



OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 8/11/2020

Under ODE’s **Ready Schools, Safe Learners** guidance, each school¹ has been directed to submit a plan to the district² in order to provide on-site and/or hybrid instruction. Districts must submit each school’s plan to the local school board and make the plans available to the public. This form is to be used to document a district’s, school’s or program’s plan to ensure students can return for the 2020-21 school year, in some form, in accordance with Executive Order 20-25(10). Schools must use the [Ready Schools, Safe Learners guidance](#) document as they complete their Operational Blueprint for Reentry. ODE recommends plan development be inclusive of, but not limited to, school-based administrators, teachers and school staff, health and nursing staff, association leadership, nutrition services, transportation services, tribal consultation,³ parents and others for purposes of providing expertise, developing broad understanding of the health protocols and carrying out plan implementation.

1. Please fill out information:

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	EI/ECSE
Key Contact Person for this Plan	Tonya Coker Tracy Taylor-Duffy Elizabeth Leandres-Vaughn
Phone Number of this Person	Tonya Coker 503.385.4586 Tracy Taylor-Duffy 503.435.5961 Elizabeth Leandres-Vaughn 503.385.4512
Email Address of this Person	Tonya.Coker@wesd.org Tracy.Taylor-Duffy@wesd.org Elizabeth.Leandres-Vaughn@wesd.org
Sectors and position titles of those who informed the plan	See list attached
Local public health office(s) or officers(s)	Marion: Whitney Davis Polk: Kristty Polanco Yamhill: Lindsey Manfrin
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	ECC- Tonya Coker/Jackie Bauman clerical as back up OCDC- use their person Seymour- classroom teacher Woodburn- classroom teacher Yamhill- Tracy Taylor-Duffy/Ruby Espana
Intended Effective Dates for this Plan	Ongoing for the 2020-21 school year
ESD Region	Willamette ESD

¹ For the purposes of this guidance: “school” refers to all public schools, including public charter schools, public virtual charter schools, alternative education programs, private schools and the Oregon School for the Deaf. For ease of readability, “school” will be used inclusively to reference all of these settings.

² For the purposes of this guidance: “district” refers to a school district, education service district, public charter school sponsoring district, virtual public charter school sponsoring district, state sponsored public charter school, alternative education programs, private schools, and the Oregon School for the Deaf.

³ Tribal Consultation is a separate process from stakeholder engagement; consultation recognizes and affirms tribal rights of self-government and tribal sovereignty, and mandates state government to work with American Indian nations on a [government-to-government](#) basis.

- Please list efforts you have made to engage your community (public health information sharing, taking feedback on planning, etc.) in preparing for school in 2020-21. Include information on engagement with communities often underserved and marginalized and those communities disproportionately impacted by COVID-19.

Drafts of the plans were shared with employee groups on multiple occasions throughout the summer. Our school nurse was involved throughout the process and was connected with both ODE and OHA. The plans were discussed with community partners and parents in July and early August.

- Indicate which instructional model will be used.

Select One:

On-Site Learning Hybrid Learning Comprehensive Distance Learning

- If you selected Comprehensive Distance Learning, you only have to fill out the green portion of the Operational Blueprint for Reentry (i.e., page 2 in the initial template).
- If you selected On-Site Learning or Hybrid Learning, you have to fill out the blue portion of the Operational Blueprint for Reentry (i.e., pages 3-19 in the initial template) and [submit online](https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a). (<https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a>) by August 17, 2020 or prior to the beginning of the 2020-21 school year.

* **Note:** Private schools are required to comply with only sections 1-3 of the *Ready Schools, Safe Learners* guidance.

REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT

This section must be completed by any school that is seeking to provide instruction through Comprehensive Distance Learning. For Private Schools, completing this section is optional (not required). Schools providing On-Site or Hybrid Instructional Models do not need to complete this section.

Describe why you are selecting Comprehensive Distance Learning as the school's Instructional Model for the effective dates of this plan.

