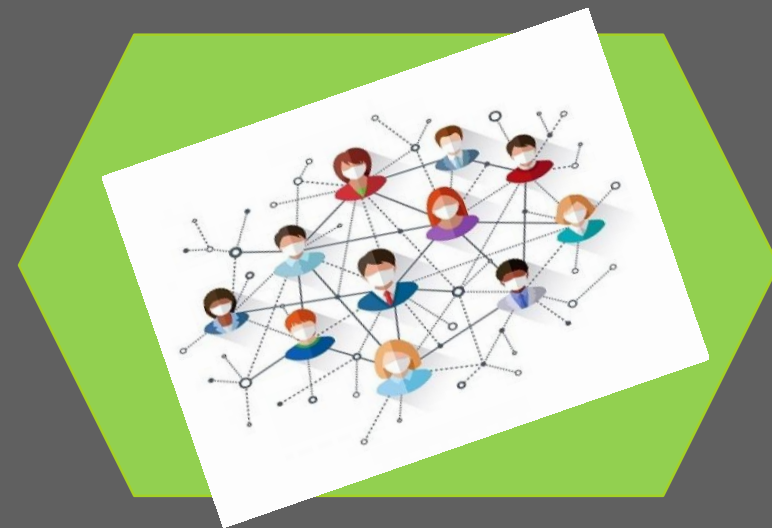
CASE DEFINITION

CONFIRMED CASE

Someone who has a positive lab result for COVID-19.
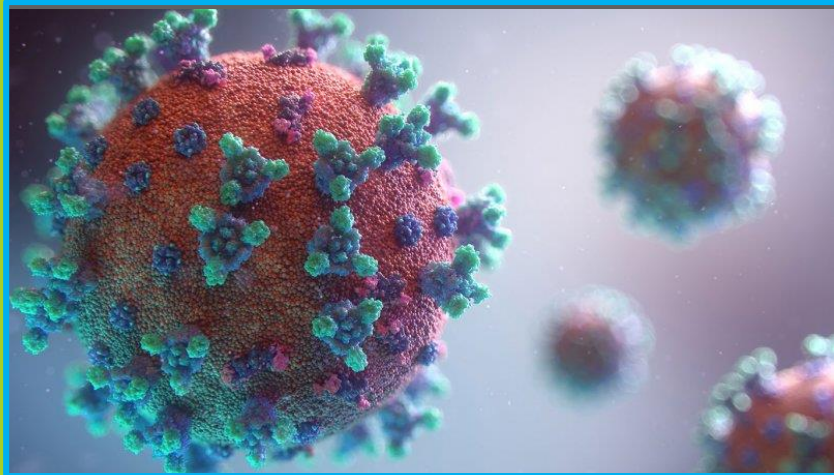
PRESUMPTIVE CASE

Someone who has been in contact with a confirmed case of COVID-19

AND

Has at least 2 of the following symptoms: shortness of breath, cough, fever, loss of taste or smell, pneumonia

AND

Has no alternative diagnosis.

KEY PRACTICES TO MITIGATE INFECTION SPREAD

Physical Distancing*Cohorting*PPE*Disinfection*Hygiene

ELEMENTS OF IMPLEMENTING CONTROL MEASURES SUCCESSFULLY

- Understand what COVID-19 is and how it is transmitted
- Understand the rationale behind each control measure

INFORMATION

- Apply control measure strategies
- Role model control measures
- Reinforce control measures

PRACTICE

DISEASE MITIGATION PRINCIPLES

Image: RSSL

ROUTINE INFECTION PREVENTION

HAND HYGIENE

- Wash hands for 20 seconds with soap and water:
  - Upon arrival
  - Before meals
  - Before and after recess
  - After using restroom
- Use 60% alcohol containing hand sanitizer when soap and water are not available

RESPIRATORY ETIQUETTE

- Cover coughs and sneezes with elbow.
- Cover coughs and sneezes with tissue and immediately dispose of tissue in waste basket and wash hands

Coughing and sneezing etiquette

Cover your mouth and nose with a tissue.

Dispose of your tissue properly. TRASH BIN

If there is no tissue, cough or sneeze into the bend of elbow – not your hand.

If you sneeze or cough into hand, wash your hands as soon as possible.

Source: US Centres for Disease Control and Prevention

PHYSICAL DISTANCING PRACTICE

Why?

Minimizes close proximity interaction and reduces the number of people interacting within a space.

How?

- Markers and indicators on floors and walls.
- Minimize standing in lines.
- Minimize building movement
- Staggered arrival and departure
- Schedule modifications
- One way traffic
- Staff role models

Basic Principles

- 6 ft apart
- 35 square feet per person

MOLALLA RIVER Ready!

PLEASE KEEP YOUR DISTANCE WAIT HERE

COHORTING PRACTICE:

Why?

Disease transmission is decreased as cohort size decreases and cohort overlap decreases.
THE SMALLER THE COHORT THE LESS THE SPREAD OF DISEASE.

How?

- Establish groups that are as static as feasible.
- Minimize interactions between cohorts
- Rotate staff if feasible: rotating staff must wash hands between each cohort.
- Sanitize between cohorts.

How Not ?

- Cohorts cannot be based on ability
- Students cannot be a part of a single or multiple cohorts that exceed more than 100 people per week (cohorts can change week to week).

DISINFECTING PRACTICE

Regular Disinfection:
What we always do to maintain a clean and healthy environment!

Increased Disinfection:
- Cleaning between cohorts
- Cleaning high touch surfaces more often
- Cleaning shared equipment and commons areas with increased frequency

Response Oriented:
Major disinfection process when there has been a known infectious disease exposure in a specific space.

