

# COVID-19 Specific Prevention Measures & Procedures for 2021-2022 School Year



COVID-19 Mitigation measures in the school setting have evolved since the onset of the pandemic. Current mitigation measures can be categorized by best practice based on current public health publications and minimum practice as related to state specific published guidance. *It should be noted that guidelines are subject to change based on updated guidelines and executive orders while the COVID-19 pandemic persists.*

[The District Communicable Disease Management Plan](#) is the primary guiding document for Communicable Disease planning and prevention in the school setting. This document will address specific measures and procedures outlined in the [2021-2022 Ready Schools Safe Learners Resiliency Framework](#) for COVID-19 that districts must address. This includes:

- Risk Assessment
- Designated Personnel
- Important Contacts
- Prevention Oriented Measures
- Response Oriented Measures
- Communication Process
- Testing
- Vaccination

This document authored by Dr. Jan Olson, DNP, MSNEd, BSN, RN, NCSN-Clinical Consultant. Reviewed by Amanda Bickford, BSN, RN-District Nurse, Jennifer Ellis-HR Director, Michael Salitore-Director of Special Education, Tony Mann-Superintendent, Rick Gill-Business Manager, Kathleen French-Director of Curriculum, Missy Grindle-Executive Assistant to the Superintendent, Allison Holstein-Communications Manager

# Statutory & Administrative Regulations

## EMERGENCY RULES RELATED TO COVID-19

The Oregon Health Authority (OHA), Public Health Division, is temporarily adopting [OAR 333-017-0800](#) and [OAR 333-018-900](#), which adds a definition of COVID-19 and adds COVID-19 to the list of diseases reportable to public health authorities within 24 hours.

In addition, OHA is also adopting OAR 333-19-1000 related to exclusion from schools, children's facilities, food service facilities, and health care facilities.

[OAR 333-019-1015](#) Was adopted to require universal masking in school. Expires March, 2022

[OAR-333-019-1030](#) Was adopted to require staff in the K-12 education setting to be vaccinated

## EXISTING RULES AND STATUTES

### SCHOOL CENTERED

[OAR 581-022-2220](#) Standards for Public Elementary and Secondary Schools: Health Services

[OAR 581-022-2225](#) Emergency Plan and Safety Programs

[OAR 166-400-0010](#) Educational Service Districts, School Districts, And Individual School Records

[ORS 433.255](#)<sup>1</sup> Persons with or exposed to restrictable disease excluded from school or children's facility.

[ORS 336.201](#)<sup>1</sup> Nursing services provided by district.

### OCCUPATIONAL CENTERED

[1910-1030](#) OSHA Bloodborne Pathogens

[OAR 437-001-0744](#) Oregon Occupational Safety and Health Division

### PUBLIC HEALTH CENTERED

[OAR 333-019-0015](#) Investigation and Control of Diseases: General Powers and Responsibilities

[OAR 333-003-0050](#) *Impending Public Health Crisis: Access to Individually Identifiable Health*

### INFORMATION

[ORS 431A.015](#)<sup>1</sup> Authority of Public Health Director to take public health actions.

# Risk Assessment

OAR 437-001- 0744(3)(g) requires a risk assessment to address COVID-19 in the workplace. The district risk assessment can be accessed here:

[OSHA Required Risk Assessments - Instructional Staff](#)

[OSHA Required Reis Assessments - Custodial Staff](#)

# Designated Personnel

Per the [2021-2022 Ready Schools Safe Learners Resiliency Framework](#), designated must be identified in the Communicable Disease Management plan. Specific roles are important to ensure consistent and appropriate control measure implementation and processes. The following outlines where designated personnel or resources are required with role and responsibility.

Required Designation	Responsibility	Role
Designated Point Person Per Each Building	Implementation and oversight of safety and mitigation measures	Administrator
Designated Person to Respond to COVID-19 Related Inquiries	Point person for COVID-19 related inquiries within the school setting.	<ul style="list-style-type: none"> <li>Logistics: Administrator</li> <li>Clinical: Nurse</li> <li>Human Resources Related: HR Director</li> </ul>
Designated COVID-19 Point of Contact for LPHS	Liaison to LPHA and point person for internal COVID-19 reports.	District Nurses
Data Entry/Logs	Health room logs, communicable disease surveillance logs, cohort assignment in Synergy	Attendance Secretaries, Screeners
Case and Contact Data and Follow Up	Case and contact calls, communication, and data.	Designated Staff & District Nurses
Designated Staff for Screening & Exclusion	Screening for symptom exclusion	As designated by Admin, Attendance Secretary, RN

# Medical Contacts

Per the [2021-2022 Ready Schools Safe Learners Resiliency Framework](#) a list of clinical contacts are a required element of the Communicable Disease Management Plan as it relates to COVID-19 mitigation.