Marion, Polk, and Yamhill counties do not meet the state metrics that would allow the program to operate in person instruction. The program will transition to in person services when allowable under the exception metrics. CDL will begin September 21st. The delay in start will support staff training and individual virtual home visits with each family.

In completing this portion of the Blueprint you are attesting that you have reviewed the Comprehensive Distance Learning Guidance. [Here is a link to the overview of CDL Requirements](#). Please name any requirements you need ODE to review for any possible flexibility or waiver.

We have read and understand the CDL requirements and assure to meet the requirements

Describe the school's plan, including the anticipated timeline, for returning to Hybrid Learning or On-Site Learning consistent with the *Ready Schools, Safe Learners* guidance.

When the metrics are in place to allow face to face instruction the program will initiate a hybrid model. Children who attended 4 half days per week prior to the closure will return for 2 half days per week in person and be provided with 2 CDL for the remaining 2 days per week. This model will continue for 4 weeks. The program will then resume full time on site instruction starting the 5th week provided that no cohorts have been required to return to CDL during the preceding week. If a cohort was required to return to CDL then full time on site instruction will begin once the building has had 2 consecutive weeks without a cohort returning to CDL. Once full time on site instruction is in place the program will not return to a hybrid model unless required to do so by the LPHA.

The remainder of this operational blueprint is not applicable to schools operating a Comprehensive Distance Learning Model.

ESSENTIAL REQUIREMENTS FOR HYBRID / ON-SITE OPERATIONAL BLUEPRINT

This section must be completed by any school that is providing instruction through On-Site or Hybrid Instructional Models.

Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the Limited In-Person Instruction provision under the Comprehensive Distance Learning guidance.



0. Community Health Metrics

METRICS FOR ON-SITE OR HYBRID INSTRUCTION

- The school currently meets the required metrics to successfully reopen for in-person instruction in an On-Site or Hybrid model. *If this box cannot yet be checked, the school must return to Comprehensive Distance Learning but may be able to provide some in-person instruction through the exceptions noted below.*

EXCEPTIONS FOR SPECIFIC IN-PERSON INSTRUCTION WHERE REQUIRED CONDITIONS ARE MET

- The school currently meets the exceptions required to provide in-person person education for students in grades K-3 (see section 0d(1) of the *Ready Schools, Safe Learners* guidance).
- The school currently meets the exceptions required to provide limited in-person instruction for specific groups of students (see section 0d(2) of the *Ready Schools, Safe Learners* guidance).
- The school currently meets the exceptions required for remote or rural schools in larger population counties to provide in-person instruction (see section 0d(3) of the *Ready Schools, Safe Learners* guidance).
- The school currently meets the exceptions required for smaller population counties to provide in-person instruction (see section 0d(4) of the *Ready Schools, Safe Learners* guidance).
- The school currently meets the exceptions required for schools in low population density counties (see section 0d(5) of the *Ready Schools, Safe Learners* guidance).
- The school currently meets the exceptions required for small districts to provide in-person instruction (see section 0d(6) of the *Ready Schools, Safe Learners* guidance).



1. Public Health Protocols

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Implement measures to limit the spreads of COVID-19 within the school setting. <input checked="" type="checkbox"/> Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19. 	<ul style="list-style-type: none"> • See WESD SEE CDMP AT END OF DOCUMENT • Updates provided by Janet Terry (Nurse)
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA. 	<ul style="list-style-type: none"> • ECC- Tonya Coker/Jackie Bauman clerical as back up • Seymour- classroom teacher