COVID-19 DISEASE MITIGATION IN THE SCHOOL SETTING

Section 4 : PPE

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- General PPE should be used as per Transmission Based Protocols

- PPE in the school setting might include:
  - Gloves
  - Masks
  - Gowns
  - Goggles
  - Face shields

- Overview of Donning and Doffing PPE should be reviewed [district website]
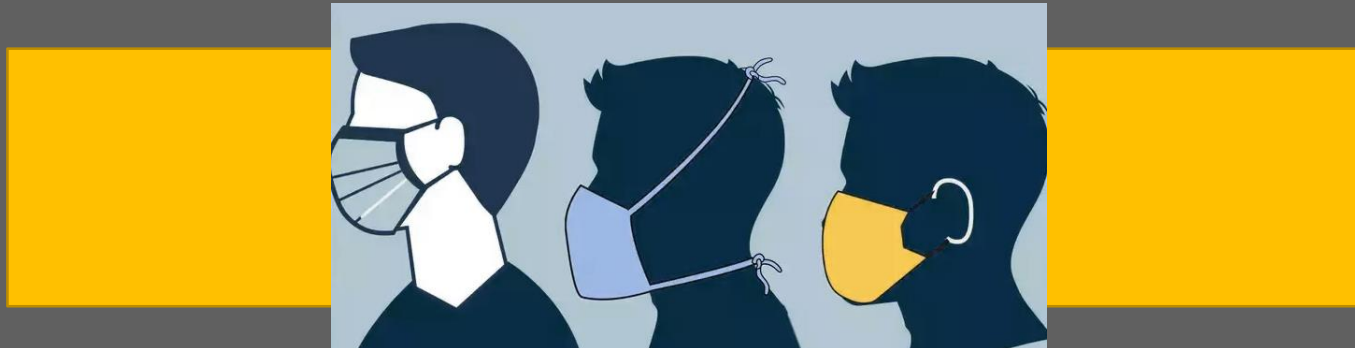
PPE GENERAL PRINCIPLES

- **FACE COVERINGS ARE REQUIRED IN ALL INDOOR AND OUTDOOR AREAS IN THE SCHOOL SETTING**

- Cloth face coverings or masks are the expected PPE
  - Few provisions/exceptions made for face shields

- Students needing to take breaks should do so away from cohorts for less than 15 minutes
  - Whole classes should not take collective breaks from face coverings
  - Students must be supervised during mask breaks

MASKS

- Masks or cloth face coverings are required for all students and staff

- Medical grade masks should be reserved for clinical interactions when there are limitations on availability (nurses, staff in COSIE space)

- Single use PPE should not be re-used

- Cloth face coverings should be regularly laundered

- Face coverings should not be shared
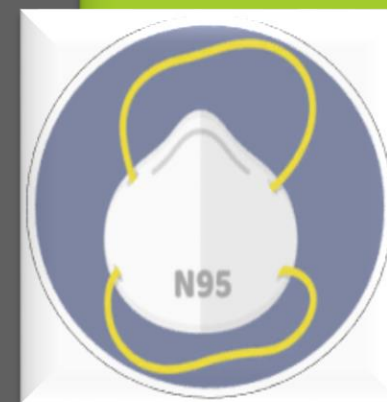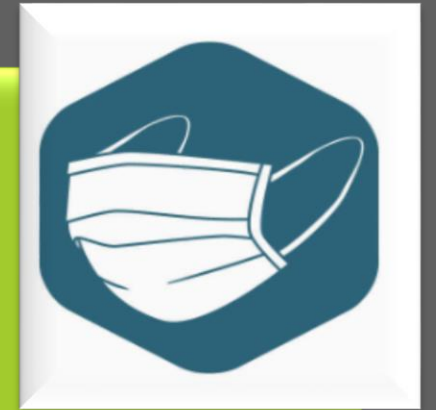
MASK REFUSAL

- There are very few true medical contraindications to wearing masks that exist in medical literature

- Practicing mask wearing can improve mask tolerance and compliance

- Practicing mask wearing with social stories can help desensitize some populations

- Individuals whose disability prevents them from wearing masks appropriately will be handled on a case by case basis, through a process similar to manifestation, as per RSSL

- Mask refusal will be accommodated with CDL, per RSSL

FACE SHIELDS

- Face shields may be sporadically used in specific cases for a limited duration:
  - Articulation therapy
  - Students hard of hearing
  - Teaching reading

- Face shields may be an acceptable accommodation for students who cannot wear masks. This is a team decision and will require coordination with clinician

- Face shields should not be routinely worn alone.

- Face shields may be used in addition to masks when risk of splash is present

COVID-19 DISEASE MITIGATION IN THE SCHOOL SETTING

Section 5 : When to Go Home or Stay Home

MEDICAL REMOVAL/EXCLUSION

Exclusion (OHA/ODE)

- The specifics under Oregon law govern exclusion from the school environment based on specific symptoms, diagnosis or exposure to a communicable disease

OAR 333-050-0050

OAR 333-019-0010

Medical Removal (OSHA)

- When public health or a medical provider recommend an employee be restricted from work due to quarantine or isolation for COVID-19, such as through identification during contact tracing activities

- The affected worker(s) must be directed to isolate at home and away from other non-quarantined individuals

Oregon Administrative Rule 437-001-0744

KNOW WHEN TO STAY HOME:

- When you have been identified as a contact of a confirmed or presumptive case of COVID-19

- When you have any symptoms that are routinely excludable

- When you have any major symptoms of COVID

- When you have multiple minor symptoms of COVID

- When you have travelled to a different geographic vicinity in the past 14 days

KNOW THE SYMPTOMS:

ROUTINE EXCLUDABLE SYMPTOMS

Based on Oregon Communicable Disease Guidelines For Schools:

- Fever (> 100.4°F)
- New Cough
- Diarrhea
- Vomiting
- Headache with stiff neck
- Eyes with colored drainage
- Lethargy or unusual behavior change
- Symptoms that require more care than staff can safely provide

PLEASE KEEP ILL STUDENTS OUT OF SCHOOL

The list below gives school instructions, not medical advice. Please contact your health care provider with health concerns. **During 2020-2021, anyone exposed to COVID-19 must stay home for 14 days.**

