COVID-19 SCHOOL MEASURES

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

OBJECTIVES

- Familiarity with guiding documents and metrics

- Gain basic covid-19 terminology

- Gain basic communicable disease mitigation process understanding
  - When to stay home
  - Screening
  - Isolation
  - Exclusion
  - Cohort tracking

GUIDING DOCUMENTS

GUIDING EVIDENCE AND INFORMATION

METRICS

- Identify the incidence by county.
- Identify test positivity rate.
- 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

2 Week Period Tracked	Total New Cases	County Cases per 100K	County Test Positivity	Return to In-person
10/11- 10/24/2020	362	85.5	4.7%	🟡
10/18- 10/31/2020	472	111.5	6.6%	🔴
10/25- 11/7/2020	827	195.3	10.0%	🔴

As of 11/9/2020:	
Can K-3 transition to on-site instruction?	Begin to Consider transition
Can 4-5 transition to on-site instruction?	🔴
Can 6-12 transition to on-site instruction?	🔴
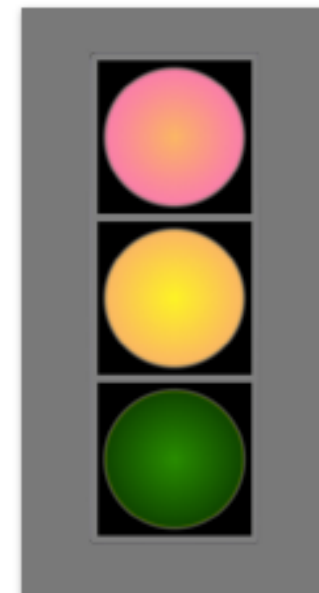
OTHER CONSIDERATIONS FOR OPENING

- Percentage of staff in high incident counties.

- If greater than 10% of staff for a single school from Marion, Multnomah or Washington Counties, considerations must be made for reopening.

- Requires collaboration with LPHA to determine actual risk and evaluate risk management strategies.
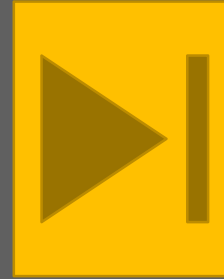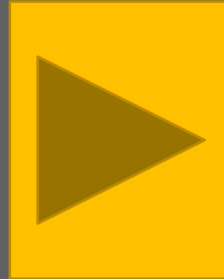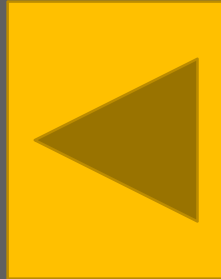
COVID-19 TERMINOLOGY

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.
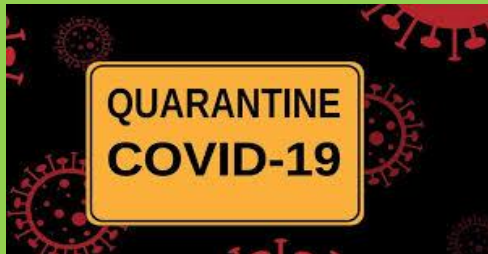
ISOLATION

