



Integrated Communicable Disease Management Plan

West Linn-Wilsonville School District 3J

Communicable Disease Management & significant communicable disease outbreak Plan

Table of Contents

Definition and Purpose of Plans	3
Policies, OARS and Resources	3
West Linn-Wilsonville School District Board Policies	3
Oregon Legislation	4
Oregon Health Authority & Oregon Department of Education	4
Centers for Disease Control	4
General Communicable Disease Management	5
Communicable Disease Prevention	5
Handwashing	6
Respiratory Hygiene	7
Environmental Surface Cleaning	7
Vaccines	8
Exclusion	9
Current OHA/ODE Exclusion Guidelines:	9
Small Communicable Disease Outbreaks	11
Respiratory Illness	11
Vaccine Preventable Disease	11
Gastroenteritis	12
Other Circumstances	12
Significant Communicable Disease Outbreaks	14
Considerations	14
Planning Framework	15
Preparedness Phase	16
Preparedness Action Steps Summary	16
Preparedness Standard Operating Procedures	17
Response Phase	18
RESPONSE Phase Action Steps Summary	18
RESPONSE Phase Standard Operating Procedures	19
Considerations for Closing a School, Schools or District	21
Protocols for Safely Reopening a School, Schools or District	22
Recovery Phase	25
RECOVERY Phase Action Steps Summary	25
RECOVERY Phase Standard Operating Procedures	26

Definition and Purpose of Plan

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff.

A communicable disease is an infectious disease that is transmissible by contact with infected individuals or their bodily discharges or fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors.

Although the terms communicable disease and contagious disease are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors are considered to be "contagious" diseases since they cannot be spread from direct contact with another person. In the school setting there is a prevention oriented approach for communicable disease which is grounded in education, role modeling and standard precautions and hygiene. However, the nature of a population based setting lends to the need to establish practices for measures and interventions associated with exposures or potential exposure.

There are a variety of common childhood infectious diseases that are regularly encountered in the school setting. Routine childhood respiratory illnesses such as the common cold (i.e. adenoviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis caused by a variety of bacteria and viruses occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently) and croup (most commonly parainfluenza) and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand foot and mouth disease, fifth disease and staph skin infections. Recently, instances of measles, varicella (chicken pox) and pertussis have been on the rise in Oregon schools.



The first section, General Communicable Disease Management focuses on a set of practices and procedures for prevention and risk exposure of any communicable disease.

The subsequent Significant Communicable Disease Outbreak discusses specific measures the district will employ in the phases of a significant communicable disease outbreak including prevention, response and recovery phases.

Policies, OARS, Resources and Acronyms

West Linn-Wilsonville School District Board Policies

JHC Student Health Services

JHCA Students HIV, HBV, Aids

JHCB Immunizations, Dental Screenings, Vision Screenings

JHCC Communicable Diseases JHCC

Oregon Legislation

[OAR 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions](#)

[OAR 581-022-2200 Health Services](#)

State Resources

[Oregon Communicable Disease Guidelines for School](#)

Federal Resources

[Centers for Disease Control](#)

County Resources

[Clackamas County Public Health Infectious Diseases](#)

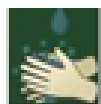
Acronyms

- ODE: Oregon Department of Education
- OHA: Oregon Health Authority
- CCPH: Clackamas County Public Health
- CDC: Centers for Disease Control
- WHO: World Health Organization
- PPE: personal protective equipment
- SPED: special education

WLWV Communicable Disease Management Plan

Communicable Disease Prevention

There are a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, physical distancing, sanitation and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread.



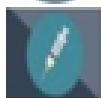
Hand
Hygiene

How these communicable diseases are spread depends on the specific infectious agent. Common ways in which communicable diseases spread are include:



Cough
Etiquette

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)



Immunizations

- Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria);



Blood Borne
Pathogen Training

- Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and



Environmental
Sanitation

- Travel through the air, such as measles.



Standard
Precautions

In the school setting the most frequent risks are associated with direct contact with ill individuals or contamination of surfaces or through airborne transmission. Primary sources of prevention include hand and surface hygiene, isolation, physical distancing, respiratory hygiene, exclusion and standard precautions.



Illness
Policy



Food
Safety

Handwashing

Prevention oriented measures are grounded in education of how diseases are transmitted and practice application related to appropriate sanitizing measures and precautions. Hygiene and sanitation are some of the most important methods of disease prevention. Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Appropriate handwashing practices should be taught, role modeled and practiced.

Age appropriate hand hygiene curriculum can be found from a variety of resources and should be provided annually in the fall and as needed during peak illness season or specific increases of disease in the school setting.

Hand sanitizer, while not effective against a large number of pathogens, should be made available for times that handwashing is not immediately accessible. Hand sanitizer should be easily accessible throughout the building, specifically in high contact areas and at entrances and exits as feasible. Hand sanitizer should be accessible in each classroom.