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER... *The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.
Fever: temperature of 100.4°F [38°C] or greater	*Fever-free for 24 hours without taking fever-reducing medicine **AND** after a COVID-19 **test is negative**, OR **10 days** if not tested.
New **cough** illness **OR** New **difficulty breathing**	*Symptom-free for 24 hours **AND** after a COVID-19 **test is negative**, OR **10 days** if not tested. If diagnosed with pertussis (whooping cough), the student must take 5 days of prescribed antibiotics before returning.
Headache with stiff neck or with fever	*Symptom-free **OR** with orders from doctor to school nurse. Follow fever instructions if fever is present.
Diarrhea: 3 loose or watery stools in a day **OR** not able to control bowel movements	*Symptom-free for 48 hours **OR** with orders from doctor to school nurse.
Vomiting: one or more episode that is unexplained	*Symptom-free for 48 hours **OR** with orders from doctor to school nurse.
Skin rash or **open sores**	*Symptom free, which means rash is gone OR sores are dry or can be completely covered by a bandage **OR** with orders from doctor to school nurse.
Red eyes with eye discharge: yellow or brown drainage from the eyes	*Symptom-free, which means redness and discharge are gone **OR** with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	*After the school has orders from doctor or local public health authority to school nurse.
Acting different without a reason: unusually sleepy, grumpy, or confused.	*Symptom-free, which means return to normal behavior **OR** with orders from doctor to school nurse.
Major health event, like an illness lasting 2 or more weeks **OR** a hospital stay.	*After the school has orders from doctor to school nurse.
Student's health condition requires more care than school staff can safely provide	*After measures are in place for student's safety.

EXLCUDABLE SYMPTOMS

ROUTINE

- Fever (> 100.4°F)
- New Cough
- Diarrhea
- Vomiting
- Headache with stiff neck
- Eyes with colored drainage
- Lethargy or unusual behavior change
- Symptoms that require more care than staff can safely provide.

COVID-19

- Fever (> 100.4°F)
- Cough
- Diarrhea
- Vomiting
- Shortness of breath
- Difficulty breathing
- New loss of taste or smell
- Or multiple minor symptoms (sore throat, congestion, runny nose, headache)

MOLALLA RIVER Ready!

1

Child or staff has symptoms compatible with COVID-19 and has had no contact with a COVID-19 case in the past 14 days.

Exclude per exclusions guidelines, refer to health care provider for decisions on testing.

If the individual is not tested or they test positive, they must stay home for at least 10 days and until 24 hours symptom free. Positive labs, refer to **4**

If the individual is tested and is negative, they must remain home until 24 hours fever free.

2

Child or staff member has illness compatible with COVID-19 and has been in contact with a confirmed or presumptive case in the past 14 days.

Student or staff is regarded as a presumptive case, refer to **4**

If student tests negative they must still remain home for at least 10 days and until 24 hours fever free free.

Students household contacts may now be fall under

3

Child or Staff member has been exposed to a confirmed or presumptive case of COVID-19 in the past 14 days and is not symptomatic.

The student or staff must be excluded and home quarantine and self monitor for 14 days after the last exposure.

For household contacts, this means that the 14 day quarantine begins AFTER the 10 day isolation of the family member = potentially 24 days

If the student or staff develops symptoms they may now be regarded as a presumptive case of COVID-19

Household and close contacts must quarantine as per **3**

4

Child or staff member is reported as confirmed or presumptive case of COVID-19

Exclude for at least 10 days and 24 hours symptom free. Collaborate with *LPHA Communication Algorithm* to:
- Verify confirmed case report is laboratory confirmed.
- Identify exposure time frame and determine if student/staff was at school during infectious period.
- Identify cohorts and staff to obtain logs for and quarantine as necessary.
- Determine in collaboration with LPHA if entire cohorts should be quarantined or if school closure is warranted
- Collaborate on environmental health procedures and communication to community and staff.

5

If a student or staff member is a household contact with someone who is in quarantine but that household contact is not sick and the student or staff are not contacts of the ill person.

Student or staff should not be excluded.

If the close contact becomes ill, they become a presumptive case as per **4**

COVID-19 DISEASE MITIGATION IN THE SCHOOL SETTING

Section 6 : Communication Process

WHAT DO I DO IF I TEST POSITIVE FOR COVID-19?

DO

- Inform your administrator

- Report to Human Resources or School Health Services if you cannot reach your administrator

- Provide date of onset of illness (this helps us determine exposure period)

- Allow for appropriate district communication and coordination with LPHA

- Stay home as directed

DO NOT

- Independently inform staff, students, and families of illness
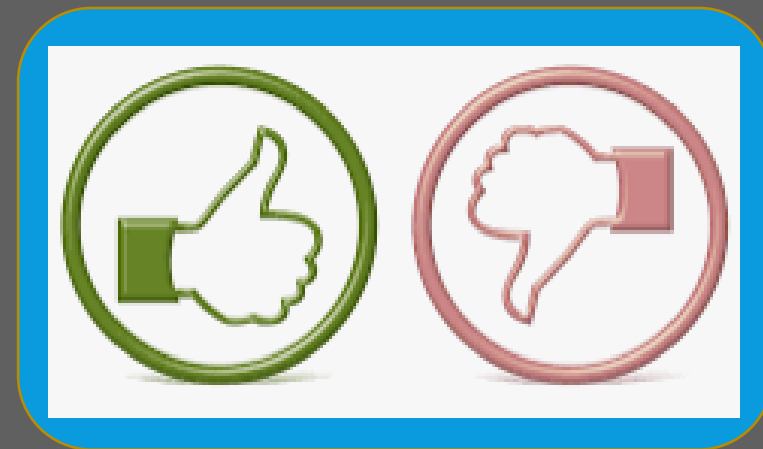
IF A STUDENT ADVISES ME THAT THEY OR THEIR FAMILY IS POSITIVE FOR COVID-19:

DO
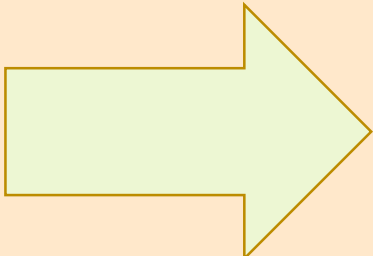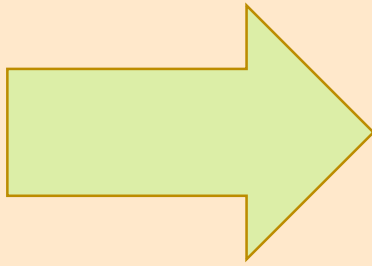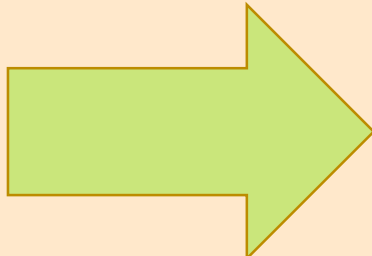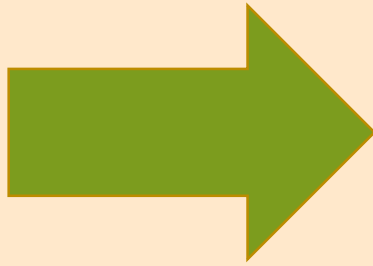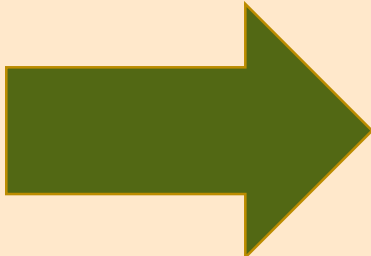
- Advise administrator