Person	Title	Contact	Agency
Sara Present	Deputy Health Officer	<a href="mailto:spresent@clackamas.us">spresent@clackamas.us</a>	Clackamas County
Lane Thompson	COVID-19 Outbreak Team	<a href="mailto:lthompson@clackamas.us">lthompson@clackamas.us</a>	Clackamas County
Carolee Asher	Infectious Disease RN	<a href="mailto:casher@clackamas.us">casher@clackamas.us</a>	Clackamas County
Renee Jenkins	Infectious Disease RN	<a href="mailto:rjenkins@clackamas.us">rjenkins@clackamas.us</a>	Clackamas County
Liberty Pike	COVID-19 School Liaison	<a href="mailto:COVIDschooliaison@clackamas.us">COVIDschooliaison@clackamas.us</a>	Clackamas County
Corrina Brower	Oregon School Nurse Consultant	<a href="mailto:Corrina.E.Brower@dhsosha.state.or.us">Corrina.E.Brower@dhsosha.state.or.us</a>	Oregon Health Authority
Sasha Grenier	Oregon School Health Specialist	<a href="mailto:Sasha.Grenier@ode.state.or.us">Sasha.Grenier@ode.state.or.us</a>	Oregon Department of Education
Amanda Bickford	District Nurse	<a href="mailto:Amanda.Bickford@molallariv.k12.or.us">Amanda.Bickford@molallariv.k12.or.us</a>	Molalla River School District
Barbara Campbell	District Nurse	<a href="mailto:Barbara.Campbell@molallariv.k12.or.us">Barbara.Campbell@molallariv.k12.or.us</a>	Molalla River School District
Sharon Houston	Surge Capacity Nurse	<a href="mailto:Sharon.houston@molallariv.k12.or.us">Sharon.houston@molallariv.k12.or.us</a>	Molalla River School District
Jan Olson	Clinical Consultant	<a href="mailto:Jan.Olson@molallariv.k12.or.us">Jan.Olson@molallariv.k12.or.us</a>	Molalla River School District

## Important Links:

[Oregon Department of Education](#)

[Oregon Health Authority](#)

[Local Public Health Authority](#)









[Centers for Disease Control & Prevention](#)

## Prevention Oriented Measures

Prevention oriented measures, as outlined in the District Communicable Disease Management Plan, are those measures which seek to prevent transmission based on practices in the school setting. For the purposes of COVID-19 specific measures, this document address ODE’s Key Practices for Reducing Spread of COVID-19 in Schools. Due to the fluid nature of the pandemic and guidance, MRSD will outline best practices, current minimum practices, existing rules, and orders and highlight practices being adopted. Of note, practices are subject to change based on executive orders which are guided by current incidence and severity of transmission in the community. Current Executive orders can be accessed [here](#).

## KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS

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

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

The district recognizes the volume of information that is available on the topic of COVID-19 in the school setting. In order to promote full transparency and isolate school decision making to the most reputable and reliable resources in addition to our governing documents; The following table summarizes the existing guidance on the topics identified in the [2021-2022 Ready Schools Safe Learners Resiliency Framework](#). This table uses publications by the:




- CDC
- Oregon Health Authority
- American Academy of Pediatrics
- National Association of School Nurses


Supporting evidence by Oregon Department of Education and Oregon School Nurses Association to highlight the existing best practice for COVID-19 mitigation in the school setting, the minimum practice permitted under the current rules and guidelines in Oregon, and important considerations. Each respective area will link a substantive resource to the content. The green box will highlight the current practice planned for school implementation. Measures will be outlined by level of prevention:





# Addressing Prevention Oriented Measures for COVID-19 at School




## PRIMARY PREVENTION

Measure	Best Practice	Minimum Practice	Potential Considerations	Resource
 <p>Masks</p>	<p>All individuals over the age of 2 will wear masks when required. 1, 2</p>	<p>Masking will be regarded as personal choice as of 03/12/2022.</p> <p>Masking maybe required days 6-10 of COVID-19 infection or following COVID-19 exposure.</p>	<ul style="list-style-type: none"> <li>CDC recommends masking under specific circumstances based on COVID-19 metrics</li> <li>Universal masking should be considered when substantially high transmission is observed</li> </ul>	<p><a href="#">CDC Mask Recommendations</a></p>
<p><b>MRSD MASK PRACTICE</b></p>	<p><b>MRSD will maintain practice that aligns with current executive orders, emergency rules, legislation and state and federal guidelines pertaining to masks during the course pandemic guidance provision.</b></p>			
 <p>Physical Distancing</p>	<p>Maintain 6 feet of distancing when universal masking is not practices. 1</p> <p>Maintain 3 feet of distancing with universal mask wearing. 1</p>	<p>Maintain 3-6 feet of distancing indoors.</p>	<ul style="list-style-type: none"> <li>The current case contact (close contact) definition of COVID-19 includes 15 minutes or more within 6 feet proximity to a diagnosed case of COVID-19. Distancing of 6 feet precludes quarantine entire cohorts in the event of a classroom exposure.</li> </ul>	<p><a href="#">CDC Guidance for COVID-19 Prevention in Schools</a></p>
<p><b>MRSD DISTANCING PRACTICE</b></p>	<p><b>MRSD will practice 3 feet of distancing to enhance the limitation of illness transmission. When MRSD feasible will encourage 6-foot distancing. MRSD will follow distancing measures as designated by state and federal guidelines.</b></p>			
 <p>Cohorting</p>	<p>Maintain small groups and limit overlap between cohorts to the extent feasible for all students and staff. 1, 3</p>	<p>Maintain identifiable cohorts by grade levels, classes, lunch groups, athletics and/or buses as a means of tracking</p>	<ul style="list-style-type: none"> <li>Cohorts minimize the risk of exposure. 1</li> <li>Cohorting is best used in combination with other mitigation measures but</li> </ul>	<p><a href="#">CDC Operational Strategy for K-12 Schools through Phased Prevention</a></p>