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

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, sometimes referred to as "podding," is an infection control measure used in population based settings. Schools specifically may use cohorting to limit contact between students and staff in efforts to reduce the risk of spread of COVID-19 in the school setting.
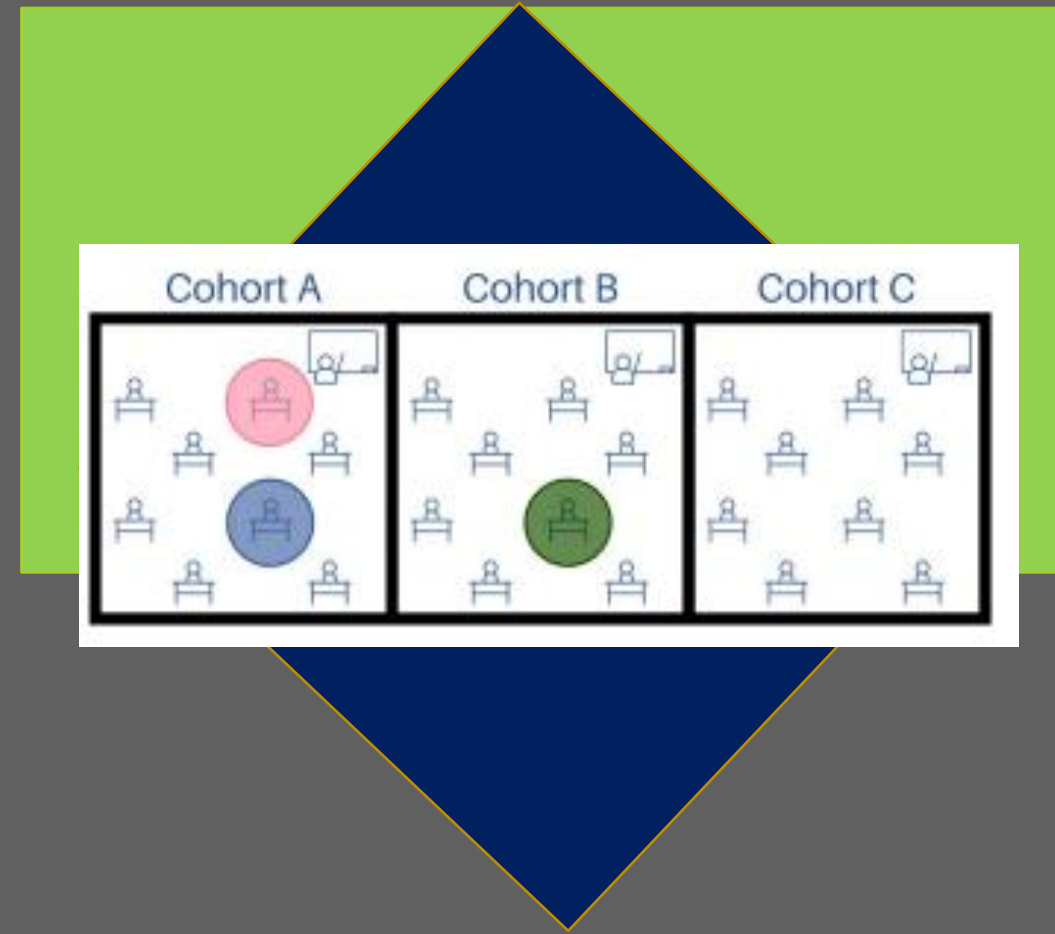
COVID-19 TERMINOLOGY CONTINUED

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.
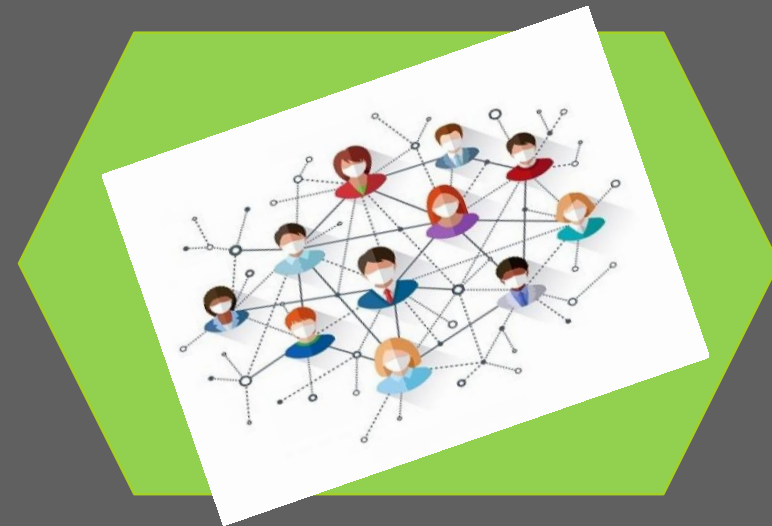
CASE DEFINITION