- Inform school health services, if unable to reach your administrator

- Allow district time to confirm facts, identify risk and provide appropriate communication to staff and families

DON'T

- Share information with other students or staff

- Post about an exposure on social media

- PANIC
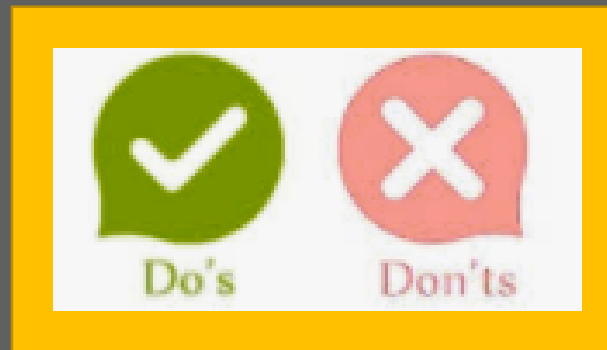
COMMUNICATION PROCESS

Staff	Principals	School Health	Human Resources	District Team
Inform Admin of Diagnosis or Exposure	Obtain basic information: • Date of onset or date exposure • Date in the building Consult with School Health Services	Liaison to LPHA • Confirm diagnosis • Obtain additional information as needed.	Identify impact to staff in building as it relates to potential isolation or quarantine	• Admin Team • Human Resources • School Health • Communications Develop case specific communications for staff and families

Report of Confirmed COVID-19 case from public to school staff

Report of Confirmed COVID-19 case from public or principal to district RN

RN reports to Local Public Health Authority.

Local Public Health Authority reports a confirmed case to district RN
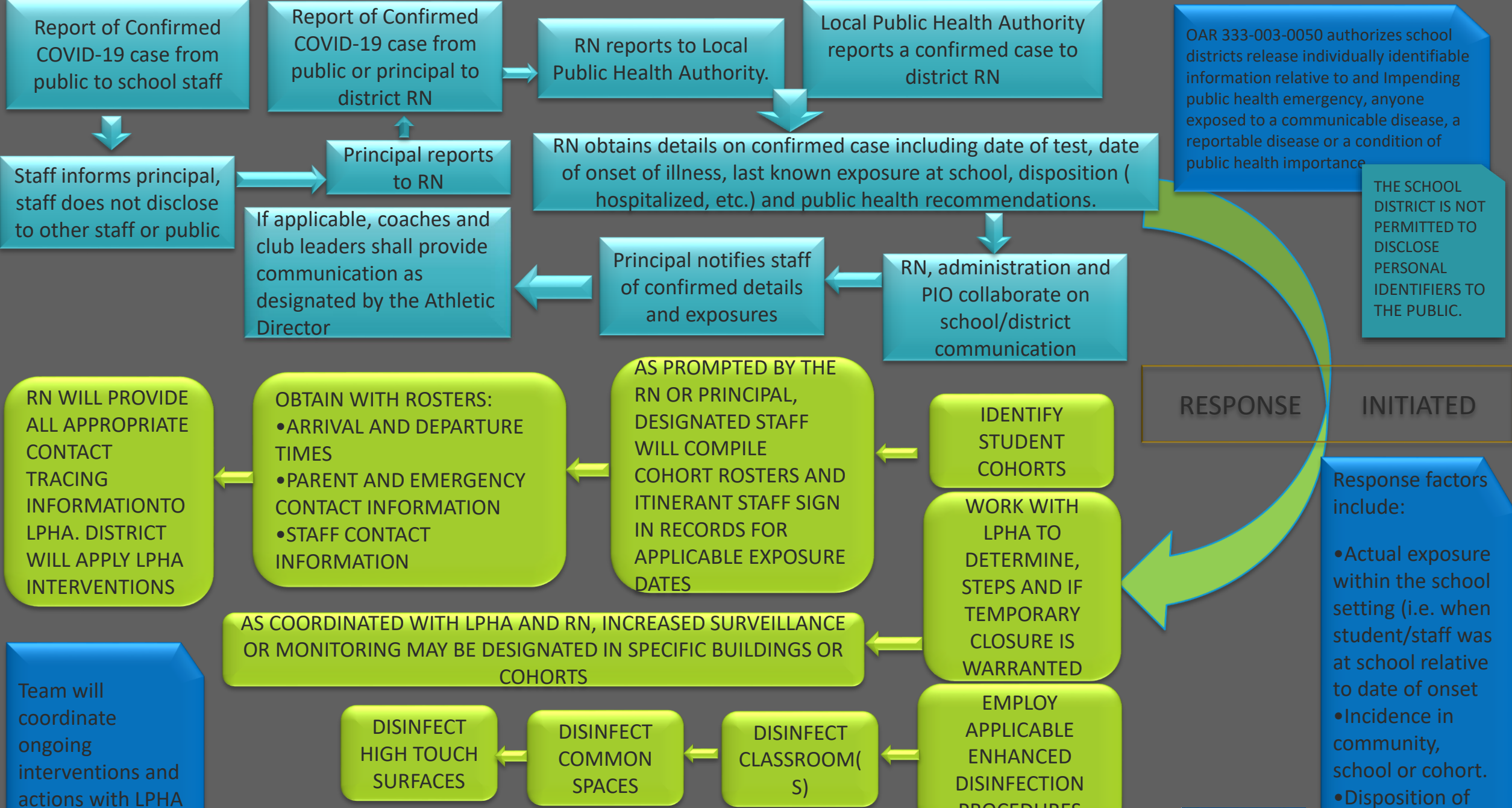
OAR 333-003-0050 authorizes school districts release individually identifiable information relative to and Impending public health emergency, anyone exposed to a communicable disease, a reportable disease or a condition of public health importance

Staff informs principal, staff does not disclose to other staff or public

Principal reports to RN

RN obtains details on confirmed case including date of test, date of onset of illness, last known exposure at school, disposition (hospitalized, etc.) and public health recommendations.