Education and modeling of proper handwashing techniques and use is a shared responsibility of all staff members. Reminders, visual cues and explicit instruction should be provided regularly and as appropriate.

More information around the science of handwashing can be found through the [Centers for Disease Control](https://www.cdc.gov/diseasecontrol/) (CDC).



Staff and students should wash hands:

- Before, during and after preparing food
- Before eating
- Before and after providing personal or medical care
- After using the toilet
- After blowing your nose, coughing, sneezing, or touching garbage
- After touching animals, animal treats, or animal waste

CDC, 2020

Respiratory Hygiene

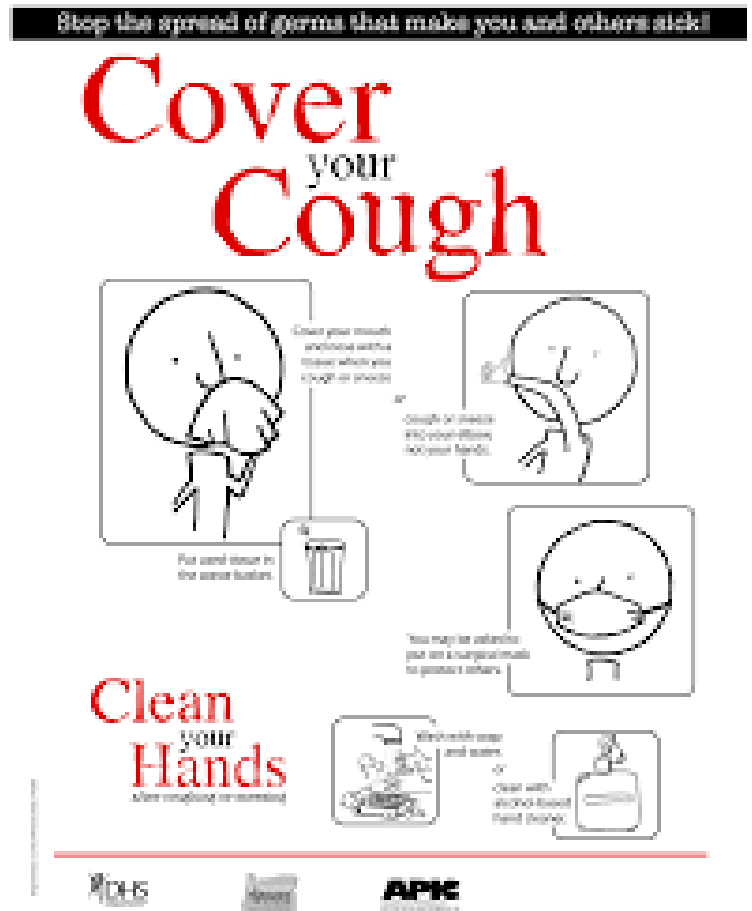
Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like door knobs or desks.

Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced and role modeled to prevent the spread of disease.

Environmental Surface Cleaning

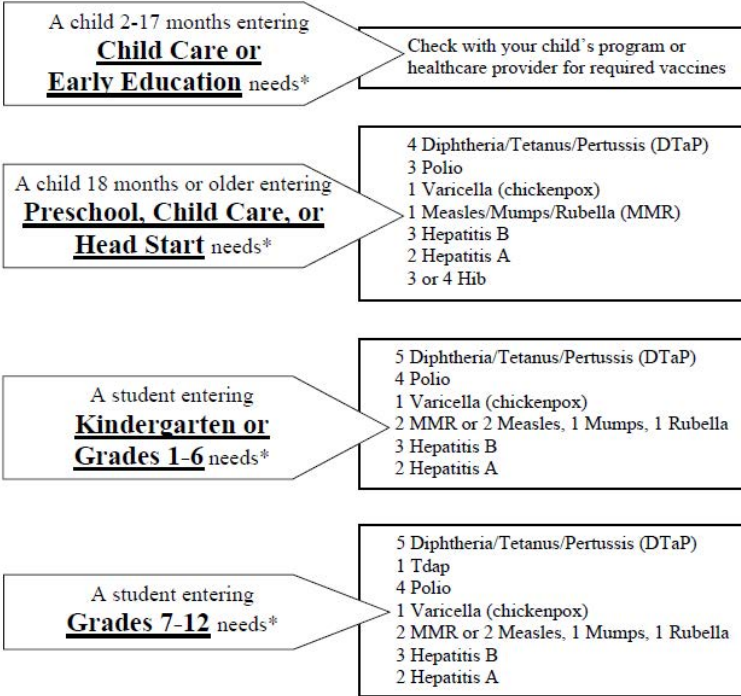
Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with reduction in illness include scheduling routine cleaning of each classroom and common areas, ensuring appropriate stock of appropriate sanitizers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

WLWV takes cleaning and sanitizing seriously, as part of a safe and healthy learning environment for students and staff. Our custodial staff engage in regularly training on safe and effective cleaning practices. Our teachers work to ensure that their instructional spaces are kept as clean as possible throughout the often messy work of student learning and socializing. Staff work to develop pride and responsibility by having students support the cleanliness of their work spaces as appropriate.