CONFIRMED CASE

Someone who has a positive lab result for COVID-19.
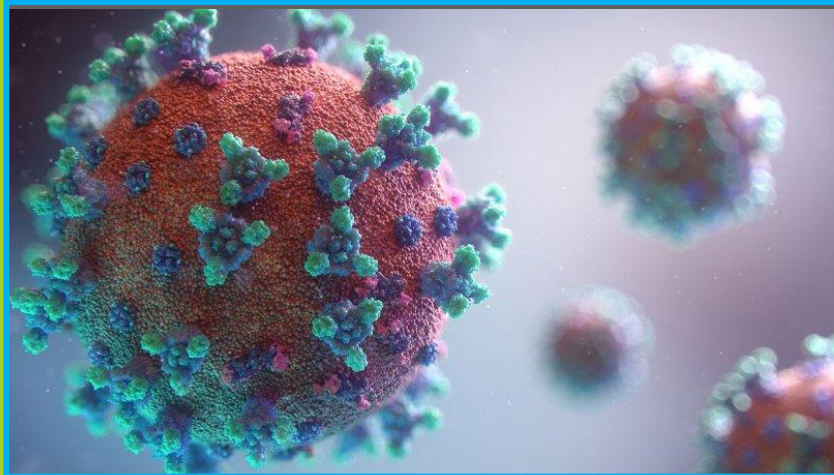
Presumptive Case

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

DISEASE MITIGATION PRINCIPLES

KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS

The mainstays of reducing exposure to the coronavirus and other respiratory pathogens are:

Physical Distancing — At least six feet with other people.

Hand Hygiene — Frequent washing with soap and water or using hand sanitizer.

Cohorts — Conducting all activities in small groups that remain together over time with minimal mixing of groups.

Protective Equipment — Use of face shields, face coverings, and barriers.

Isolation & Quarantine — Isolation separates sick people from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Environmental Cleaning & Disinfection — Especially of high-touch surfaces.

Airflow & Ventilation — Outdoor activities are safer than indoor activities; maximize airflow in closed spaces.

PHYSICAL DISTANCING

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

PLEASE KEEP YOUR DISTANCE
WAIT HERE

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- PPE should be used as per Transmission Based Protocols

- PPE in the school setting includes:
  - Gloves
  - Masks
  - Gowns
  - Goggles

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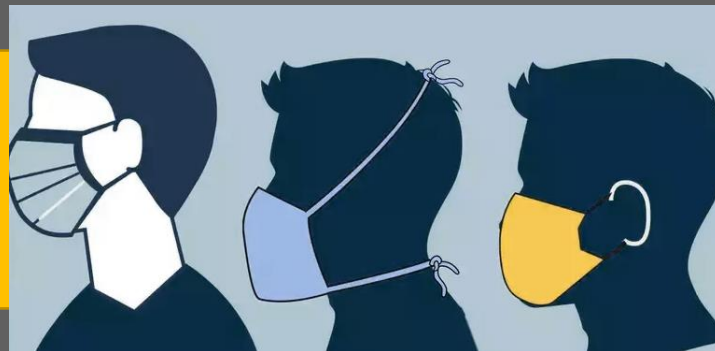
PPE GENERAL PRINCIPLES

- **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

PPE: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
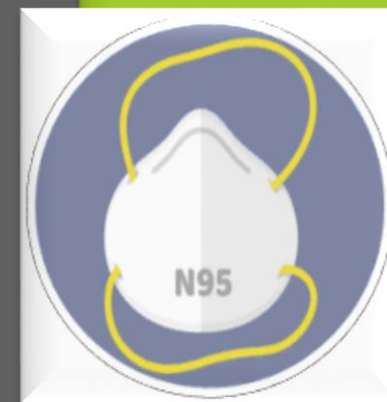
MASK REFUSAL

- There are very few true medical contraindications to wearing masks that exist in medical literature.
    - Respiratory disease is not a contraindication: Individuals with underlying lung conditions are at higher risk of complications
    - Individuals with sensory issues can become desensitized to mask wearing over time. This is why practice is important.