THE SCHOOL DISTRICT IS NOT PERMITTED TO DISCLOSE PERSONAL IDENTIFIERS TO THE PUBLIC.

If applicable, coaches and club leaders shall provide communication as designated by the Athletic Director

Principal notifies staff of confirmed details and exposures

RN, administration and PIO collaborate on school/district communication

RESPONSE   INITIATED

RN WILL PROVIDE ALL APPROPRIATE CONTACT TRACING INFORMATIONTO LPHA. DISTRICT WILL APPLY LPHA INTERVENTIONS

OBTAIN WITH ROSTERS:
•ARRIVAL AND DEPARTURE TIMES
•PARENT AND EMERGENCY CONTACT INFORMATION
•STAFF CONTACT INFORMATION

AS PROMPTED BY THE RN OR PRINCIPAL, DESIGNATED STAFF WILL COMPILE COHORT ROSTERS AND ITINERANT STAFF SIGN IN RECORDS FOR APPLICABLE EXPOSURE DATES

IDENTIFY STUDENT COHORTS

Response factors include:

WORK WITH LPHA TO DETERMINE, STEPS AND IF TEMPORARY CLOSURE IS WARRANTED

•Actual exposure within the school setting (i.e. when student/staff was at school relative to date of onset
•Incidence in community, school or cohort.
•Disposition of case.

AS COORDINATED WITH LPHA AND RN, INCREASED SURVEILLANCE OR MONITORING MAY BE DESIGNATED IN SPECIFIC BUILDINGS OR COHORTS

Team will coordinate ongoing interventions and actions with LPHA

DISINFECT HIGH TOUCH SURFACES

DISINFECT COMMON SPACES

DISINFECT CLASSROOM(S)

EMPLOY APPLICABLE ENHANCED DISINFECTION PROCEDURES

SCHOOL-LPHA Communication Algorithm

MOLALLA RIVER
Ready!

COVID-19 DISEASE MITIGATION IN THE SCHOOL SETTING

Section 7 : Trauma Informed Practice & Screening, Isolation & Exclusion

TRAUMA INFORMED PRACTICE

TRAUMA INFORMED PRACTICE

- "Isolation" is a clinical term that should be avoided at school.

- "Exclusion" is the term used to dismiss a student due to potentially infectious nature, but should be avoided.

- COSIE (COZY) Space : Covid-19, Observation, Surveillance, Isolation, Exclusion.

- Students sent for observation in the COSIE space should be so because of symptoms and not because of other factors such as hygiene or socioeconomic status.

- Staff screening students and supervising COSIE space should be trained in implicit bias.

- COSIE space should be inviting and not sterile appearing.

- Staff must be engaging as per child developmentally appropriate interactions.
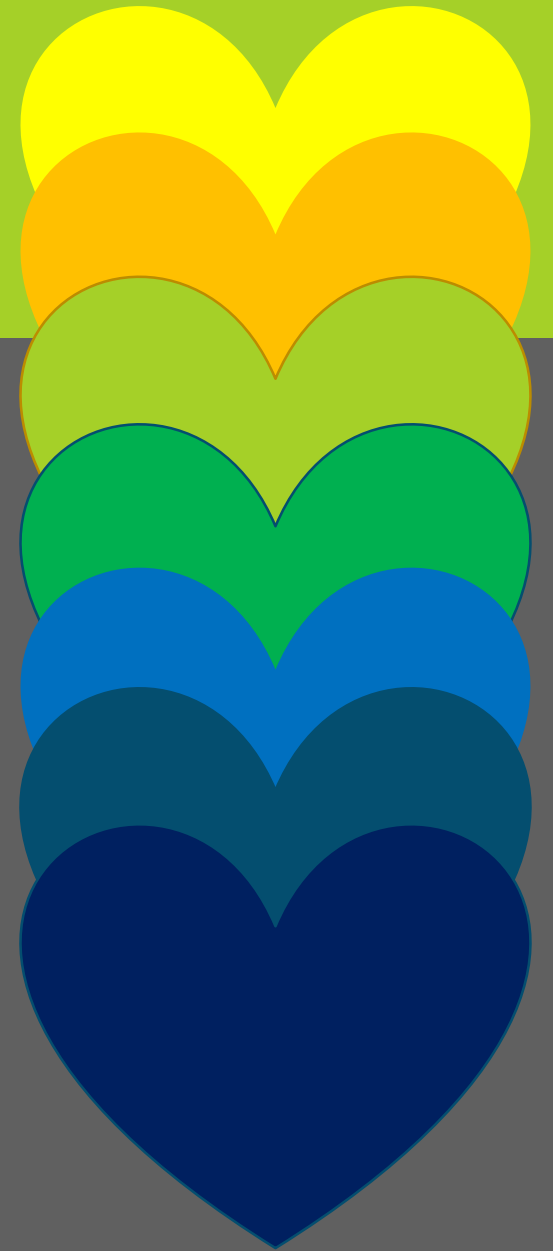
TRAUMA INFORMED PRACTICE CONTINUED…

- Staff should explain each step that is occurring to students:
  - Introduce yourself if the student does not know you.
  - "I am going to ask you a few questions."
  - "We are going to go to the COSIE space."
  - " Because you aren't feeling well, we are going to give mom a call."
  - "To keep our friends from getting sick, we are going to wait in the COSIE space."