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan.	<ul style="list-style-type: none"> • Woodburn- classroom teacher • Yamhill- Tracy Taylor-Duffy/Ruby Espana • OCDC- Use their staff/Plan • Janet Terry- Nurse • Wesley Rogers- Nurse • SEE CDMP AT END OF DOCUMENT
<input checked="" type="checkbox"/> Process and procedures established to train all staff in sections 1 - 3 of the Ready Schools, Safe Learners guidance. Consider conducting the training virtually, or, if in-person, ensure physical distancing is maintained to the maximum extent possible.	<ul style="list-style-type: none"> • Virtual Trainings: <ul style="list-style-type: none"> ○ Nurse: PPE, Student Screenings, Student exclusion (symptoms) ○ WESD provided • Recordings of trainings made available for independent review <ul style="list-style-type: none"> ○ Classroom Staff ○ Community Staff ○ Early Intervention Staff (before return to in person visits) ○ All substitutes
<input checked="" type="checkbox"/> Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff.	<ul style="list-style-type: none"> • SEE CDMP AT END OF DOCUMENT
<input checked="" type="checkbox"/> Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas.	<ul style="list-style-type: none"> • Daily custodial cleaning at all facilities • Cleaning and disinfecting between cohorts <ul style="list-style-type: none"> ○ Facility staff (on set rotation) to supplement cleaning efforts using district approved cleaning solutions ○ Disinfectant foggers to be used between cohorts • Cleaning Logs
<input checked="" type="checkbox"/> Process to report to the LPHA any cluster of any illness among staff or students. <input checked="" type="checkbox"/> Protocol to cooperate with the LPHA recommendations and provide all logs and information in a timely manner.	<ul style="list-style-type: none"> • SEE CDMP AT END OF DOCUMENT
<input checked="" type="checkbox"/> Protocol for screening students and staff for symptoms (see section 1f of the Ready Schools, Safe Learners guidance).	<ul style="list-style-type: none"> • Student: <ul style="list-style-type: none"> ○ One staff member check-in per cohort ○ Screen and/or parent attest for symptom free at check-in ○ Student Log (Janet Terry) ○ Cohort Logs • Staff: <ul style="list-style-type: none"> ○ Self-screen consistent with WESD policy
<input checked="" type="checkbox"/> Protocol to isolate any ill or exposed persons from physical contact with others.	<ul style="list-style-type: none"> • SEE CDMP AT END OF DOCUMENT • Admin/Nurse approval for sending home child • Locations of Isolation rooms by site: <ul style="list-style-type: none"> ○ ECC- Open classroom and conference room ○ OCDC- Site health room or speech group room ○ Seymour- Storage area off classroom 2

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services.</p> <p>3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.</p> <p>☒ Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:</p> <ul style="list-style-type: none"> • Communicate with parents and health care providers to determine return to school status and current needs of the student. • Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services. • Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations. • The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association. • Service provision should consider health and safety as well as legal standards. • Appropriate medical-grade personal protective equipment (PPE) should be made available to nurses and other health providers. • Work with an interdisciplinary team to meet requirements of ADA and FAPE. • High-risk individuals may meet criteria for exclusion during a local health crisis. • Refer to updated state and national guidance and resources such as: <ul style="list-style-type: none"> ○ U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020. ○ ODE guidance updates for Special Education. Example from March 11, 2020. ○ OAR 581-015-2000 Special Education, requires districts to provide ‘school health services and school nurse services’ as part of the ‘related services’ in order ‘to assist a child with a disability to benefit from special education.’ ○ OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion. 	<ul style="list-style-type: none"> • Administrators and medically licensed staff will review and address

1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>☒ Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation. This also applies for professional development and staff gatherings.</p>	<ul style="list-style-type: none"> • Room capacity by site: <ul style="list-style-type: none"> ○ ECC- 16 per room ○ OCCDC- waiting to confirm measurements (Jeff Easter) ○ Seymour- 19 per classroom 13 for motor

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Support physical distancing in all daily activities and instruction, maintaining at least six feet between individuals to the maximum extent possible. ☒ Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc. 	<ul style="list-style-type: none"> ○ Woodburn- 14 per room ○ Yamhill- SPS Rooms 13; Speech Room 17 • Use visuals to support distance <ul style="list-style-type: none"> ○ Seat mats ○ Tape or other distance markers on floor • Limit class size (per guidance regulation) • Limit amount of students in a given area
<ul style="list-style-type: none"> ☒ Schedule modifications to limit the number of students in the building (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering). ☒ Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline. ☒ Staff should maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings. 	<ul style="list-style-type: none"> • Current enrollment allows for established schedule to continue <ul style="list-style-type: none"> ○ Staggered play times ○ Staggered use of motor room and other shared location • Use of PPE per ODE and OHA recommendations • Minimize in person meetings to extent possible. • Use online modality for PLC and professional development • Ongoing use of virtual systems for family consultation, IFSP and other required meetings.