Oregon law requires the following shots for school and child care attendance*



*At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details. 1/2021

Vaccines

In the school setting vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school maintains records of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases. Vaccine process is in accordance with Oregon Health Authority regulations, Clackamas County Public Health guidance, and WLWV board policy.

The district maintains appropriate records of each student's vaccination record, including medical and non-medical exemptions. These are reported annually to the Clackamas County Public Health. Students who do not have the appropriate vaccinations or exemptions will be excluded from school per Public Health procedures

The district supports families in obtaining appropriate vaccinations through education and providing resources. When possible, the district conducts vaccination clinics in collaboration with Clackamas County Public Health to support all students' health and school attendance.

The district regularly encourages staff to obtain vaccinations to prevent communicable diseases, including publishing annual reminders of the importance and availability of influenza vaccines.

When a vaccine preventable disease (variella, pertussis, etc) is identified in a school setting, the School Nurse will communicate directly with Clackamas County Public Health. As appropriate, nursing will run immunization reports to identify unvaccinated students in the school setting. The School Nurse will communicate this potential risk directly with the families of at risk students (medically fragile, unvaccinated, etc.) as necessary.

School Nurses will report all communicable disease occurrences to Student Services Administration who will monitor for trends, and then activate Emergency Operations as necessary

Exclusion

School attendance is critical to learning and WLWV works hard to ensure all students regularly attend school. We rely on parents to partner with us in supporting children's health and keeping their children home from school when they are ill. However, there are certain circumstances where exclusion from school for health reasons are necessary.

Current OHA/ODE Exclusion Guidelines:

Student's Symptoms or Illness	Student May Return to School When*
Fever: temperature by mouth greater than 100.4 degrees Fahrenheit.	No fever for at least 24 hours without the use of fever-reducing medicine.
Skin rash or open sores.	Rash is gone; sores are dry or can be completely covered by a bandage; or with order from doctor to school nurse.
New Cough illness.	In general, when symptom-free for 24 hours. If pertussis (whooping cough) is diagnose, after taking 5-day course of prescribed antibiotics, or when cleared for return by local public health authority. If COVID-19 is diagnosed, with orders from local public health authority.
Diarrhea: 3 loose or watery stools in one day OR newly not able to control bowel movements	Symptom-free for 24 hours.
Vomiting	Symptom-free for 24 hours.
Headache with stiff neck and fever; OR with recent head injury	Symptom-free or with orders from doctor to school nurse.
Jaundice: (new) yellow color in eyes or skin.	After orders from doctor or local public health authority to school nurse.
Red eyes or eye discharge: yellow or brown drainage from eyes.	Redness and discharge is gone OR with orders from doctor to school nurse.
Major health event , like surgery OR an illness lasting 2 or more weeks.	After 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.
Acting different without a reason: unusually sleepy or grumpy OR acting differently after a head injury.	After return to normal behavior OR with orders from doctor to school nurse.

Communicable diseases are transmitted from person to person by various routes. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis and adequate isolation or treatment (ODE,

2020). Restriction of some communicable diseases may be imposed by Clackamas County Public Health for reportable conditions (Oregon Administrative Rule 333-019-0010) which is addressed in a subsequent section.

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. When in question the School Nurse should be consulted. The chart above outlines the current guidance on exclusion from the [Oregon Department of Education Communicable Disease Guidance Document](#).

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Restrictable diseases are reportable to Clackamas County Public Health. The local health department typically notifies school health services. Although, there are occasions when the parent will notify the school first.

Students with diagnoses of disease restrictable by Clackamas County Public Health under Oregon Administrative Rule (OAR) 333-019-0010 should return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including:

- Diphtheria,
- Measles,
- Salmonella
- Typhi infection,
- Shigellosis,
- Shiga-toxigenic Escherichia coli (STEC) infection,
- Hepatitis A,
- Tuberculosis,
- Pertussis,
- Rubella
- Acute Hepatitis B.
- COVID-19 is also declared a restrictable condition under OAR 333-018-0900.

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

The School Nurse and Student Services Administration will identify the need for communication, surveillance or control measures, including potential communication with Clackamas County Public Health.

The interventions and communication are driven by multiple factors including the diagnosis, student health status, risk of exposure, number of individuals infected and risk to cohort or specific students.

In compliance with FERPA and HIPPA, school staff receiving reports *should not* inform any other students, staff or parents of the report.

Outbreaks

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity should be indicators to report to the School Nurse for consideration of outbreak reports or control measure implementation. The attention to outbreaks, interventions and resources are highly dependent on the severity or communicability of the syndrome or pathogen. Outbreak investigations will be facilitated through School Nurse in collaboration with the Student Services administration and Clackamas County Public Health with the use of [Oregon Health Authority Outbreak Toolkits for Schools](#).