- Staff should avoid terms that may be frightening or anxiety provoking for student, especially young students:
  - Isolation
  - COVID-19
  - Quarantine
  - Exclude

- Reassure student as needed, remain calm

SCREENING, ISOLATION & EXCLUSION

How to Identify Those Who Should Isolate, Quarantine, or Go Home

LEVELS OF SCREENING

- Level 1: Screening at Home
  - Parents Screen Students
  - Staff Self Screens
  - Know when to stay home

- Level 2: Screening upon bus entry
  - Bus drivers visually screen students

- Level 3: Active Screening upon Entry to School
  - Students are visually screened as the enter the building

- Level 4: Passive screening throughout the day (look and listen)

- Level 5: COSIE Room Screening (Full Screening)

AT HOME SCREENING

- Understand symptoms that are excludable.
  - Understand COVID-19 symptoms
  - Know regularly excludable symptoms
  - Use screening algorithms
  - Use symptom checker, as needed
  - Contact your provider, as needed

- Understand staying home when you have been in contact with a confirmed case of COVID-19

- Understand staying home if you have recently travelled

Stay home when sick

MOLALLA RIVER
Ready!

Can my child attend school today? (Start with question 1 and follow the "yes" or "no")

MOLALLA RIVER
Ready!

1 Have you been identified by the health department as a <u>positive case</u> of COVID-19; *OR* Have you been in *close contact with a positive case of COVID-19 ? *OR* Have you travelled in the past 14 days?

YES →

Keep your child home. Inform your school.
Rest and recover. Follow exclusion guidelines (below) Access comprehensive distance learning when well enough to do so.

*Close contact means within 6 feet for at least 15 minutes

NO

2 Does your child have symptoms of *fever, shortness of breath, difficulty breathing, persistent cough *or* new loss of taste or smell?

YES →

*Fever means temperature (by mouth) greater than 100.4F

NO

3 Does your child have symptoms of *fever, undiagnosed rash, diarrhea, vomiting, headache *or* unexplained behavior change?

NO →

IF…	THEN…
Your child has tested positive for COVID-19	Remain home for at least 10 days from the date of onset.
Your child has been in contact with a confirmed case of COVID-19 or travelled outside the area in the past 14 days.	Remain home for 14 days from the *last* exposure/travel.
Your child is Ill with major symptoms of COVID-19 (See #2)	Consult with your medical provider for COVID-19 test and/or stay home for 10-days from date of onset
Your child is ill with minor symptoms of COVID-19 and not a contact of a confirmed case (See #3)	Stay home until free of vomiting and diarrhea for 48 hours and free of fever without fever reducing medication for 24 hours.

Your child may come to school *only if* they have been cleared by their healthcare provider or the health department to do so
AND
their symptoms are improving
AND
they have been free of fever for 24 hours without fever reducing medication
AND
free of vomiting and diarrhea for 48 hours.

Come to school.

Can I go to work today? (Start with question 1 and follow the "yes" or "no")

MOLALLA RIVER Ready!

1 Have you been identified by the health department as a <u>positive case</u> of COVID-19; <u>OR</u> Have you been in *close contact with a positive case of COVID-19 ? <u>OR</u> Have you travelled in the past 14 days?

→ **YES** → Stay home. Inform your administrator. Rest and recover. Follow exclusion guidelines (below) Access work from home if well enough to do so, at the discretion of your administrator.

*Close contact means within 6 feet for at least 15 minutes

NO ↓

2 Do you have symptoms of *fever, shortness of breath, difficulty breathing, persistent cough *or* new loss of taste or smell?

→ **YES** →

*Fever means temperature (by mouth) greater than 100.4F

NO ↓

3 Do you have symptoms of *fever, undiagnosed rash, diarrhea, vomiting, headache *or* unexplained behavior change?

→ **NO** →

IF…	THEN…
You have tested positive for COVID-19	Remain home for at least 10 days from the date of onset.
You have been in contact with a confirmed case of COVID-19 or travelled outside the area in the past 14 days.	Remain home for 14 days from the *last* exposure/travel.
Your are Ill with major symptoms of COVID-19 (See #2)	Consult with your medical provider for COVID-19 test and/or stay home for 10-days from date of onset
You are ill with minor symptoms of COVID-19 and not a contact of a confirmed case (See #3)	Stay home until free of vomiting and diarrhea for 48 hours and free of fever without fever reducing medication for 24 hours.

You may come to work <u>*only if*</u> you have been cleared by your healthcare provider or the health department to do so <u>AND</u> Your symptoms are improving <u>AND</u> You have been free of fever for 24 hours without fever reducing medication <u>AND</u> free of vomiting and diarrhea for 48 hours.

Come to work.

SCREENING ELEMENTS

LOOK!

Visual Screening

(Observation Only)

- Unusual Coloration (flushed or pale)
- Unusual Behavior (behavior change, lethargy, unusual fatigue)
- New or significant coughing
- Respiratory symptoms not typical for student
- Shortness of breath
- Chills
- Appearing ill
- Vomiting
- Pink eye
- Rash

LISTEN!

Student Complaint
(Verbal Report)

- Nausea/Vomiting/ Diarrhea
- Headache
- Muscle Pain
- Fever
- Sore Throat
- Loss of Taste or Smell
- General unwell feeling
- Reports diagnosis or contact with confirmed case

Visual Screening
(Observation Only)

- Unusual Coloration (flushed or pale)
- Unusual Behavior (behavior change, lethargy, unusual fatigue)
- New or significant coughing
- Respiratory symptoms not typical for student
- Shortness of breath
- Chills
- Appearing ill
- Vomiting
- Pink Eye
- Rash

Student Complaint
(Verbal Report)

- Nausea/Vomiting/ Diarrhea
- Headache
- Muscle Pain
- Fever
- Sore throat
- Loss of Taste or Smell
- General unwell feeling
- Report of COVID diagnosis or contact with a confirmed case

FULL SCREENING
(Requires Action and Inquiry by Screening Staff)

*Symptoms that are independently excludable. Consider dismissal to home if combination of 2 or more symptoms not independently excludable.

- **Cough ***
- **Fever and chills [Take temperature (should be < 100.4 °F]***
- **Shortness of breath or difficulty breathing not explained by an underlying condition or relieved with rescue medication ***
- **Nausea or vomiting***
- **Diarrhea***
- **New onset of loss of taste or smell***
- Unusual fatigue
- Muscle or body aches
- Conjunctivitis
- Rash

Symptoms that require immediate emergency care:
- Breathing distress
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

MOLALLA RIVER
Ready!

Student is positive for visual/verbal screening symptoms

OR

Student reports that a household member is sick or being tested for COVID-19, OR child has been identified by the health department as a positive case of COVID-19; OR child has been in *close contact with a positive COVID-19 .