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff. <ul style="list-style-type: none"> • The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. ☒ Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Schools should plan to limit cohort sizes to allow for efficient contact-tracing and minimal risk for exposure. 	<ul style="list-style-type: none"> • Each class would be a separate cohort • Cohorts to meet state distancing recommendations • Students served in building to remain in separate "classroom" cohorts • Transportation cohorts will be dependent on school district bus procedures
<ul style="list-style-type: none"> ☒ Each school must have a system for daily logs to ensure contact tracing among the cohort (see section 1a of the Ready Schools, Safe Learners guidance). 	<ul style="list-style-type: none"> • SEE CDMP AT END OF DOCUMENT
<ul style="list-style-type: none"> ☒ Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms. ☒ Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. ☒ Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade level learning standards, and peers. 	<ul style="list-style-type: none"> • Staff assigned to regularly clean shared areas <ul style="list-style-type: none"> • Provided district approved cleaning materials • Staggered use schedule for shared areas <ul style="list-style-type: none"> • Motor room • Playground • Restrooming by cohort (when possible) <ul style="list-style-type: none"> • Assign restrooms/stalls to cohorts • Follow cleaning procedures between cohort use • Previous groupings maintained

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.	<ul style="list-style-type: none"> • Visual reminders for handwashing • Appropriate soaps and Hand sanitizer available

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Communicate to staff at the start of On-Site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease.	<ul style="list-style-type: none"> • Letter drafted/disseminated to families from program coordinators • Resource packet provided to family <ul style="list-style-type: none"> • Symptoms • Local information related to metrics • Other related resources/materials
<input checked="" type="checkbox"/> Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. <ul style="list-style-type: none"> • The definition of exposure is being within 6 feet of a COVID-19 case for 15 minutes (or longer). 	<ul style="list-style-type: none"> • SEE CDMP AT END OF DOCUMENT
<input checked="" type="checkbox"/> Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school or district is responding.	<ul style="list-style-type: none"> • Communication tree
<input checked="" type="checkbox"/> Provide all information in languages and formats accessible to the school community.	<ul style="list-style-type: none"> • Translated materials

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms, or if anyone in their home or community living spaces has COVID-19. COVID-19 symptoms are as follows: <ul style="list-style-type: none"> • Primary symptoms of concern: cough, fever (of greater than 100.4°F) or chills, shortness of breath, or difficulty breathing. • Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19. More information about COVID-19 symptoms is available from CDC. • In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 of OHA/ODE Communicable Disease Guidance. • Emergency signs that require immediate medical attention: <ul style="list-style-type: none"> ○ Trouble breathing ○ Persistent pain or pressure in the chest ○ New confusion or inability to awaken ○ Bluish lips or face ○ Other severe symptoms 	<ul style="list-style-type: none"> • Letter to families re: in person instruction and daily health • Letter to families at time of occurrences
<input checked="" type="checkbox"/> Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. Staff members can self-screen and attest to their own health.	<ul style="list-style-type: none"> • Students: <ul style="list-style-type: none"> ○ Daily attest for health by parent and/or Visual screening logs (at site)

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i of the Ready Schools, Safe Learners guidance) and sent home as soon as possible. • They must remain home until 24 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving. <p><input checked="" type="checkbox"/> Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 calendar days.</p> <p><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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>	<ul style="list-style-type: none"> • Staff Self-screen consistent with WESD policy <ul style="list-style-type: none"> • Baseline and/or chronic conditions will be documented to ensure exclusion is appropriate