	<p>Cohorts should be assigned when 6-foot distancing is infeasible. 7</p>	<p>potential exposures in the school setting. 3</p> <p>Maintain cohesive cohorts as much as feasible to limit transmission</p>	<p>should be used when distancing and masking is not universally practiced.</p> <ul style="list-style-type: none"> <li>• Cohorts allow for rapid identification of exposed. 1,3</li> <li>• Cohorting minimizes the number of individuals quarantined when an exposure occurs. 1</li> </ul>
<p><b>MRSD COHORTING PRACTICE</b></p>	<p><b>MRSD will work to minimize the interactions between grade-level groups at the elementary schools during the normal course of the instructional day to the greatest extent possible. MRSD middle and high schools will not practice cohorting in order to allow all students to access their anticipated schedule on all days. MRSD will identify athletic, bus, group and lunch cohorts to quickly respond to potential exposures.</b></p>		
<p><b>Cohort Tracking/Contact Tracing</b></p> 	<p>Ensure there is an identifiable means to track cohort members for school, bus, school sponsored activities and athletics. 1,3,6</p> <p>Ensure there is an identifiable means to tracking staff activity, specifically itinerant staff. 1,3</p> <p>Data to include arrival and departure time, attendance and parent and guardian information must be readily accessible. 1,3</p>	<p>A system for maintaining daily logs for contact tracing. 3</p> <p>Logs should include:</p> <ul style="list-style-type: none"> <li>• Child name</li> <li>• Drop off/pick up time</li> <li>• Parent/guardian name and emergency contact information.</li> </ul> <p>All staff that interact with child's stable group of children (including floater staff). 3</p>	<ul style="list-style-type: none"> <li>• Absence data can be used to support this process.</li> <li>• Synergy cohort logs can be used to support this process but requires assigning cohorts.</li> <li>• Itinerant staff tracking makes information more readily available to nurses facilitating contact tracing and should be prioritized over individual tracking in calendars.</li> </ul> <p><a href="#">Oregon School Nurses Association COVID-19 Toolkit</a></p>


<b>MRSD COHORT TRACKING PRACTICE</b>	<b>MRSD will maintain class lists in Synergy. Additional lists will be comprised of students in small groups, bus routes, school sponsored activities, and athletics. Lunch contacts will be traced based on seating charts or group assignments; transportation contacts will be identified in Collaboration with Transportation Services. Lists will be retrieved and appropriately compiled based on exposures in the school setting where close proximity (within 6 feet) interaction occurred for 15 minutes or longer with a confirmed case of COVID-19 or where distancing is unable to be confirmed in collaboration with LPHA, when identified as necessary.</b>			
<b>Contact Tracing</b>  	<p>Everyone who is unvaccinated who has been exposed to a case of COVID-19 should be identified and advised to remain home for a minimum of 5 days.</p> <p>High risk contact exposures at school should be assessed for identification close contacts.</p>	<p>Families will be advised on the definition of close contact and criteria and duration to remain home, as well as asked to self-identify as both potential cases of COVID-19 and close contacts of COVID-19</p>	<ul style="list-style-type: none"> <li>• Contact tracing effectiveness is highly dependent on factors such as disease incidence in the community, self-report of positive test and contact to confirmed cases.</li> <li>• Contact tracing may be complicated by subclinical cases in the community.</li> </ul>	<a href="#">CDC Guidance for COVID-19 Prevention in Schools</a>
<b>MRSD Contact Tracing Practice</b>	<b>MRSD will contact trace within the limits of the district and the LPHA to identify students who have potentially been exposure in the school setting. MRSD will provide appropriate communication to families to identify when a student is regarded as a close contact and when to stay home. MRSD will track known cases of COVID-19 and known close contacts as per public health mandates and share electronically with the LPHA only required information.</b>			
<b>Handwashing &amp; Respiratory Etiquette</b>  	<p>Follow <a href="#">MRSD CD Management Plan</a> for hand hygiene, respiratory etiquette.</p> <p>Teach, model, and reinforce appropriate hand hygiene and respiratory etiquette. 1</p>	<p>Wash hands when feasible and provide reminders. Provide alcohol-based hand sanitizer when handwashing is not feasible. 1,3</p> <p>Reinforce and role model respiratory etiquette. 3</p>	<ul style="list-style-type: none"> <li>• Hand hygiene and respiratory etiquette are two universal practices that should be practiced, role modeled and enforced consistently for healthy schools.</li> </ul>	<a href="#">CDC Handwashing in Community Settings.</a>  <a href="#">Molalla River School District Communicable Disease Management Plan</a>