- Wearing masks does not promote carbon dioxide, this is a myth

- Mask refusal will be accommodated with CDL, per RSSL.

PPE CONTINUED: 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.

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.

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

COHORTING PRACTICE:

Why?

Disease transmission is decreases 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

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 overhaul when there has been a known infectious disease exposure in a specific space.

WHEN TO STAY HOME OR GO HOME

Overview of Screening, Isolation and Exclusion

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

ROUTINE EXCLUDABLE SYMPTOMS

- 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.

KNOW THE SYMPTOMS:

COVID-19 SYMPTOMS MAY INCLUDE:

• Fever   • Chills   • Fatigue   • Shortness of breath or difficulty breathing   • Cough   • Muscle or body aches
• Headache   • New loss of taste or smell   • Nausea or vomiting   • Sore throat   • Congestion or runny nose   • Diarrhea

Please consult your medical provider for any other symptoms that are severe or concerning.

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)

Exclusion & Quarantine Related to COVID-19 cases in the school setting

1

Child or staff has symptoms compatible with COVID-19 and has had not 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 symptom free.

2

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

Student or staff is now a presumptive case, refer to 4

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

Students household contacts may now be fall under 3

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

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.

Household and close contacts must quarantine as per 3

5

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

Child should not be excluded.

If the close contact becomes ill, they become a presumptive case as per 3

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

- Post positive results to social media
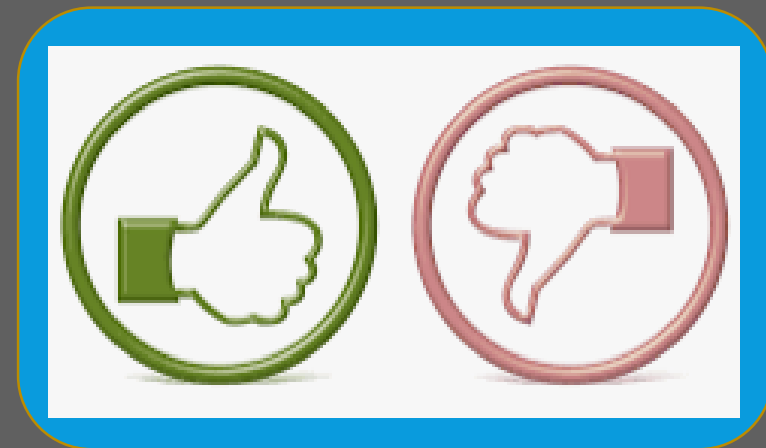
IF A STUDENT ADVISES ME THAT THEY OR THEIR FAMILY IS POSITIVE FOR COVID-19:

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

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
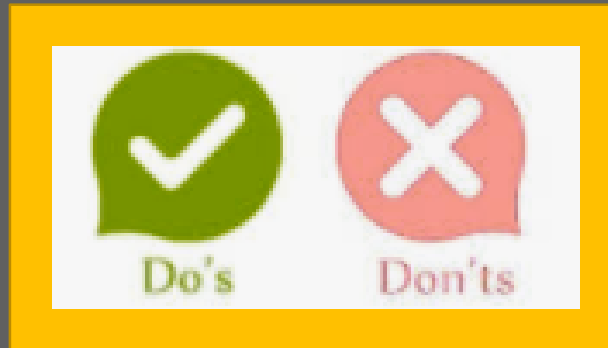
OAR 333-003-0050 authorizes school districts release individually identifiable information relative to and Impending public health emergency, anyone exposed to a communicable disease, a reportable disease or a condition of public health importance

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

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

Response factors include:

•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

RN and administration will coordinate for ongoing communication and action as necessary in collaboration with LPHA.

