

COVID-19 Specific Communicable Disease Management Plan

School District: Pleasant Hill

School Name: Pleasant Hill Elementary, Middle, and High

Principal: Devery Stoneberg & Randy Fisher

Consulting RN, School Nurse, or Medical Professional: Lane County Health Authority 541-682-4041 Kate Blair, School Nurse Katie Jensen, LESD Re-opening Liaison Malcolm McCrea

Updates and Review:

All schools should use the [Ready Schools, Safe Learners Guidance](#) and consider the language in that document to be the most up-to-date. The plan below is only a template and not required for use.

Plan Component	Required	Recommendations and Considerations
<p>Scott Linenberger, superintendent, is the person responsible for notification of district and LPHA.</p> <p>A protocol to notify the local public health authority (LPHA) of Lane County Health Authority 541-682-4041</p> <ol style="list-style-type: none">1. Any confirmed COVID-19 case(s) among students or staff. <p>See: Initial response, FAQ Families, Script for staff</p> <ol style="list-style-type: none">2. Any cluster of illness among students or staff (2 or more). <p>See: Initial response, FAQ Families, Script for staff</p>	<p>Link or attachment of the protocol.</p> <p>Plan for educating parents/guardians about the need for them to notify the school immediately upon identification of COVID-19 in a student.</p> <p>Identify name and position of person responsible for notification of district and LPHA.</p> <p>Identify name of LPHA and 24/7 phone number for reporting (CD Nurse).</p>	<p>If anyone who has entered school is diagnosed with COVID-19, report to and consult with the LPHA regarding cleaning and possible classroom or program closure (LPHA directory).</p>
<p>Protocol for screening students and staff upon entry to school each day.</p> <p>See: When Should I keep My Student Home, What To Do If I Feel Ill</p>	<p>Link or attachment of the protocol.</p> <p>Primary Symptoms of Concern for screening:</p> <ul style="list-style-type: none">● Cough● Fever* or chills● Shortness of breath or difficulty breathing	<p>Schools may consider collecting information about existing conditions that cause coughing on intake forms.</p> <p>Involve school nurses and School Based Health Centers (SBHCs) in development of protocols and assessment of symptoms when</p>

COVID-19 Specific Communicable Disease Management Plan

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	<p>* For Entry Screening: Schools screening for fever using a thermometer is not recommended.</p> <p>Staff should visually screen students upon entry for primary symptoms of concern.</p> <p>Student or staff with any of the above symptoms should be sent home or isolated until they can go home. Review isolation procedures.</p> <p>COVID-19 symptoms may also include the following, but these are less specific and not recommended as criteria for exclusion from school alone: new loss of taste or smell, headache, muscle or body aches, nausea or vomiting†, diarrhea†, fatigue, congestion or runny nose.</p> <p>† Note that vomiting and diarrhea are listed in OAR 333-019-0010 as conditions for restriction from school, independent of COVID-19.</p>	<p>available. Consider connecting with School Nurses and other contracted RNs where available.</p> <p>Screening protocol must recognize that students and staff who have conditions that cause chronic symptoms (e.g., asthma, allergies, etc.) should not be automatically excluded from school. Cough is an exception: Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.</p> <p>For students or staff with other symptoms, see guidance from the Oregon Department of Education and the Oregon Health Authority.</p>
<p>Communication protocol for COVID-19 cases.</p> <p>See: Covid 19 Exclusion Summary Chart, Confirmed Case Flowchart</p>	<p>Link or attachment to a communication flowchart (aka “communication tree”) showing positions, names and responsibility for communication.</p> <p>Identify name and position of person responsible for communicating with parents, families, district officials, school nurse, and staff aligned with communication tree.</p> <p>Script or talking points for communicating needed information.</p>	<p>Parents of all students who were exposed to a person diagnosed with COVID-19, and all exposed adults, should be notified within 24 hours and advised to quarantine at home for 14 days following exposure and to seek testing should symptoms develop, or as directed by public health.</p> <p>Consult with LPHA officials on what constitutes “exposure”.</p>