Respiratory Illness

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

- Diagnosed pneumonia in 3 or more individuals in the same cohort.
- Unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with compatible respiratory symptoms.
- Prolonged illness, lasting longer than 3 days on average, among 10 or more persons of the same cohort.
- Any uncommon incidence of illness in more than two students.
- Any respiratory illness resulting in hospitalization or death of a student or staff member.

In the event of respiratory illnesses related to novel viruses, consult the *Significant Communicable Disease Outbreak* sections of this plan as appropriate.

Vaccine Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists.

Current VPD routinely immunized for in the United States includes:

1. Diphtheria*
2. Tetanus*
3. Measles*
4. Mumps*
5. Rubella*
6. Haemophilus influenzae type b infections (Hib)*
7. Pneumococcal infections*
8. Meningococcal disease*
9. Pertussis (whooping cough) *
10. Poliomyelitis (polio)*

11. Hepatitis A*
12. Hepatitis B*
13. Varicella
14. Influenza

Most VPD's are also notifiable diseases*, meaning they are reportable to the local health department and are under consistent surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US. These may include as: cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis and typhoid. While these conditions are uncommon locally, a diagnosed case would be of interest. Vaccine Preventable Disease reports should be deferred to the School Nurse whether coming from a parent, provider, community member or the local health department. Indicators for VPD include:

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

Gastroenteritis

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

Indicators to report to the School Nurse include:

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

Specific environmental cleaning measures may be necessary in some cases.

Other Circumstances

Less commonly outbreaks of skin infections, novel diseases occur or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions and follow-up should be deferred to the School Nurse immediately and will be handled on a case by case basis. Examples of these circumstance may include:

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

The School Nurse may decide that additional control measures or data collection is necessary and will consult with Student Services Administration and Clackamas County Public Health as needed, in regards to determined outbreaks or novel diagnoses. The School Nurse should always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak.

Any presentation of illness or combination of illnesses as described above should be reported to the School Nurse and administrator.

Significant Communicable Disease Outbreak

Planning Considerations

Basic Goals in Planning

- Limit illness, the spread of illness, and emotional trauma
- Preserve continuity of essential functions
- Minimize social and educational disruption
- Minimize instructional loss

Key Guidance from Oregon Health Authority

- Type of communicable disease, symptoms, school exclusion, transmission, control measures.
- Public Health agency consultation will guide decisions about level of closure and exclusions.
- Public Health agency consultation will guide decisions about disinfection methods based on type of virus/infection.
- Public Health agency consultation will guide decision about travel implications (local, regional, international)

School and District Impact and Issues

- Potential for school closings
- Large numbers of staff absent, difficult to maintain school operations
- Loss of services from suppliers (e.g. food services and transportation)
- Student absenteeism elevated above normal trends
- Parents who choose to keep children at home
- Loss of ability to continue operations in support departments

Community Impacts

- Large percentages of the population may be unable to work for days to weeks during the outbreak
- Significant numbers of people and expertise would be unavailable
- Emergency and essential services such as fire, police, and medical would be diminished
- School operations could be affected
- Financial and social impacts of prolonged schools' closures
- Methods of continued instruction should schools' close

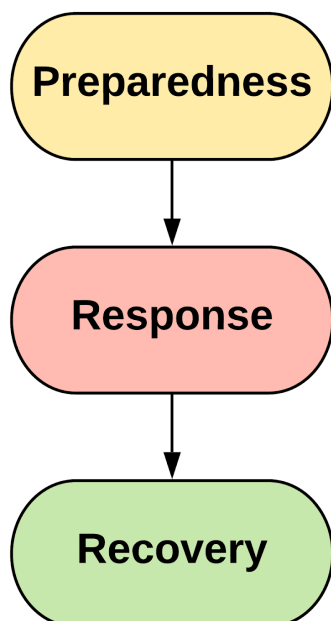
Access Control

- Adjust visitor and volunteer policies that enable school administrators to control access to the buildings.
- Each school should have a plan to lock out certain entrances and exits and to monitor others, if necessary.
- Identify a main entrance and an indoor screening area where students and staff will be screened prior to moving to classrooms or other areas of the building for each school.

Communication Reporting and Resources

- OHA, Clackamas County Public Health, CDC (reporting and resource)
- Clackamas ESD, ODE, neighboring districts (reporting and resource)
- School and District communication channels, social media (reporting updates)
- District Webpage with updates and resources (reporting updates)
- Communicate with City leaders (reporting updates)

Planning Framework



A **significant communicable disease outbreak** could include a significant communicable disease outbreak, an epidemic, or significant localized outbreak. West Linn-Wilsonville Schools are committed to comprehensive planning that contemplates stages of preparedness, response and recovery. These three stages align with the more detailed Federal significant communicable disease outbreak 6 Response stages, but the thinking is applicable to any **significant communicable disease outbreak**.