<b>MRS D HANDWASHING AND RESPIRATORY ETTIQUETTE PRACTICE</b>	<b>Staff will maintain practice, encouragement and role modeling of hygiene standards as outlined in the District <i>CD Management Plan</i>. In addition to routine hand hygiene measures. Students and staff will practice hand hygiene when entering the building or new spaces and after return from recess. Students and staff will endorse practice positive respiratory etiquette by covering coughs and sneezes and washing hands accordingly as outlined in the District <i>CD Management Plan</i>.</b>		
<b>Communication</b>  	<p>Family communication will be facilitated regularly and will include at minimum:</p> <ul style="list-style-type: none"> <li>• Exclusion guidance, isolation and quarantine</li> <li>• Changes in measures or mandates</li> <li>• Testing access when applicable</li> </ul> <p>LPHA communication</p>	<ul style="list-style-type: none"> <li>• Disease related work and school restrictions are law under OAR 333-019-1010 and OAR 333-019-1005.</li> <li>• Reporting of positive cases of COVID-19 to the LPHA is required by law under OAR 333-018-0016</li> </ul>	<a href="#">ODE Communications Toolkit</a>
<b>MRS D COMMUNICATION PRACTICE</b>	<b>MRS D will largely facilitate population level communication electronically. Quarantine and isolation information will largely be communicated via email as well, with more timely matters such as positive cases being facilitated by phone. MRS D will transmit required reporting to the LPHA electronically.</b>		
<b>Healthy Environment</b>  	<p>Ventilation and airflow procedures should be in place to ensure increased outside air is circulated and appropriate filtration is used and replaced as recommended</p> <p>Routine Sanitation and disinfection should be practiced reducing transmission of communicable diseases in the school setting.</p>	<ul style="list-style-type: none"> <li>• Defer to Facilities policies and procedures on ventilation, airflow, and HVAC and routine disinfection</li> <li>• Refer to District Exposure Control Plan for body fluid exposures at school</li> </ul>	<a href="#">CDC Guidance on Ventilation in Schools</a>
<b>MRS D ENVIRONMENTAL PRACTICES</b>	<b>Facilities will maintain sanitation and ventilation practices consistent with state and federal guidance.</b>		
<b>Vaccination</b>  	<p>Vaccination is one of the best methods to prevent complications and mortality related to COVID-19. 1,2,3,4,5,6,7,8,9</p>	<ul style="list-style-type: none"> <li>• Vaccines are currently available for individuals 5 and older.</li> <li>• Vaccines are readily accessible at many</li> </ul>	<a href="#">CDC Key Things to Know About COVID-19 Vaccines.</a>

	<p>locations at no charge.  <a href="#">Find a COVID-19 Vaccine.</a>  Vaccine records should be maintained by students and staff obtaining vaccines in the event of exposure in the school setting, as vaccinated individuals may not need to be quarantined.</p>
<b>MRSD VACCINATION PRACTICES</b>	<b>MRSD will follow vaccine guidance provided by public health as it relates to health promotion, referral, and access to vaccines. MRSD will follow state rules related to vaccine mandates collection of vaccination records.</b>