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> Restrict non-essential visitors/volunteers.</p> <ul style="list-style-type: none"> • Examples of essential visitors include: DHS Child Protective Services, Law Enforcement, etc. • Examples of non-essential visitors/volunteers include: Parent Teacher Association (PTA), classroom volunteers, etc. 	<ul style="list-style-type: none"> • Entrance to non-essential visitors or volunteers not allowed
<p><input checked="" type="checkbox"/> Screen all visitors/volunteers for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19. See table "Planning for COVID-19 Scenarios in Schools."</p> <p><input checked="" type="checkbox"/> Visitors/volunteers must wash or sanitize their hands upon entry and exit.</p> <p><input checked="" type="checkbox"/> Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.</p>	<ul style="list-style-type: none"> • Essential visitors and staff visually screened for signs of illness upon entering • All visitors use PPE/practices consistent with WESD, ODE and OHA guidelines (provided if needed) <ul style="list-style-type: none"> • Face coverings • Hand washing/Hand sanitizer • Social distancing

1h. FACE COVERINGS, FACE SHIELDS, AND CLEAR PLASTIC BARRIERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines for Face Coverings. Individuals may remove their face coverings while working alone in private offices.</p>	<ul style="list-style-type: none"> • Staff/Essential visitors provided face coverings and/or face shields <ul style="list-style-type: none"> • May use own if preferred
<p><input type="checkbox"/> Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines for Face Coverings.</p> <p><input type="checkbox"/> If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time:</p> <ul style="list-style-type: none"> • Provide space away from peers while the face covering is removed. In the classroom setting, an example could be a designated chair where a student can sit and take a 15 minute "sensory break;" <ul style="list-style-type: none"> ○ Students should not be left alone or unsupervised; ○ Designated area or chair should be appropriately distanced from other students and of a material that is easily wiped down for disinfection after each use; • Provide additional instructional supports to effectively wear a face covering; • Provide students adequate support to re-engage in safely wearing a face covering; 	<ul style="list-style-type: none"> • Non applicable to students under Kindergarten age • See operational blueprint section 1c

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day. ☒ Face masks for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role. <ul style="list-style-type: none"> • Additional guidance for nurses and health staff. <p>Protections under the ADA or IDEA</p> <ul style="list-style-type: none"> ☐ If any student requires an accommodation to meet the requirement for face coverings, districts and schools should limit the student’s proximity to students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include: <ul style="list-style-type: none"> • Offering different types of face coverings and face shields that may meet the needs of the student. • Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised. • Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease; • Additional instructional supports to effectively wear a face covering; 	<ul style="list-style-type: none"> • All staff (including nurses) will use PPE consistent with WESD, ODE and OHA recommendations • Students age birth to five will receive services and accommodations consistent with their IFSP. • All classroom based programming will adhere to ODE and OHA guidance. <ul style="list-style-type: none"> • Metrics within counties met before opening • Use of environmental supports <ul style="list-style-type: none"> • Visuals • Cleaning materials • Social distancing • Student/space ratio • Use of PPE
<ul style="list-style-type: none"> ☐ For students with existing medical conditions and a physician’s orders to not wear face coverings, or other health related concerns, schools/districts must not deny any in-person instruction. ☐ Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020. <ul style="list-style-type: none"> • If a student eligible for, or receiving services under a 504/IEP, cannot wear a face covering due to the nature of the disability, the school or district must: <ol style="list-style-type: none"> 1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student’s plan including on-site instruction with accommodations or adjustments. 2. Placement determinations cannot be made due solely to the inability to wear a face covering. 3. Plans should include updates to accommodations and modifications to support students. • Students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, the school or district must: <ol style="list-style-type: none"> 1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student’s plan. 2. The team must determine that the disability is not prohibiting the student from meeting the requirement. <ul style="list-style-type: none"> ○ If the team determines that the disability is prohibiting the student from meeting the requirement, follow the requirements for students eligible for, or receiving services under, a 504/IEP who cannot wear a face covering due to the nature of the disability, ○ If a student’s 504/IEP plan included supports/goals/instruction for behavior or social emotional learning, the school team must evaluate the student’s plan prior to providing instruction through Comprehensive Distance Learning. 	<ul style="list-style-type: none"> • Students under Kindergarten age are not required to wear face masks • Students will receive services and accommodations consistent with their IFSP • Early childhood team will work with parent partners to revise IFSP if needed so that document accurately reflects the needs of the child.