Designated staff perform full screening

Ensure masks are worn by staff and student and distancing is practiced during the course of screening.

Call EMS (9-1-1) & District RN for Emergency Symptoms

FULL SCREENING

*Symptoms that are independently excludable. Consider dismissal to home if combination of 2 or more symptoms not independently excludable.

- **Cough***
- **Fever and chills [Take temperature (should be < 100.4 °F]***
- **Shortness of breath or difficulty breathing not explained by an underlying condition or relieved with rescue medication.***
- **Nausea or vomiting***
- **Diarrhea***
- **New onset of loss of taste or smell***
- Unusual fatigue
- Muscle or body aches
- Headache
- Congestion or runny nose
- Conjunctivitis
- Rash

Symptoms that require immediate emergency care:
- Breathing distress
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*

Contact RN to verify close contact or positive result with parent and/or Local Public Health

Student is positive for excludable symptoms

Students screening positive for excludable symptoms or contact must be entered into the Communicable Disease Surveillance Log

Isolate Student in Isolation space until parents arrive

Dismiss to Home

Dismiss to Home

Case or case contact is verified

Students with symptoms compatible with COVID-19 should see a physician for COVID-19 testing and must remain home 10 days and be free of fever for 24 hours (or vomiting and diarrhea 48 hours) without the use of fever reducing medications prior to returning to school.
Students diagnosed with COVID-19 or who are a close contact of a case of COVID-19 must remain home for the duration of home isolation or quarantine assigned by public health. This is 10 days from the date of onset of illness for ill individuals and 14 days from the *last* exposure for non-ill contacts.

MOLALLA RIVER Ready!

MOLALLA RIVER Ready!

Student reports that a close contact has tested positive for COVID-19, or that the student has COVID-19

→

EDUCATION STAFF

1. Follow building specific procedures to refer student to the COSIE space

→

COSIE STAFF

1. Contact Parent to inquire about exposure or diagnosis.
2. Contact RN to verify positive laboratory result.

→

If student is not confirmed as a case or case contact by parents or LPHA: Screen for symptoms of illness:

→ If negative for excludable symptoms, return to class.

→ If positive for excludable symptoms, dismiss to home.
↓
1. Student should remain in the COSIE space until parents arrive.
2. Log into Communicable Disease Log
↓

If student is confirmed as a case or contact: Dismiss to home.

→
1. Student should remain in the COSIE space until parents arrive.
2. Log into Communicable Disease Log

Parent reports that student or close contact has tested positive for COVID-19

→

1. Follow building specific procedures to refer student to COSIE space

→

1. Contact RN to verify positive laboratory result.

↓

1. Follow building specific procedures to refer student to COSIE Space
2. Dismiss to home
3. Student should remain in COSIE space until parents arrive
4. Log into Communicable Disease Log

→

Students diagnosed with COVID-19 or who are a close contact of a case of COVID-19 must remain home for the duration of home isolation or quarantine assigned by public health. This is 10 days from the date of onset of illness for ill individuals and 14 days from the *last* exposure for non-ill contacts.

LPHA informs RN of case in the school setting

Student is positive of visual/verbal screening symptoms

EDUCATION STAFF
Follow building specific procedures to refer student to the COSIE space

COSIE STAFF
Perform full screening with student

FULL SCREENING

*Symptoms that are independently excludable. Consider dismissal to home if combination of 2 or more symptoms not independently excludable.

- **Cough***
- **Fever and chills [Take temperature (should be < 100.4 °F]***
- **Shortness of breath or difficulty breathing not explained by an underlying condition or relieved with rescue medication.***
- **Nausea or vomiting***
- **Diarrhea***
- **New onset of loss of taste or smell***
- Unusual fatigue
- Muscle or body aches
- Headache
- Congestion or runny nose
- Conjunctivitis
- Rash

Symptoms that require immediate emergency care:
- Breathing distress
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*

MOLALLA RIVER
Ready!

Student is positive for excludable symptoms

Student is negative for excludable illness

Return to class

Students/staff who are positive for COVID-19 or who were not tested or who are close contacts with confirmed cases must remain home 10 days AND be free of vomiting and diarrhea for 48 hours and free of fever for 24 hours without the use of fever reducing medications to return

---

Dismiss to Home

Isolate Student in COSIE space until parents arrive

Students/staff with symptoms compatible with COVID-19 should see a physician for COVID-19 testing.

Students/staff who are negative for COVID-19 and not a close contact of a confirmed case may return when free of vomiting and diarrhea for 48 hours and free of fever for 24 hours without the use of fever reducing medications.

ISOLATION SPACE

COSIE Space

COSIE SPACE

- **Covid-19**

  - [although all students with excludable symptoms indicative potentially infectious disease will be isolated, it is important to note that specific isolation measures are taken in regards to COVID-19 response planning.

- **Observation**

  - [Students may not be left unattended]

- **Screening**

  - [Students with symptoms prompting full screening will be screened in this space to avoid ill students in a health room space where medically complex and fragile students are receiving continuity of care]

- **Isolation**

  - [Isolation is a clinical term that represents separation of individuals with infectious disease to prevent transmission to well persons. In the school setting and among lay people this term has a separate connotation and should be avoided, in particular with small children].

- **Exclusion**

  - [Students identified as having symptoms that are excludable by state guidelines will remain in this space while awaiting parent contact and pick up].

WHAT IS ISOLATION AT SCHOOL?

- Isolation at school separates students with potentially infectious diseases from the general population.

- The isolation space is not intended to function as an infirmary, but as a holding space until parents arrive.

- The isolation space is a separate space from the traditional health room.

- Ill staff should be dismissed to home.

ISOLATION ROOM

- Isolation space is a designated space that includes:
  - A supervising staff member specifically trained
  - Appropriate ventilation
  - Physically distanced spaces for students to rest until parents arrive

- Isolation rooms have:
  - Access to hand hygiene
  - PPE/Barrier protection

ISOLATION PRACTICES FOR STAFF:

- Wash hands prior to entering room.

- Ensure PPE is worn while in isolation space

- If you are interacting directly with a student, change PPE and wash hands between student.

- Isolation space should be sanitized between students.

- Do not leave students unattended.