## SECONDARY PREVENTION

<p><b>Staying Home and Going Home when ill</b></p> 	<p>Students and staff must follow all <a href="#">exclusion guidelines</a> and isolation and quarantine measures when ill with COVID-19 compatible symptoms, when diagnosed with COVID-19, when in contact with a diagnosed case of COVID-19. 3, 4, 6,7</p> <p>Individuals with COVID-19 symptoms or who have been in contact with a case of COVID-19 should be tested for COVID-19. 3</p>	<p>Students and staff must follow all <a href="#">exclusion guidelines</a> and isolation and quarantine measures when ill with COVID-19 compatible symptoms, when diagnosed with COVID-19, when in contact with a diagnosed case of COVID-19. 3, 4, 6,7</p>	<ul style="list-style-type: none"> <li>• Families should screen for illness at home</li> <li>• Health promotion, education and written recommendations should endorse these practices.</li> <li>• Students and staff with excludable symptoms or diagnoses must be excluded per state guidance.</li> </ul>	<p><a href="#">Oregon Health Authority and Oregon Department of Education Communicable Disease Guidance for Schools</a></p> <p><a href="#">Oregon Department of Education and Oregon Health Authority Planning for COVID-19 Scenarios in Schools</a></p> <p><a href="#">CDC What to do if you are sick.</a></p>
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<b>MRSD STAYING HOME AND GOING HOME PRACTICE</b>	<p>Families and staff will be reminded of <a href="#">exclusion criteria</a> and when to stay home from school. Individuals who develop illness that meets exclusion criteria will be dismissed to home during the school day or during school sponsored activities. Students determined to be close contacts of cases of COVID-19 will be appropriately excluded per Oregon Health Authority and Oregon Department of Education’s <a href="#">Planning for COVID-19 Scenarios in Schools</a>.</p>	
<p>Screening and Students at School</p> 	<p>Universal screening is no longer recommended, but vigilant visual screening and awareness of symptom presentation and reports of symptoms should be maintained in order to identify communicable disease in the school setting. 1, 5, 6, 7, 8</p> <p>Students and staff with indicators of illness should be screened to identify excludable symptoms or conditions. 7</p> <p>Students with indicators of illness should be screened for exclusion criteria. 7</p>	<ul style="list-style-type: none"> <li>• School staff and students with onset of illness during the school day should be screened for COVID-19 symptoms and excluded per guidelines/Rules. (OAR 333-019-0010; OAR 333-019-0010)</li> <li>• Individuals who have symptoms or conditions that are excludable should remain home as per guidelines.</li> </ul> <p><a href="#">Oregon Health Authority and Oregon Department of Education Communicable Disease Guidance for Schools</a></p> <p><a href="#">Oregon Department of Education and Oregon Health Authority Planning for COVID-19 Scenarios in Schools</a></p>
<b>MRSD SCREENING PRACTICE</b>	<p>As per current evidence universal screening will not be endorsed. Individuals will be passively screened during the course of the day as is consistent with typical school years. Individuals who experience any indicators of illness at school will be screened for excludable symptoms per exclusion guidelines and excluded accordingly.</p>	
<p>Isolation</p> 	<p>Schools shall have an isolation space that is equipped for students with injuries or illness where sick students can be isolated during the school day. 1</p>	<ul style="list-style-type: none"> <li>• Oregon rule OAR 581-022-2220 requires an isolation space in each school.</li> </ul> <p><a href="#">ODE/OHA Ready Schools Safe Learners Resiliency Framework for the 2021-22 School Year</a></p>
<b>MRSD ISOLATION PRACTICE</b>	<p>Students who meet the criteria for illness exclusion in the school setting will be observed in the isolation space pending parent pick up. For the purposes of COVID-19 mitigation, students performing chronic care and those being tended to with first aid will be served in the health room or nurses office.</p>	

<p><b>Testing</b></p> 	<p>Screening Testing and Diagnostic Testing for COVID-19 in the school setting will occur as indicated by OHA under certain circumstances as it relates to COVID-19 symptoms or exposure and where written parent authorization is on file. 10  <i>Test to Stay</i> may be used in specific circumstances of exposures of unvaccinated students and staff in the school setting 11</p>	<ul style="list-style-type: none"> <li>• Testing will be provided when permitted under Oregon Health Authority</li> <li>• Parent written permission must be provided prior to screening or diagnostic testing.</li> <li>• Results should be provided by the RN when positive results are identified.</li> <li>• Positive results will be reported to the LPHA</li> </ul>	<p><a href="#">Oregon Health Authority: COVID-19 Testing in Oregon’s K-12 Schools</a></p> <p><a href="#">OHA COVID-29 Testing in Oregon’s K-12 Schools [July 2021 Letter]</a></p> <p><a href="#">OHA Test to Stay FAQ</a></p>
<p><b>TESTING PRACTICE</b></p>	<p><b>MRSD will maintain rapid testing procedures when required by the state of Oregon for screening. <i>Return-to-School</i> and <i>Test to Stay</i> procedures will be practiced as per OHA and ODE practice guidelines.</b></p>		

## TERTIARY PREVENTION

Prevention of disease complications primarily rests on the clinical practice setting. In the school setting prevention of disease related complications is accomplished by controlling outbreaks in the school setting and referring families to medical care and, when necessary, obtaining emergency services or transportation.

These processes are discussed in the [District Communicable Disease Management Plan](#) and the [School Health Services Manual](#)

For the purposes of COVID-19 a critical prevention measure is identification of COVID-19 complications, including [signs and symptoms of MIS-C](#)

# Key Definitions Related to COVID-19 Measures

In order to fully understand the procedures associated with prevention measures, some key terms are defined below:

## COVID-19 CASES

Cases of COVID-19 are categorized as suspect, presumptive or confirmed.