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>3. Hold a 504/IEP meeting to determine equitable access to educational opportunities which may include limited in-person instruction, on-site instruction with accommodations, or Comprehensive Distance Learning.</p> <p><input type="checkbox"/> For students not currently served under an IEP or 504, districts must consider whether or not student inability to consistently wear a face covering or face shield as required is due to a disability. Ongoing inability to meet this requirement may be evidence of the need for an evaluation to determine eligibility for support under IDEA or Section 504.</p> <p><input checked="" type="checkbox"/> If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.</p>	<ul style="list-style-type: none"> • NA WESD program is special education only • Staff will contact HR for any potential accommodations

1i. ISOLATION AND QUARANTINE

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> Protocols for exclusion and isolation for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day.</p>	<ul style="list-style-type: none"> • Follow procedures outlined in CDMP AT END OF DOCUMENT
<p><input checked="" type="checkbox"/> Protocols for screening students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day.</p> <ul style="list-style-type: none"> • Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, ensure that six feet distance is maintained. Do not assume they have the same illness. • Consider required physical arrangements to reduce risk of disease transmission. • Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. • Additional guidance for nurses and health staff. <p><input checked="" type="checkbox"/> Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields.</p> <ul style="list-style-type: none"> • School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space. • After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol. • If able to do so safely, a symptomatic individual should wear a face covering. • To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing. 	<ul style="list-style-type: none"> • Screenings and other health protocols will be reviewed with staff • See blueprint 1a/1f • SEE CDMP AT END OF DOCUMENT • SEE CDMP AT END OF DOCUMENT

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Establish procedures for safely transporting anyone who is sick to their home or to a health care facility. <input checked="" type="checkbox"/> Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms. Refer to table in " Planning for COVID-19 Scenarios in Schools. " <input checked="" type="checkbox"/> Involve school nurses, School Based Health Centers, or staff with related experience (Occupational or Physical Therapists) in development of protocols and assessment of symptoms (where staffing exists). <input checked="" type="checkbox"/> Record and monitor the students and staff being isolated or sent home for the LPHA review.	<ul style="list-style-type: none"> Request bus transport home if parent is unable to pick up Staff will follow HR guidelines for leave School nurse will work with administrators in the development and implementation of all protocols School nurse will maintain records for isolation



2. Facilities and School Operations

Some activities and areas will have a higher risk for spread (e.g., band, choir, science labs, locker rooms). When engaging in these activities within the school setting, schools will need to consider additional physical distancing or conduct the activities outside (where feasible). Additionally, schools should consider sharing explicit risk statements for instructional and extra-curricular activities requiring additional considerations (see section 5f of the **Ready Schools, Safe Learners** guidance).

2a. ENROLLMENT

(Note: Section 2a does not apply to private schools.)

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Enroll all students (including foreign exchange students) following the standard Oregon Department of Education guidelines.	<ul style="list-style-type: none"> Beginning of year letter to family <ul style="list-style-type: none"> Start with CDL model Transition to hybrid model when metrics are met
<input type="checkbox"/> The temporary suspension of the 10-day drop rule does not change the rules for the initial enrollment date for students: <ul style="list-style-type: none"> The ADM enrollment date for a student is the first day of the student's actual attendance. A student with fewer than 10 days of absence at the beginning of the school year may be counted in membership prior to the first day of attendance, but not prior to the first calendar day of the school year. If a student does not attend during the first 10 session days of school, the student's ADM enrollment date must reflect the student's actual first day of attendance. Students who were anticipated to be enrolled, but who do not attend at any time must not be enrolled and submitted in ADM. <input checked="" type="checkbox"/> If a student has stopped attending for 10 or more days, districts must continue to try to engage the student. At a minimum, districts must attempt to contact these students and their families weekly to either encourage attendance or receive confirmation that the student has transferred or has withdrawn from school. This includes students who were scheduled to start the school year, but who have not yet attended.	<ul style="list-style-type: none"> Does not apply ages Birth to five
<input checked="" type="checkbox"/> When enrolling a student from another school, schools must request documentation from the prior school within 10 days of enrollment per OAR 581-021-0255 to make all parties aware of the transfer. Documentation obtained directly from the family does not relieve the school of this responsibility. After receiving documentation from another school that a student has enrolled, drop that student from your roll.	