DISINFECT HIGH TOUCH SURFACES

DISINFECT COMMON SPACES

DISINFECT CLASSROOM(S)

EMPLOY APPLICABLE ENHANCED DISINFECTION PROCEDURES

SCHOOL-LPHA Communication Algorithm

TRAUMA INFORMED PRACTICE

TRAUMA INFORMED PRACTICE

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

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

- 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.
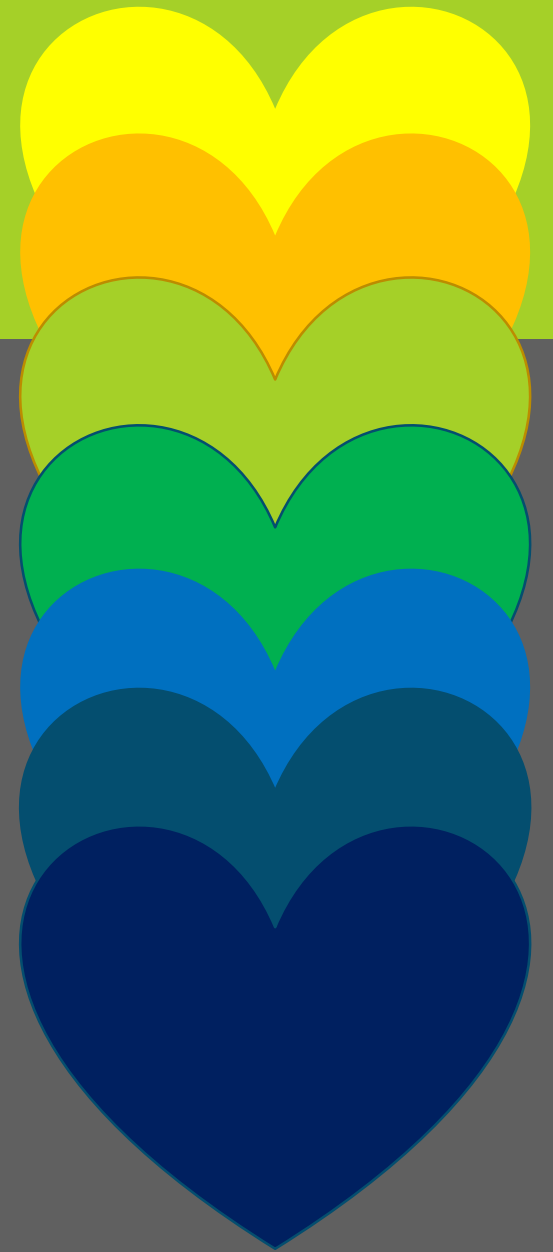
TRAUMA INFORMED PRACTICE CONTINUED…

- 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

- Reassure student as needed, remain calm

SCREENING

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

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

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

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 →

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 are 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 <u>AND</u> their symptoms are improving <u>AND</u> they 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 school.

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

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 →

Stay home. Inform your administrator.
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 Do you have symptoms of *fever, shortness of breath, difficulty breathing, persistent cough *or* new loss of taste or smell?

YES →

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Come to work.

PASSIVE SCREENING

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

LISTEN!

**Student Complaint
(Verbal Report)**

- Nausea/Vomiting/ Diarrhea
- Headache
- Muscle Pain
- Fever
- Sore throat
- Loss of Taste or Smell
- General unwell feeling

Visual Screening
(Observation Only)