COVID-19 Specific Communicable Disease Management Plan

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<p>Daily logs for each stable group or each individual student to support contact tracing of cases if necessary.</p> <p>If necessary, the classroom teacher for student cohort will create daily logs for student cohorts. All logs will be collected in the office daily. Logs will be scanned by a secretary weekly and stored daily in a Google Drive File for teachers to access as well as a hard copy provided to each teacher daily for their record as well.</p>	<p>Train staff in the importance and requirement of daily logs.</p> <p>Protocol designating who is responsible for keeping each daily log.</p> <p>Format for daily logs for individual students or cohorts (sample attached with statement on retention and technology; link to log with statement on retention and technology)</p> <ul style="list-style-type: none"> • Child name • Drop off/pick up time • Parent/guardian name and emergency contact information. • All staff that interact with child's stable group of children (including floater staff). <p>Maintain log for a minimum of 4 weeks after completion of the term.</p>	<p>Record keeping protocol for daily logs used in contact tracing to assist the LPHA as needed</p>
<p>Record of anyone entering the facility.</p> <p>Building secretaries and administrators will maintain these logs.</p>	<p>Protocol designating who is responsible for keeping the daily log.</p> <p>Format for daily log (sample attached with statement on retention and technology; link to log with statement on retention and technology):</p> <ul style="list-style-type: none"> • Name • Contact information • Date of visit • Time of entry and exit 	

COVID-19 Specific Communicable Disease Management Plan

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	Maintain log for a minimum of 4 weeks after completion of the term.	

Isolation Measures

Plan Component	Required	Recommendations and Considerations
<p>Protocol to restrict any potentially sick persons from physical contact with others.</p> <p>1. Facial coverings-KN95 and other face coverings will be provided to any individual needing a face covering. They are located in the main office.</p> <p>2. The isolation room will be the health room.</p> <p>3. The conference room, which has been repurposed to be a secondary health space, which is separate from the health room to receive non-Covid 19 health services.</p>	<p>Attach or link an Attestation to the existence of:</p> <ol style="list-style-type: none">1. Adequate supply of face coverings, including location.2. Designated space to isolate student or staff members who develop COVID-19 symptoms. Isolate students and staff who report or develop symptoms, with staff supervision and symptom monitoring by a school nurse or other school-based health care provider, until they are able to go home. While waiting to go home, people displaying symptoms should wear a face covering, as should supervising staff. *If students are nauseous, struggling breathing, or in distress, they should not wear any face covering while waiting to go home.3. Designated space for students to receive non-COVID-19 health services that is separate from COVID-19 isolation space.	<p>Anyone developing cough, fever, chills, shortness of breath, difficulty breathing, or sore throat while at school must be given a face covering to wear, isolated from others immediately; and sent home as soon as possible.</p> <p>Anyone with these symptoms must remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. Alternatively, a person may return to school after receiving two negative COVID-19 molecular tests (PCR) at least 24 hours apart.</p> <p>Involve school nurses and school-based health centers (SBHCs) in development of protocols and assessment of symptoms, when available.</p>

COVID-19 Specific Communicable Disease Management Plan

Environmental Management

Plan Component	Required	Recommendations and Considerations
<p>Ensure hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.</p> <p>Hand washing is required before every meal and after restroom use.</p> <p>All students and staff will have access to hand washing and/or sanitizing prior to breakfast and lunch as well as entering and exiting to the room. Frequent opportunities for hand washing and/or sanitizing will be provided throughout the school day. Hand washing will be supplemented with the use of hand sanitizer.</p>	<p>Documented plan for ensuring student and staff hand hygiene upon entry into school.</p> <p>Documented plan for ensuring hand washing prior to meals.</p>	
<p>Appropriate cleaning and contingency plans for routine infection prevention, and for closing cohort, schools, or districts based on identified COVID-19 cases and in compliance with public health and CDC guidelines.</p> <p>1. All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles, bathrooms) and shared objects (e.g., toys, games, art supplies) will be cleaned between uses at least 2 times per day. The primary scheduled cleaning times is before the school day starts, the end of</p>	<ol style="list-style-type: none">1. Protocol for cleaning and disinfection for routine infection prevention.2. Protocol for cleaning and classroom closure in case of a COVID case in a single cohort.3. Protocol for cleaning after school-wide exposure.4. Protocols must include the type and storage location of supplies and the person(s) responsible.	<p>Routine cleaning and disinfecting should follow CDC cleaning and disinfecting guidance, and includes cleaning classrooms between groups, playground equipment between groups, restroom door or faucet handles, etc.</p>