WLWV Preparedness:

- Federal Stages 0-1
- Initial outbreak overseas

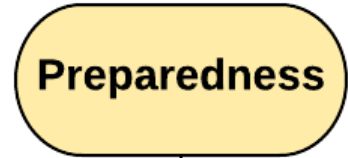
WLWV Response:

- Federal Stages 2-5
- Widespread outbreaks in multiple locations overseas
- Spread throughout United States
- Outbreaks of concern in Oregon

WLWV Recovery:

- Federal Stage 6
- Recovery & preparation for subsequent waves

Preparedness Phase



Preparedness Action Steps Summary

- Identify a staff person to be responsible for surveillance and infection control.
- Increase emphasis on good health habits to stop transmission, especially handwashing, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
- Identify potential cleaning and PPE (personal protective equipment) supply needs.
- Custodial staff will institute a schedule to ensure that soap dispensers are refilled regularly.
- Provide education to employees, students and parents on hand hygiene, respiratory etiquette, avoiding touching the eyes, nose, and mouth.
- Assure that employees, students and visitors can wash their hands when entering and leaving the facility.
- Emphasize frequent cleaning and disinfection of high touch areas, i.e., door knobs, keys, telephones, etc.
- Ensure every classroom has a spray bottle of disinfectant and paper towels available for surface cleaning throughout the day.
- Identify resources for outbreak surveillance and control.
- Track international, national, regional, and local trends, utilizing the local health department resources.
- Review Clackamas County Public Health contacts for infectious disease control
- Collaborate with Clackamas County Public Health on preparedness and any special requirements, such as quarantine for people who travel to areas with outbreaks.
- Identify any local or state reporting requirements for significant communicable disease outbreak.
- Prepare a system for tracking and reporting suspected and verified cases.
- Establish procedures for screening to be utilized with significant communicable disease outbreak.
- Begin to consider administrative measures to accomplish *physical distancing*.
- Identify areas within the school facility that can be used for isolation and quarantine.
- Provide routine training about transmission and prevention and control measures.
- Conduct or participate in mock exercises related to surveillance and infection control in significant communicable disease outbreak.

Preparedness Standard Operating Procedures

Department	PREPAREDNESS PHASE Action
Superintendent	<ul style="list-style-type: none"> ● Stay current with information from Oregon Department of Education and Oregon Health Authority ● Develop Incident Command structure ● Convene District Safety Leadership Team to review significant communicable disease outbreak response ● Develop plan for physical distancing ● Provide information to School Board about preparation process
Communications	<ul style="list-style-type: none"> ● Establish Emergency Communications protocols ● Curate templates for communication during significant communicable disease outbreaks ● Remind families to ensure emergency contacts are up to date ● Encourage families to develop alternative childcare procedures
School Nursing	<ul style="list-style-type: none"> ● Educate students, staff and families on disease prevention steps regularly, including handwashing, respiratory hygiene, not touching face, etc. ● Ensure buildings' have appropriate supplies, i.e. PPE (personal protective equipment) ● Consider reaching out to families of medically fragile students as necessary to consult their providers for individual considerations
Student Services	<ul style="list-style-type: none"> ● Ensure connection with Clackamas County Public Health Infectious Disease department, particularly for screening guidance, i.e. staff or students who travel to an area of outbreak ● Review educational plans for students who are medically fragile ● Ensure each building has identified potential isolation/screening spaces
Technology	<ul style="list-style-type: none"> ● Advocate for internet access throughout the community ● Maintain systems for daily attendance tracking and monitoring, considering any potential adjustments for contact tracing logs if necessary ● Prepare for possible remote technology needs
Human Resources	<ul style="list-style-type: none"> ● Encourage employees to use Direct Deposit ● Develop plans for possible workforce shifts ● Ensure staff emergency contacts are updated ● Consider a survey of staff to identify potential childcare issues ● Meet with association leaders about preparation planning ● Remind all staff that they can access disease prevention education video modules in "Safe Schools"
Teaching and Learning	<ul style="list-style-type: none"> ● Adopt or develop tools for learning that could be used in a distance learning format

Operations	<ul style="list-style-type: none">● Ensure proper cleaning and disinfecting procedures are in place● Work to identify sufficient vendors in supply chain for cleaning and PPE products
Transportation	<ul style="list-style-type: none">● Prepare transportation for additional cleaning if needed● Prepare for potential cohort logging to support contact tracing if necessary
Nutrition	<ul style="list-style-type: none">● Develop plan for meal distribution if schools close
Community Services	<ul style="list-style-type: none">● Communicate district plans with after school programs and communities that rent school facilities

Response Phase

RESPONSE Phase Action Steps Summary



Response

Begin when Oregon Health Authority/Clackamas County Health directs significant communicable disease outbreak response:

- Continue to reinforce education regarding communicable disease control. Emphasize the triad of good health habits: hand hygiene, respiratory etiquette, and not touching the eyes, nose and mouth.
- Increase environmental cleaning of “high touch” surfaces, e.g., door knobs, keys, telephones.
- Restrict visitors and volunteers to school buildings.
- Educate employees and students not to come to the facility if they are ill or showing symptoms.
- Assess adequacy of infection-control supplies and review distribution plan.
- Initiate screening for symptoms at entry points.
- Support contact tracing by:
 - a. Conducting active surveillance to look for potential communicable disease cases (i.e., review screening logs, student and staff absence follow-up calls, hospitalizations, etc.).
 - b. Interview symptomatic illness cases for communicable disease risk factors.
 - c. Share appropriate information with Clackamas County Health Department for follow-up
- Review measures to increase *physical distancing* and implement as necessary.
- Designate isolation and quarantine rooms.
- Develop and implement workforce adjustment plan as needed.
- Develop and implement distance learning plan as needed

RESPONSE Phase Standard Operating Procedures

Department	RESPONSE PHASE Action
Superintendent	<ul style="list-style-type: none"> ● Review Incident Command structure with cabinet members ● Engage in communication with Oregon Department of Education Leadership and Superintendents of neighboring districts ● Determine school closures if necessary ● Develop communication guidelines for staff to use in distance learning models ● Determine expectations around physical distancing and face coverings as necessary ● Communicate with the school board, including needs to update school calendars, budget adjustments or new policy development to meet the needs of the situation
Communications	<ul style="list-style-type: none"> ● Provide on-going communication to staff about district responses ● Provide on-going communication to families and community about district responses ● Support community engagement measures such as virtual forums or surveys as necessary ● Communicate district plans with key stakeholders, such as media
School Nursing	<ul style="list-style-type: none"> ● Continue education on hand and respiratory hygiene, not touching face ● Develop entry and screening processes for any in-person instruction ● Provide direction on health updates from OHA, CDC, and WHO ● Advise on necessary personal protective equipment or measures ● Develop process for isolation of symptomatic individuals ● Directly consult with Clackamas County Public Health around any diagnosed or suspected student cases, maintaining confidentiality ● Contact families of students who are medically fragile for individual planning ● Be available to provide accurate medical information to district families
Student Services	<ul style="list-style-type: none"> ● Communicate with families of students served by SPED on implementation or procedural compliance shifts in IEP process ● Develop process for specially designed instruction and related service providers that complies with physical distancing requirements ● Maintain incident tracking system ● Ensure system of checking in with families or students of concern ● Work with building and district leaders around responses to verified or suspected cases ● Review and adapt Suicide Prevention processes as necessary
Technology	<ul style="list-style-type: none"> ● Monitor and report student absences ● Develop technology distribution plan as needed for distance learning ● Create system for technical assistance for students, families, and staff during distance learning ● Develop system for recording cohort attendance to support contact tracing as necessary

Business	<ul style="list-style-type: none"> ● Create a ending code to track expenses directly related to significant communicable disease outbreak response ● Monitor savings and additional costs, report to school board as necessary ● Communicate with insurance companies about potential liability ● Process refunds for activities that were canceled
Human Resources	<ul style="list-style-type: none"> ● Monitor changing labor laws and regulations ● Monitor staff absences and report as necessary ● Communicate with building principals, department leaders, and superintendent about staffing needs ● Advise staff of any health care or benefits changes that occur ● Work with staff who are in high risk categories to create accommodations if possible ● Communicate with association leaders about changes as needed, including instructional models, school calendars, etc
Teaching and Learning	<ul style="list-style-type: none"> ● Develop Remote Learning Plans if needed ● Review all field trips and co-curricular, cancel if warranted ● Develop instructional models that comply with physical distancing requirements ● Determine any necessary adjustments to assessment calendar ● Coordinate input and information processes with principals and staff
Operations	<ul style="list-style-type: none"> ● Ensure staff have supplies for frequent cleaning of high touch areas throughout the day ● Be prepared for deep disinfecting for classrooms or entire schools if outbreaks occur ● During the day, increase ventilation where possible ● End of each day, thoroughly clean and ventilate each building ● Fully clean and disinfect isolation and health rooms daily ● Provide rapid response thorough disinfection as needed throughout the day ● Provide additional stations for handwashing or hand sanitizing as necessary ● Oversee purchase and distribution of face masks, face shields, or protective barriers for most staff
Nutrition Services	<ul style="list-style-type: none"> ● Work with state in process for expanding access to free or reduced meals ● Implement meal distribution that works with physical distancing or distance learning models (sack lunches, etc)
Community Services	<ul style="list-style-type: none"> ● Communicate with after school programs and community patrons around any closures, additional cleaning requirements, or physical distancing measures for facility use ● Develop forms and procedures to ensure organizations that use facilities follow appropriate procedures
Transportation	<ul style="list-style-type: none"> ● Clean buses thoroughly after each use ● If possible, leave windows open on bus during use to increase ventilation ● If necessary, ensure face covering and physical distancing requirements ● Implement appropriate screening measures as necessary ● Implement cohort logging as necessary