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Transitions/Hallways: Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. ☒ Personal Property: Establish policies for personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner. 	<ul style="list-style-type: none"> ● Events: all events will be virtual ● Transitions/Hallways: building staff will develop schedules to minimize crossing in hallways ● Personal Property: Personal items will be kept in cubbies. Staff at each site will determine the best way to manage personal property like backpacks

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. ☒ Create schedule(s) and communicate staggered arrival and/or dismissal times. ☒ Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the <i>Ready Schools, Safe Learners</i> guidance). ☒ Ensure accurate sign-in/sign-out protocols to help facilitate contact tracing by the LPHA. Sign-in procedures are not a replacement for entrance and screening requirements. Students entering school after arrival times must be screened for the primary symptoms of concern. <ul style="list-style-type: none"> ● Eliminate shared pen and paper sign-in/sign-out sheets. ● Ensure hand sanitizer is available if signing children in or out on an electronic device. ☒ Ensure alcohol-based hand sanitizer (with 60-95% alcohol) dispensers are easily accessible near all entry doors and other high-traffic areas. Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible. 	<ul style="list-style-type: none"> ● Each site will develop specific arrival and departure procedures ● Staggered arrival and departure times for parent pick up and drop off and/or alternate location will be determined at each site based on size of the site ● Each cohort will have a staff responsible for visual screenings ● Contactless sign in and out will be available ● Parent drop off and pick up procedures will be shared with families

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Seating: Rearrange student desks and other seat spaces so that staff and students' physical bodies are six feet apart to the maximum extent possible while also maintaining 35 square feet per person; assign seating so students are in the same seat at all times. ☒ Materials: Avoid sharing of community supplies when possible (e.g., scissors, pencils, etc.). Clean these items frequently. Provide hand sanitizer and tissues for use by students and staff. ☒ Handwashing: Remind students (with signage and regular verbal reminders from staff) of the utmost importance of hand hygiene and respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of in a garbage can, then hands washed or sanitized immediately. <ul style="list-style-type: none"> ● Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. 	<ul style="list-style-type: none"> ● Seating: Limit number of children at each table, provide markings for carpets to ensure distance ● Materials: Minimize shared supplies both at classroom and building level. Shared lesson planning will need to occur to ensure sufficient supplies are available at any given time across larger buildings ● Handwashing: Signage for adults, modeling and positive reinforcement for children

2g. PLAYGROUNDS, FIELDS, RECESS, BREAKS, AND RESTROOMS

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community (see Oregon Health Authority's Specific Guidance for Outdoor Recreation Organizations). ☒ After using the restroom students must wash hands with soap and water for 20 seconds. Soap must be made available to students and staff. 	<ul style="list-style-type: none"> ● Playgrounds are not open

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Before and after using playground equipment, students must wash hands with soap and water for 20 seconds <u>or</u> use an alcohol-based hand sanitizer with 60-95% alcohol. <input checked="" type="checkbox"/> Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect at least daily or between use as much as possible in accordance with CDC guidance. <input checked="" type="checkbox"/> Cleaning requirements must be maintained (see section 2j of the Ready Schools, Safe Learners guidance). <input checked="" type="checkbox"/> Maintain physical distancing requirements, stable cohorts, and square footage requirements. <input checked="" type="checkbox"/> Provide signage and restrict access to outdoor equipment (including sports equipment, etc.). <input checked="" type="checkbox"/> Design recess activities that allow for physical distancing and maintenance of stable cohorts. <input checked="" type="checkbox"/> Clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance. <input checked="" type="checkbox"/> Limit staff rooms, common staff lunch areas, elevators and workspaces to single person usage at a time, maintaining six feet of distance between adults. 	<ul style="list-style-type: none"> • Both options will be available to the extent feasible • Facilities will clean at least daily • Facilities will clean at least daily • Kitchen areas will be for preparing children’s snack only. Staff refrigerator, ice machine, and microwaves will not be available due to inability to maintain 6 feet of distance between adults in those spaces