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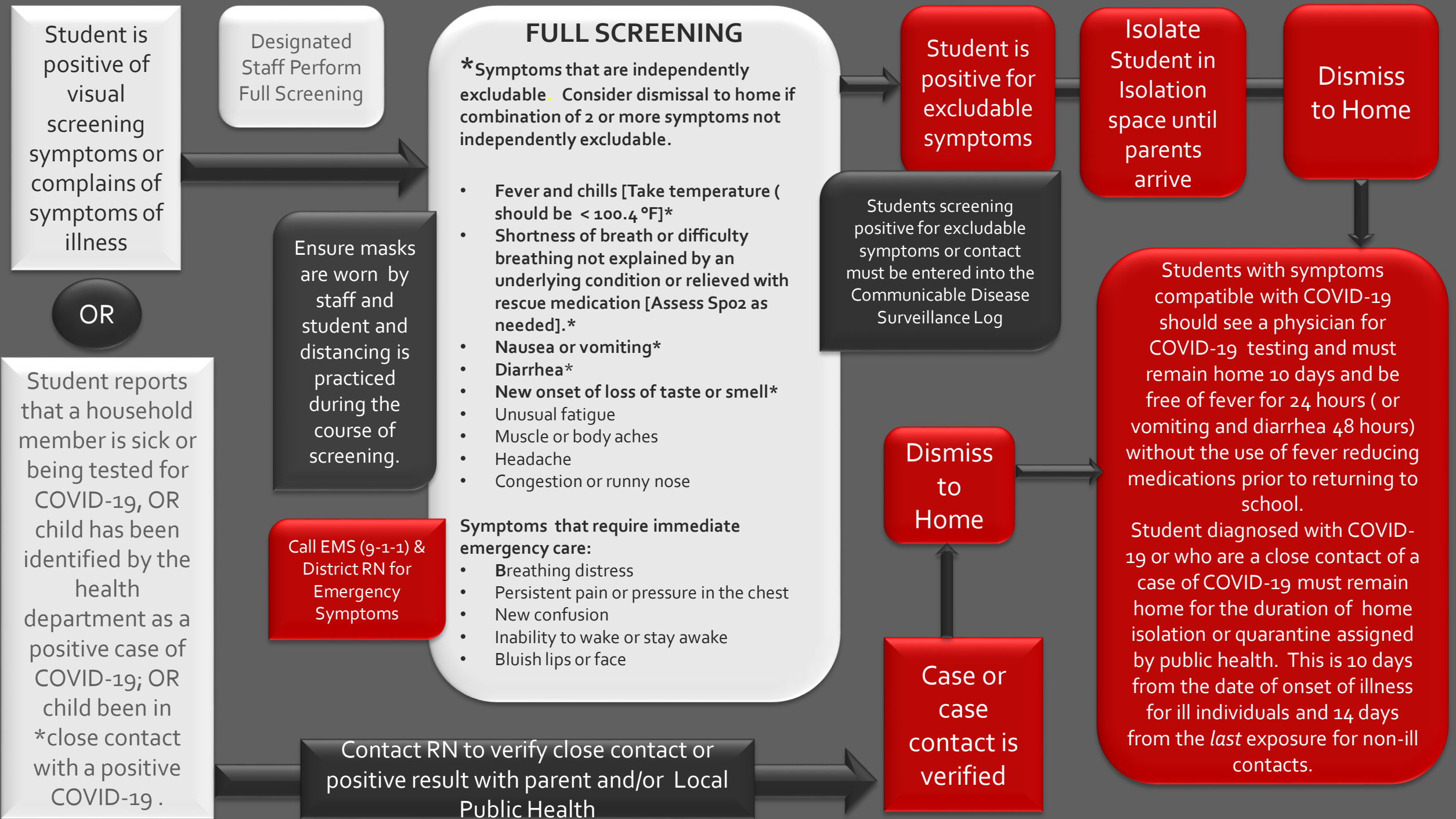- Loss of Taste or Smell
- General unwell feeling

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.

- **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 [Assess Spo2 as needed].***
- **Nausea or vomiting***
- **Diarrhea***
- **New onset of loss of taste or smell***
- Unusual fatigue
- Muscle or body aches
- Headache
- Congestion or runny nose

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

Student is positive of visual screening symptoms or complains of symptoms of illness

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 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

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- **B**reathing distress
- Persistent pain or pressure in the chest
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- Inability to wake or stay awake
- Bluish lips or face

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

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

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.
Student 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.

ISOLATION

COSIE Space

COSIE SPACE

- ## Covid-19

  - [although all students with excludable symptoms that indicate potentially infectious disease will be isolated, it is important to not the additional measures, PPE and ventilation requirements are met for the purposed of COVID-19 pandemic planning. It should be noted that related to student privacy, the term COVID, should also be avoided when referring student to this space].