Considerations for Closing a School, Schools or District

Considerations for Closing a School, Schools or District During Outbreak		
Closure Type	Considerations	Duration
School	<ul style="list-style-type: none"> ● Confirmed case of communicable disease ● Extra-curricular activities and events may be cancelled for that school 	<ul style="list-style-type: none"> ● Closure and cleaning protocols based on guidance from OHA, ODE and CCPH
Schools	<ul style="list-style-type: none"> ● Confirmed case of communicable disease ● Activities and events may be cancelled for that school and clusters of schools 	<ul style="list-style-type: none"> ● Closures and cleaning protocols based on guidance from OHA, ODE and CCPH
District	<ul style="list-style-type: none"> ● Not enough staff to teach safely and effectively across the district (whether confirmed, quarantined or home not feeling well) ● More than 25% absenteeism by students ● All activities, events across district cancelled ● Distance/At-Home Learning will be considered if time closed exceeds what can be accommodated within the school calendar 	<ul style="list-style-type: none"> ● Closures and cleaning protocols based on guidance from OHA, ODE and CCPH
First Student Bus Director	<ul style="list-style-type: none"> ● Notify staff and comply with health directives ● Disinfect all buses (either internal or through contract services) 	<ul style="list-style-type: none"> ● Closures and cleaning protocols based on guidance from OHA, ODE and CCPH

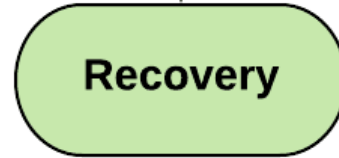
Protocols for Safely Reopening a School, Schools or District

Safety Protocols to Reopen a School, Schools or District	
Medical Experts	<ul style="list-style-type: none"> ● District will follow any Executive Orders, ODE Guidance or county guidelines regarding reopening requirements, processes and protocols. ● District will use the OHA Communicable Disease Guidance document as a reference for medical expertise on the disease and its specific contagion, symptoms, risks and prevention for spread. ● District nurses will become point persons at their schools and for the district to review policies and plans, and consult with OHA, ODE and CCPH
Safety Training	<ul style="list-style-type: none"> ● All staff including coaches, regular contract personnel and those who rent/use the facility on a regular basis will participate in training specific to the communicable disease (e.g. COVID-19), through the Safe Schools Modules. This will include prevention measures and screening for symptoms. ● District-specific “Community Use” and “Participant Use” forms will be signed by those who rent the facilities, agreeing to the safety guidance.
Exclusion from School	<ul style="list-style-type: none"> ● District will utilize the OHA Communicable Disease Guidance document to reference symptoms aligned to a specific disease (e.g. COVID-19, Chicken pox) and determine school exclusion.
Screening for Symptoms	<ul style="list-style-type: none"> ● District will utilize the OHA Communicable Disease Guidance document to reference symptoms aligned to a specific disease (e.g. COVID-19, Chicken pox) to determine transmission/communicability and symptoms. ● Students will be screening daily on entry to bus and school. ● Screening may include parent report, visual observation or other recommendations by OHA, ODE and CDC.
School Control Measures (Precautions)	<ul style="list-style-type: none"> ● Staff will be informed and trained in recommended control measures as outlined in OHA Communicable Disease Guidance document, such as handwashing, using sanitizer, physical distancing, gloves, etc. ● Disinfectants and supplies will be made available to staff for use. ● Community groups who use district facilities on a regular basis (e.g. childcare, churches) will be responsible for providing their own.
Daily Logs, Monitoring and Contact Tracing	<ul style="list-style-type: none"> ● Students names and monitoring for symptoms may be required depending on the communicable disease. If so, “Student Information Logs” will be kept to record name, date, time in/out, cohort contact, symptoms (yes/no), staff name. These logs will be utilized for contract tracing if need be. Logging may also be generated electronically through Student Information System. ● Log sheets may be utilized on buses, in school, on trips or for each significant cohort change. ● Parent/Guardian name and emergency contact information will be referenced using the district student information system.
Physical Distancing	<ul style="list-style-type: none"> ● Some communicable diseases may require/recommend physical distancing (e.g. COVID-19). In this case, schools/district will follow ODE, OHA and CCHP requirements/recommendations. Physical distancing will be considered for outdoors, indoors and on buses.