Suspect Case	Presumptive Case	Confirmed Case
An individual who has symptoms compatible with COVID-19 but does not meet the criteria of a presumptive or confirmed case	An individual acute illness with at least two of the following: Shortness of breath, loss of taste or smell, cough, fever, or radiographic evidence of viral pneumonia.  AND No more likely alternative diagnosis.  AND Within the 14 days before illness onset had close contact with a confirmed case or is identified as having been exposed in an outbreak.	Someone who has a positive lab result for COVID-19

## CLOSE CONTACTS (CASE CONTACTS)

Contacts are defined as individuals who have been in 6 feet or closer contact with a confirmed or presumptive case of COVID-19 for 15 minutes or more.

## ISOLATION & QUARANTINE

“Isolation” means to separate people who have a contagious disease from people who are not sick.

“Quarantine” means to separate and restrict the movement of people who were exposed to a contagious disease and could become infectious themselves to limit further spread of the disease

“Exclusion” means sending students or staff home based on specific symptoms (fever, vomiting, diarrhea, etc.) or specific risk of a communicable disease based on exposure and susceptibility.

“COSIE Space” is a trauma informed acronym for COVID-19 Observation Screening Isolation and Exclusion space. Which is the designated space for isolating ill individuals in the school setting.

Exclusion measured will be followed for confirmed cases of COVID-19. Families will be advised on when and how long to remain home for exposures to COVID-19 cases. Quarantine for school based academic exposures and contact tracing is paused for the remainder of the 2021-2022 school year.

# COVID-19 Quarantine, Isolation, and Exclusion Guide

## CASE ISOLATION

**Who:**

Individuals positive for COVID-19 (i.e., home test or lab test) regardless of symptoms or vaccination status.

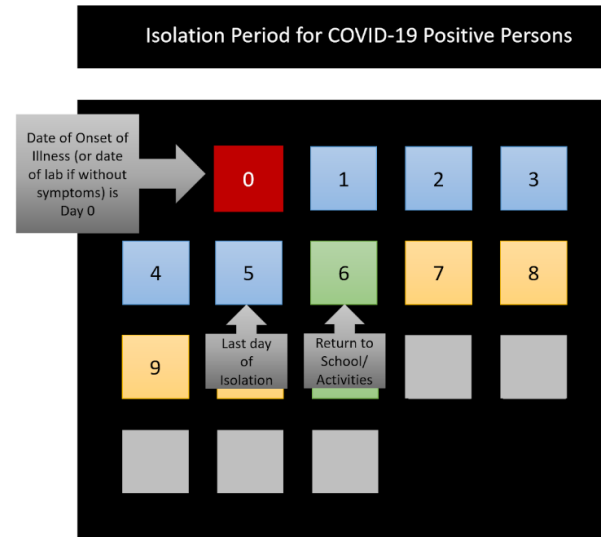
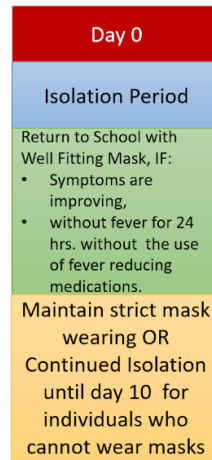
**Conditions of Return:**

- Improving symptoms
- 24 hours fever free without the use of fever reducing medication.

No otherwise excludable symptoms present (e.g.

- vomiting and diarrhea)
- Able to adhere to strict masking at all times.

*Individuals who remain ill or cannot mask should continue to isolate.*



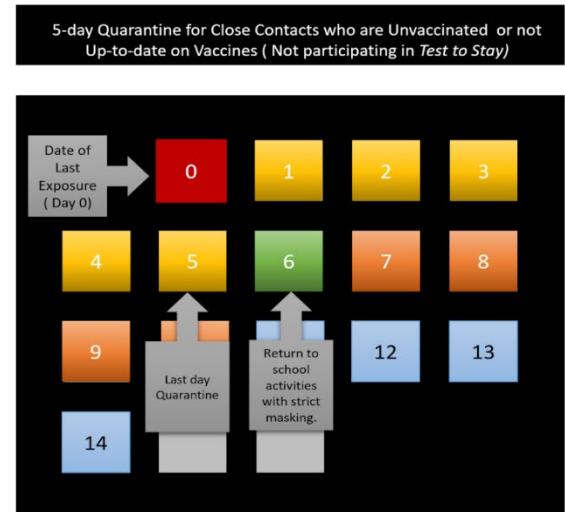
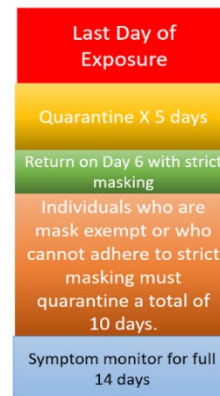
## UNVACCINATED CLOSE CONTACTS

**Who:** Close contacts who are not vaccinated or have *not* been fully vaccinated who are either not participating in or do not qualify for *Test to Stay* (i.e. close contact in athletics).