COVID-19 Specific Communicable Disease Management Plan

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<p>the school day when students have left for the day.</p> <p>2&3. We have contacted and are working closely with the Lane County Health Department.</p> <ul style="list-style-type: none">• We have contacted all person(s) who were in close contact with the individual.• We are notifying all students and families.• We have contacted, and are working closely with, the Lane Public Health Authority• We have contacted all person(s) who were in close contact with the individual.• We have launched deep cleaning efforts.• We have notified all students and families.• Contact tracing limited to cohort directly affected.• A deep clean of classrooms and common areas in the school.• Manual wiping of surfaces, use of an electrostatic disinfectant sprayer that deploys.• Charged disinfectant particles into an area that covers every surface in the space. <p>4. The maintenance supervisor and building principals are responsible for the storage of supplies. Supplies are located in custodial closets located in the building.</p>		

COVID-19 Specific Communicable Disease Management Plan

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Physical Distancing and Protection

Plan Component	Required	Recommendations and Considerations
<p>Maintain six feet of physical distance between people.</p> <p>Each student is to maintain 35 sq. ft. whenever possible. Students will be assigned seating to maximize physical distancing and minimize physical interaction. Classes stay to the right when walking in the hallways. Transitions by grade-level and/or classroom groups will be staggered whenever possible to reduce contact. Classrooms may be assigned a restroom to use and hand washing station within the main building.</p>	<p>A minimum of 35 square feet per person is available in classrooms, cafeteria, gyms, and other building locations.</p> <p>Protocol for minimizing interactions between cohorts and minimizing changes in stable cohorts while balancing educational needs for individual curricula.</p> <p>Protocol must specify how physical distancing requirements will be maintained in classrooms, hallways, restrooms; at arrival and dismissal, meal times, recess, time between classes, and assemblies.</p>	<p>Minimize time standing in hallways; consider marking spaces on floor, one-way travel in constrained spaces, staggered passing times, or other measures to prevent congregation and congestion in common spaces.</p> <p>Schedule modifications: consider ways to limit the number of students in the building (rotating cohorts by half days or full days).</p> <p>Consider usable classroom space in making calculations.</p> <p>Establish cohorts of students using the same classrooms with the same teachers each day. Students should remain in one classroom environment for the duration of the learning day, unless this would severely impact educational needs. Teachers of specific academic content areas may rotate through student cohorts where feasible. In high schools or other settings where cohorts must change to allow individual curricula, maintain physical distancing and disinfect desks and high-touch surfaces between groups.</p> <p>Restrict interaction between students cohorts; e.g. access to restrooms, activities, common areas.</p>

COVID-19 Specific Communicable Disease Management Plan

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<p>Face coverings for staff and students.</p> <p>1. Facial coverings-KN95 and/or other face coverings, paper surgical masks will be provided to any individual needing a face covering, which must be worn indoors during student hours. They are located in the main office. Face coverings are required on public transit, including school buses, for passengers and drivers until lifted by the federal government. The CDC order for mandatory use of face coverings on public transit cannot be waived by state or local authorities.</p> <p>2. See: Key message for school and district leaders</p> <p>3&4 See: Letter to Students and Families what to expect for the 2021-22 school year</p>	<ol style="list-style-type: none"> 1. Protocol for regular communication to staff, parents, families and students on appropriate use of face coverings. 2. Documented communication templates for staff on use of face coverings. 3. Documented communication templates for parents, families, students on expectations for face coverings. 4. All communications must include statement that children under age 12 and those who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering or other covering; face coverings must never be worn by children while sleeping. 	<p>See ODE/OHA guidance on face covering, shields, and masks.</p> <p>Staff who interact with individual students in less than six feet must wear masks.</p> <p>Staff who support personal care, feeding, and any 1:1 sustained contact with a student.</p> <p>Staff who interact with multiple cohorts should wear a face covering in accordance with CDC guidelines.</p> <p>Students in grades 6-12 years and over may wear face coverings if they are able to wear them appropriately (i.e., not touch the face covering, change it if visibly soiled, etc.). If face coverings are worn, they should be washed daily or a new covering worn daily.</p> <p>Note: Students who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering; face coverings must never be worn by children while sleeping.</p> <p>Provide disposable face coverings and instructions on appropriate face covering use to students, parents, families and staff (available on OHA website.)</p>

- Current COVID19 outbreak or conditions in your local community support you moving forward with your plan, subject to changing conditions.

I certify that I have received, carefully reviewed **Pleasant Hill School District** communicable disease management plan, including all links and attachments, and I agree to work with them on ongoing COVID-19 mitigation efforts.

Attestation to truthfulness of the plan: **Devery Stoneberg and Randy Fisher**

Attestation to the truthfulness of the plan: **S.A. Linenberger**