COVID-19 DISEASE MITIGATION IN THE SCHOOL SETTING

## Section 8 : Data Collection, Cohort Tracking & Contact Tracing

CONTACT TRACING

- Contact tracing is a public health role

- Schools support contact tracing by cohort tracking

- Cohort tracking is a requirement of RSSL and is accomplished via several avenues
  - Attendance/Synergy
  - Logs of small groups
  - Itinerant staff tracking
  - Health room logs
  - Communicable disease surveillance
  - Outbreak line listings
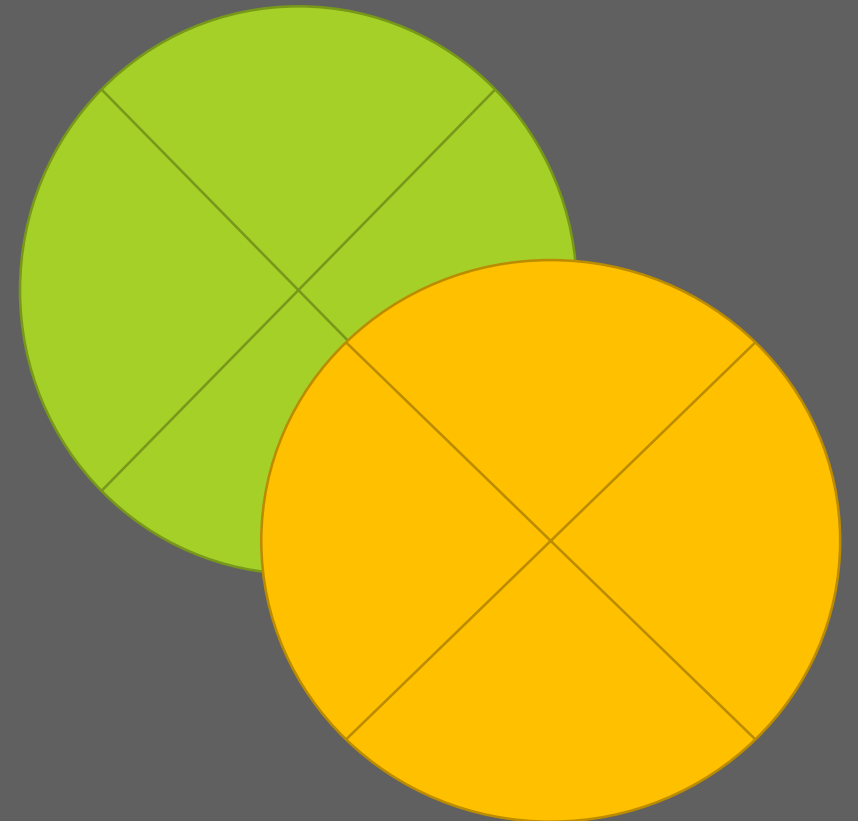
REQUIRED COHORT TRACKING INFORMATION

- Name

- Date

- Arrival time

- Departure time

- Location in building where time was spent (>15 minutes)

- Parent's name/contact
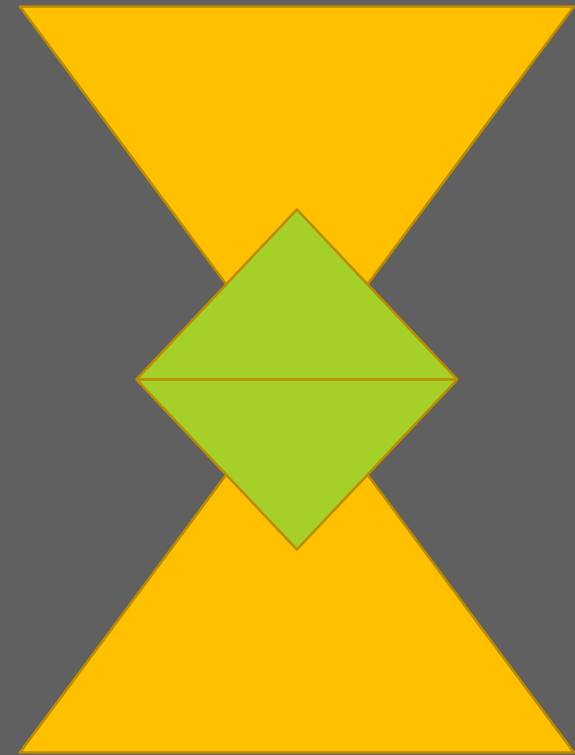
SYNERGY

- Attendance logs
  - Arrival/departure

- Contact Tracing Function

- Parent Contact

- Emergency Contact

STAFF LOGS/ITINERANT STAFF LOGS

Use: To track location in the building of itinerant staff or of regular staff during CDL

Audience: Itinerant Staff

Regular staff during CDL

HEALTH ROOM LOG

Use: To record any health room interactions with students (i.e. medication administration, first aid, injury observation).

To record all students entering and leaving the health room.

Audience: Delegated Caregivers, Front Office Staff, Nurses, Health Aides
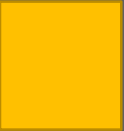
OUTBREAK LINE LISTING

IDENTIFIERS				SYMPTOMS									
Student	ID	Date	Date of Onset	Fever	Cough	Shortness of breath	Sore Throat	Loss of Taste/Smell	Congestion	N/V/D	Muscle Pain	Lethargy	REMARKS

USE: Syndrome Surveillance of ill students when clusters or outbreaks of an infectious disease has been identified in the school setting.

Audience: Administrators, Designated Personnel, Nursing Staff.

COHORT TRACKING LOGS

Primary Contact Tracing Log from Synergy
OR
Attendance logs AND parent contact information of students in affected cohort(s)

List of staff, including itinerant staff that would have been in contact with student or staff during exposure timeframe

Identify any intervention groups student may have been involved in to identify this small cohort and staff

Review Health Room Log to determine if student had potential close contact (within 6 ft. for 15 minutes of longer)

Identify bus route and obtain bus roster

Identify any school sponsored activities and obtain activity rosters

FOLLOW UP

- This concludes the overview of district procedures related to communicable disease control measures that are outline in RSSL or by OSHA.

- Any inquires on infection control measures should be deferred to School Health Services

- Any Human Resources inquiries should be directed to Human Resources.

- Any building specific logistical inquiries should be directed to the building administrator.

THANK YOU

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