- ## 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.
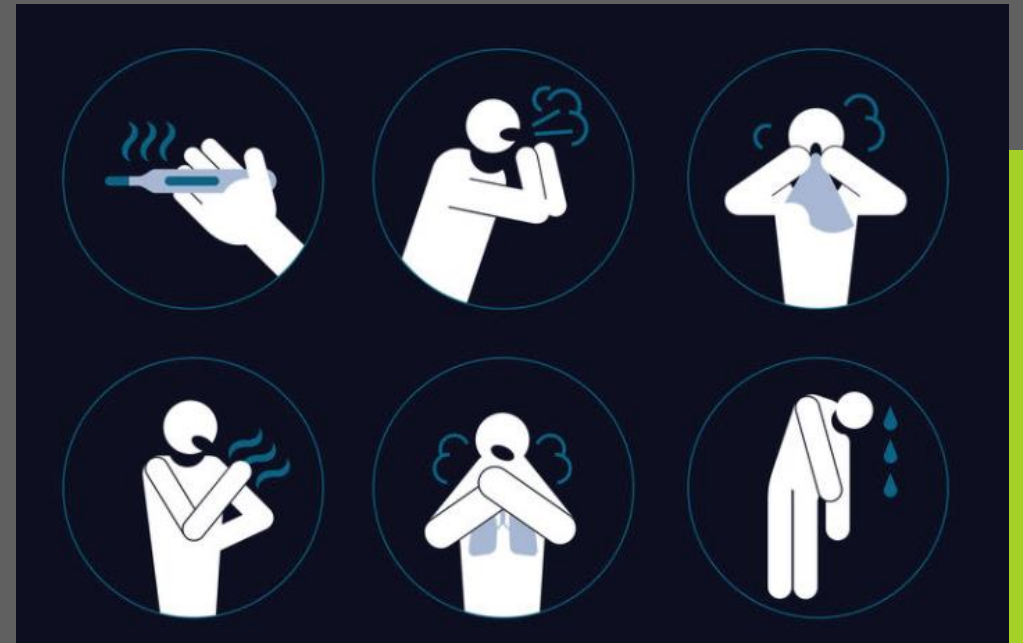
LOGS

CONTACT TRACING

- Contact tracing is a public health role

- Schools support contact tracing by cohort tracking

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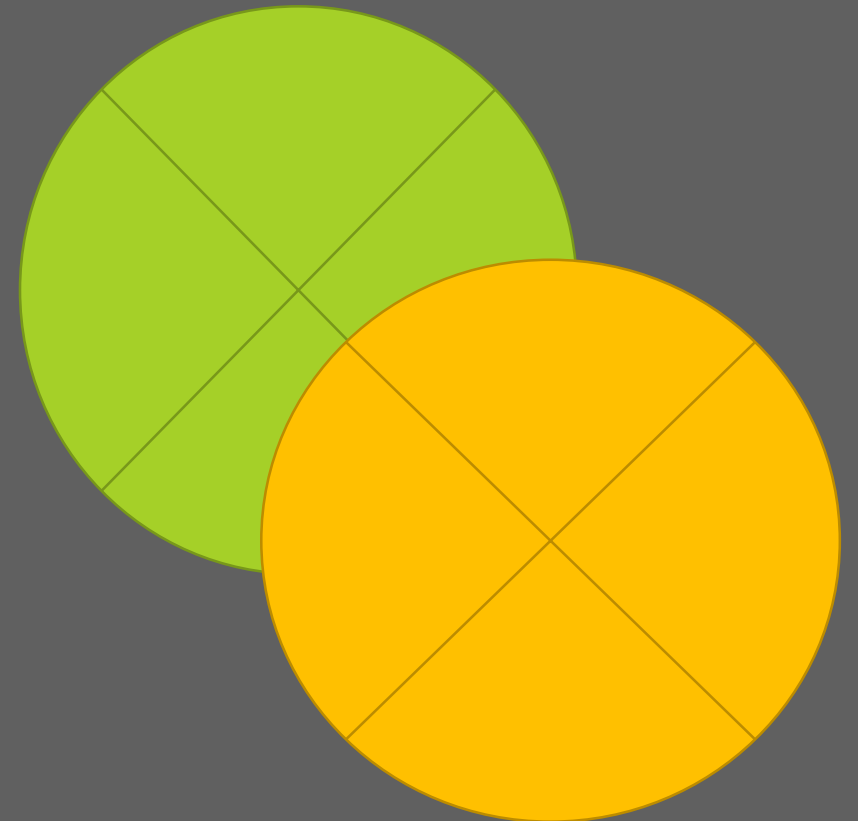
REQUIRED COHORT TRACKING INFORMATION