**Conditions of Return:**

- Individuals should not have symptoms compatible with COVID-19 when returning to school
- 5-day quarantine is reserved for those who are able to adhere to strict masking through day 10. Individuals who cannot adhere to strict masking should quarantine 10 days.

*Close contact means within 6 feet proximity for cumulative period of 15 minutes of more over a 24-hour period where masks are not universally worn.*

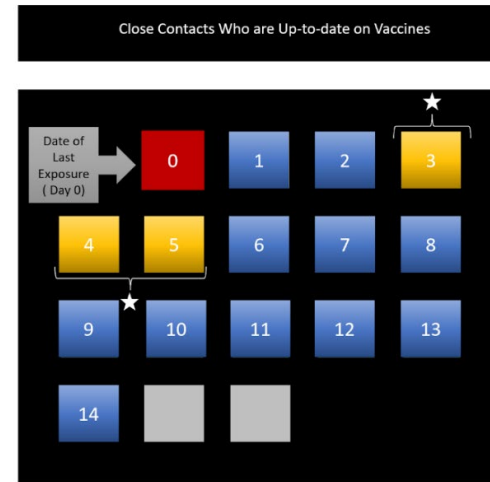
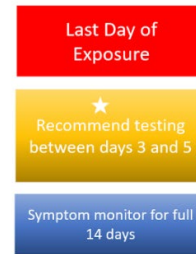


# VACCINATED CLOSE CONTACTS

**Close Contacts who are up to date on Vaccines**  
Individuals who are *fully vaccinated* for COVID-19 are not required to quarantine.

**Conditions:**

- Testing is recommended between days 3-5 following exposure to a case of COVID-19
- Symptom monitoring is encouraged for 14 days
- Masking adherence is expected.



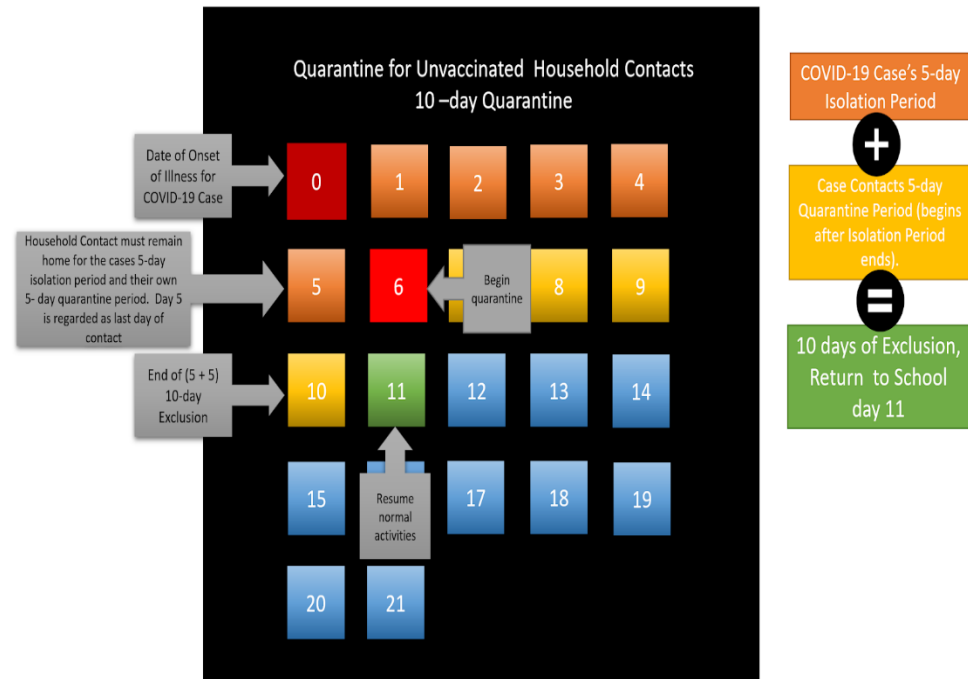
# HOUSEHOLD CONTACTS

**Household Contacts:**

**Who:** Individuals who have ongoing close contact with an infected case of COVID-19? In this case the household contact must quarantine for the duration the household contact with COVID-19 must isolate for (5 days) plus the 5 days quarantine period. This is because the 5-day quarantine is determined from the last date of exposure. When the exposure is constant, the last date of exposure is the last day of isolation for the case of COVID-19. This makes the exclusion period 10 days for household contacts.

**Conditions:**

Individuals who develop symptoms during these 10 days are encouraged to seek testing.