	<ul style="list-style-type: none"> ● Seating arrangements and distance will align with OHA requirements and recommendations. ● Specific areas may be marked and designated for one-way traffic flow for transitions in the building or entrances/exits.
Cohort Groups and Gatherings	<ul style="list-style-type: none"> ● Some communicable diseases may require/recommend cohort sizes or gathering sizes (e.g. COVID-19). In this case, schools/district will follow OHA, ODE and CCPH requirements, and strongly consider recommendations. Group sizes will be considered for outdoors, indoors and on buses.
Face Coverings and Face Shields	<ul style="list-style-type: none"> ● Some communicable diseases may require/recommend face coverings or face shields or plastic barriers (e.g. COVID-19). In this case, schools/district will follow OHA, ODE and CCPH requirements and strongly consider recommendations. ● The requirement or recommendation for face coverings will be considered for age, specific role of the adult, ADA accommodations and whether they are needed for outdoors, indoors and on buses.
Environmental Cleaning and Disinfection	<ul style="list-style-type: none"> ● District will follow OHA Communicable Disease Guidance for cleaning, disinfecting and ventilating frequently touched and used surfaces and areas.
Isolation Measures and Reporting	<ul style="list-style-type: none"> ● In the event a student shows signs of symptoms while on the bus or in school, protocols for isolation must be followed using the OHA Communicable Disease Guidance document. ● Students in isolation must be monitored by a school nurse or trained designee until they are able to go home. ● A record of students and staff who were isolated must be kept at the school office. ● Any presumptive or positive case must be reported to CCPH and to the Student Services. ● Any outbreak will immediately follow the health and safety protocols for closure of the space(s), cleaning and sanitization and guidelines for reopening aligned to the OHA Communicable Disease Guidance document recommendations.
Quarantine	<ul style="list-style-type: none"> ● Staff and students who are ill must stay home from school and must be sent home if they become ill at school, based on the symptoms and procedures outlined in the OHA Communicable Disease Guidance document. ● In some cases, a set number of days and quarantine guidelines must be followed.
Visitor/Volunteers	<ul style="list-style-type: none"> ● Restrict or limit visitors and volunteers to the extent possible. ● All essential visitors/volunteers must be screened for symptoms and take the Safety Training (if applicable) and follow all safety guidelines (e.g. hand washing, physical distancing, face coverings).
Designated CDMP Official	<ul style="list-style-type: none"> ● Each school will designate a person to establish, implement and enforce preventative measures and other OHA guidance (e.g. physical distancing, handwashing). In most schools, this will be the principal. At the district office, this will be the Superintendent or their designee.

High Risk Populations	<ul style="list-style-type: none">• Students in high-risk populations must continue to be served a full education. This can be done either on-site, Hybrid (partial on-site, partial distance learning), or fully online through the district online program.
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Recovery Phase



RECOVERY Phase Action Steps Summary

Begin when Oregon Health Authority/Clackamas County Health directs movement into recovery or later reopening phase:

Previous significant communicable disease outbreaks have been associated with subsequent “waves” of influenza-like illnesses after an initial wave resolve. After an initial significant communicable disease outbreak, subsequent outbreaks are likely. The recovery period will involve both recovering from the significant communicable disease outbreak emergency, evaluating the response to it and preparing for subsequent waves of significant communicable disease outbreak illnesses.

1. Maintain surveillance for communicable disease symptoms.
2. Maintain communication with local public health officials.
3. Evaluate the effectiveness of surveillance and infection-control measures during the significant communicable disease outbreak flu and summarize observations.
4. Evaluate the adequacy of infection control supplies and the need for restocking.
5. Restock infection control supplies.
6. Revise plan if necessary.

RECOVERY Phase Standard Operating Procedures

Department	RECOVERY PHASE Action
Superintendent	<ul style="list-style-type: none"> ● Maintain regular communication with ODE and CESD ● Create timeline, process and committees for to ensure safe reopening of schools if necessary
Communications	<ul style="list-style-type: none"> ● Maintain key communication with staff and community ● Ensure website has up to date information
School Nursing	<ul style="list-style-type: none"> ● Maintain regular communication with CCPH ● Connect with families of medically fragile students
Student Services	<ul style="list-style-type: none"> ● Purchase additional PPE needed to support nursing and personal care ● Ensure information is available for families around mental health and social service supports ● Provide crisis or grief supports as necessary
Technology	<ul style="list-style-type: none"> ● Communicate if and when technology that had been distributed during distance learning may need to be returned ● Move to more typical attendance systems as directed by Oregon Department of Education
Business	<ul style="list-style-type: none"> ● Continue to monitor costs ● Apply for any relief funds or grants available to help offset costs
Human Resources	<ul style="list-style-type: none"> ● Gather information on which staff members are ready to return to work ● Review accommodations for staff members as conditions shift
Teaching and Learning	<ul style="list-style-type: none"> ● Ensure instructional model that provides consistency if a return to Distance Learning is necessary ● Develop plan for resuming co-curricular activities as appropriate
Operations	<ul style="list-style-type: none"> ● Expand school clearing routines ● Gradually remove physical barriers or signals for distancing as distancing requirements shift
Nutrition Services	<ul style="list-style-type: none"> ● Begin to plan for shift toward more family style meals if appropriate ● Review staffing needs and adjust as necessary
Community Services	<ul style="list-style-type: none"> ● Communicate with community groups and patrons around re-opening of facilities
Transportation	<ul style="list-style-type: none"> ● Continue to inspect busses and sanitize as necessary ● Modify routes if needed per re-opening model