- Name

- Date

- Arrival time

- Departure time

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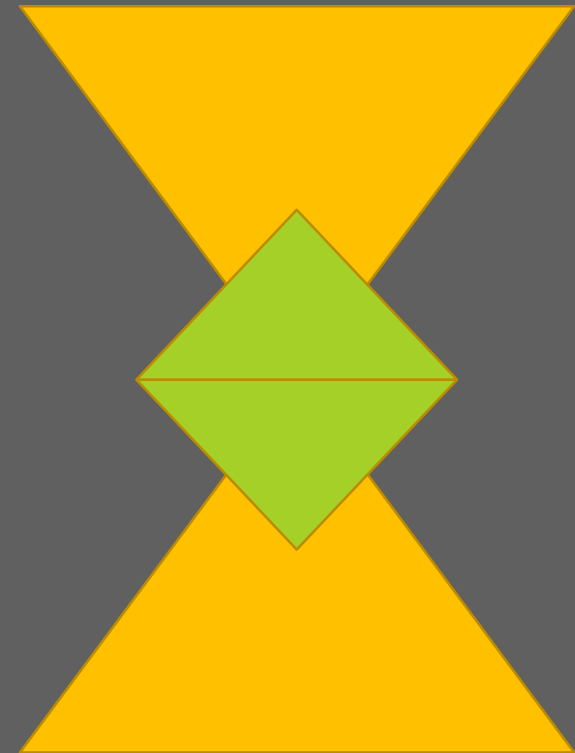
SYNERGY

- 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

COMMUNICABLE DISEASE LOGS

COMMUNICABLE DISEASE SURVEILLANCE LOG

COVID-19 SPECIFIC SURVEILLANCE LOG
Please use this log to document students who have been screened for illness, isolated for illness, and who have been absent or dismissed to home because of illness.

* Required

USE: Record individuals isolated or excluded because of symptoms of communicable disease.

Record individuals absent because of illness associated with communicable disease.

Record individuals quarantined because of contact with a case of covid-19

Audience: Attendance Secretaries, COSI Staff, Nurses, Administrators, Health Aides

MRSD Health Room Logs

Please complete this form for each student visiting the health room.
Please note any students being isolated or excluded for COVID-19 symptoms must also be entered on the COVID-19 surveillance form.
Students visiting the health room must be recorded even if just receiving medication or first aid.

* Required

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

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.
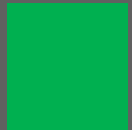
COHORT TRACING LOGS

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.

BUILDING SPECIFIC LOGISTICS

Defer to building administrators and plans

THANK YOU

REFERENCES

- Centers for Disease Control and Prevention (CDC). (2020). *Coronavirus: School and childcare programs*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

- Oregon Department of Education (ODE). (2020). *Ready schools safe learners*. Retrieved from https://www.oregon.gov/ode/students-and-family/healthsafety/documents/ready%20schools%20safe%20learners%202020-21%20guidance.pdf

- Oregon Health Authority. (2020). *School metric data*. Retrieved from https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/Emerging%20Respitory%20Infections/Weekly-County-Metrics.pdf