<b>Up to Date Vaccine</b>	<b>18 year of age and over</b> <ul style="list-style-type: none"> <li>• Boosted, <b>OR</b></li> <li>• Completed primary series of Pfizer or Moderna in the last 5 months, <b>OR</b></li> <li>• Completed the primary series or Johnson and Johns in the last 2 months</li> </ul>
	<b>5-17 years of age</b> <ul style="list-style-type: none"> <li>• At least 14 days from having Completed primary dose of COVID-19 vaccines</li> </ul>
<b>Not Up to Date</b>	<b>18 years of age and older</b> <ul style="list-style-type: none"> <li>• Completed the primary series of Pfizer or Moderna over 5 months ago and is not boosted, <b>OR</b></li> <li>• Completed the primary series of J&amp;J 2 months ago and is not boosted</li> </ul>
	<b>All ages:</b> <ul style="list-style-type: none"> <li>• Unvaccinated</li> <li>• Incomplete vaccine series</li> </ul>



## CONFIRMED CASES ON ATHLETIC TEAMS

Athletic events fall under different sets of guidance than do classroom activities. The guidance is provided through the [Oregon School Activities Association](#), and state specifically that:

- Students are not required to wear a mask indoors when practicing or playing a competitive sport at any level, including cheerleading and dance/drill. Students not actively participating (i.e. on the sideline during an indoor competition, etc.) are required to wear a mask. Students are required to wear a mask when in the weight room.

Because masks are not being worn, validation of 6-foot distancing is required. This includes all practice times, bench times, workout times and competition times. When there is not a process of verifying that 6-foot distancing occurred during athletic activities the following exclusion measures should be observed:

IF:	THEN:
<p>A player/tests positive for COVID-19 and in the 48 hours prior to symptom onset was:</p> <ul style="list-style-type: none"> <li>• At a practice or game in and <u>indoor venue</u></li> <li>• Worked out in an <u>indoor</u> setting with the team for longer than 15 minutes where physically distancing cannot be validated</li> <li>• Was seated within 6 feet of other players on an athletic bus or athletic bench</li> <li>• Was not masked on the athletic bus or bench and within 6 feet proximity.</li> </ul>	<p>Excluded <u>unvaccinated</u> coaches and players as case contacts for the full 5-10-days (from last exposure) quarantine timeframe and symptom monitor for 14 days. Exceptions include players who meet <u>all of the following</u>:</p> <ul style="list-style-type: none"> <li>• Did not play/practice at the same time</li> <li>• Did not sit within 6 feet on an athletic bus/bench</li> <li>• Remained masked on athletic bus</li> <li>• Was not in close proximity with case for at least 15 minutes during the exposure timeframe (48 hrs. prior to symptom onset)</li> </ul> <p><u>Vaccinated</u> players/coaches should symptom monitor for 14 days but will not need to be excluded per current public health guidelines. Guidelines do suggest being tested 3-5 days following exposure.</p>
<p>A player/coach tests positive for COVID-19 and is at practice /game the 48 hrs. prior to symptoms onset.</p>	<p>Players/coaches should symptom monitor for 14 days but will not need to be excluded per current public health guidelines. Guidelines do suggest being tested 3-5 days following exposure.</p>
<p>A player/coach is a close contact of a confirmed or presumptive case of COVID-19 not associated with the team and <u>not vaccinated</u>.</p>	<p><u>Unvaccinated</u> player/coach must be excluded for 5-10 days and must monitor for symptoms x 14 days from last day of exposure.</p> <p><u>Vaccinated</u> players /coaches must symptom monitor for 14 days but will not need to be excluded per current public health guidelines. Guidelines do suggest being tested 3-5 days following exposure.</p> <p>No action is required for the rest of the team</p>

## References

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2. American Academy of Pediatrics. (2021). Recommendations for Opening School in Fall 2021. <https://services.aap.org/en/news-room/news-releases/aap/2021/american-academy-of-pediatrics-updates-recommendations-for-opening-schools-in-fall-2021/>
3. Oregon Department of Education. (2021). Ready School, Safe Learners Resiliency Framework for the 2021-2022 School Year. <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%20Resiliency%20Framework%20for%20the%202021-22%20School%20Year.pdf>
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5. National Association of School Nurses. (2021). 2020-2021 School Year Suggested School Nursing Practice Activities. [https://cdn.fs.pathlms.com/TKKYjwI5SlmLFbcno4j?cache=true&\\_ga=2.38361569.359562262.1627492886-511249223.1627492886](https://cdn.fs.pathlms.com/TKKYjwI5SlmLFbcno4j?cache=true&_ga=2.38361569.359562262.1627492886-511249223.1627492886)
6. Oregon School Nurses Association. (2021). COVID-19 Reference page. <https://www.oregonschoolnurses.org/resources/covid-19-toolkit-2021-2022>
7. Oregon Department of Education and
8. Oregon Health Authority (2020). Communicable Disease Guidance for Schools. <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commdisease.pdf>
9. Oregon Department of Education. (2021). Planning for COVID-19 Scenarios in Schools. <https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools.pdf>
10. Centers for Disease Control and Prevention. (2021). Operational Strategy for K-12 Schools through Phased Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>
11. Oregon Health Authority (2021). COVID-19 Testing in Oregon's K-12 Schools. <https://sharingsystems.dhsoha.state.or.us/DHSForms/Served/le3560.pdf>