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Include meal services/nutrition staff in planning for school reentry. <input checked="" type="checkbox"/> Prohibit self-service buffet-style meals. <input checked="" type="checkbox"/> Prohibit sharing of food and drinks among students and/or staff. <input checked="" type="checkbox"/> At designated meal or snack times, students may remove their face coverings to eat or drink but must maintain six feet of physical distance from others, and must put face coverings back on after finishing the meal or snack. <input checked="" type="checkbox"/> Staff serving meals and students interacting with staff at mealtimes must wear face shields or face covering (see section 1h of the Ready Schools, Safe Learners guidance). <input checked="" type="checkbox"/> Students must wash hands with soap and water for 20 seconds <u>or</u> use an alcohol-based hand sanitizer with 60-95% alcohol before meals and should be encouraged to do so after. <input checked="" type="checkbox"/> Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items). <input checked="" type="checkbox"/> Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. <input checked="" type="checkbox"/> Adequate cleaning and disinfection of tables between meal periods. <input checked="" type="checkbox"/> Since staff must remove their face coverings during eating and drinking, staff should eat snacks and meals independently, and not in staff rooms when other people are present. Consider staggering times for staff breaks, to prevent congregation in shared spaces. 	<ul style="list-style-type: none"> • Tables will have a limited number of children to maintain distance • Staff will wear PPE at all times • Hand sanitizer will be available before and after snack where hand washing is not feasible • Paper products will be used as much as possible • All snack will occur within the classroom and cohort • Staff maintain 6 feet of distance during breaks. If staff stay in the building during breaks they will stay in the classroom or in another designated spot if there is one available at that time (for example, workroom or conference room) while maintaining room capacity limits.

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Include transportation departments (and associated contracted providers, if used) in planning for return to service. <input type="checkbox"/> Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the Ready Schools, Safe Learners guidance). <input checked="" type="checkbox"/> Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This should be done at the time of arrival and departure. 	<ul style="list-style-type: none"> • All bus services are provided by the local school districts. The program will work with the districts to support their policies and procedures when transporting ECSE children

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • If a student displays COVID-19 symptoms, provide a face shield or face covering (unless they are already wearing one) and keep six feet away from others. Continue transporting the student. <ul style="list-style-type: none"> ○ The symptomatic student should be seated in the first row of the bus during transportation, and multiple windows should be opened to allow for fresh air circulation, if feasible. ○ The symptomatic student should leave the bus first. After all students exit the bus, the seat and surrounding surfaces should be cleaned and disinfected. • If arriving at school, notify staff to begin isolation measures. <ul style="list-style-type: none"> ○ If transporting for dismissal and the student displays an onset of symptoms, notify the school. <input checked="" type="checkbox"/> Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service. <input type="checkbox"/> Drivers wear face shields or face coverings when not actively driving and operating the bus. <input checked="" type="checkbox"/> Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings). <input type="checkbox"/> Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines applying the guidance in section 1h of the <i>Ready Schools, Safe Learners</i> guidance to transportation settings. 	

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Clean, sanitize, and disinfect frequently touched surfaces (e.g. door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings and restrooms. <input checked="" type="checkbox"/> Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with CDC guidance. <input checked="" type="checkbox"/> Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. <input checked="" type="checkbox"/> To reduce the risk of asthma, choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds. <input checked="" type="checkbox"/> Schools with HVAC systems should evaluate the system to minimize indoor air recirculation (thus maximizing fresh outdoor air) to the extent possible. Schools that do not have mechanical ventilation systems should, to the extent possible, increase natural ventilation by opening windows and doors before students arrive and after students leave, and while students are present. <input checked="" type="checkbox"/> Consider running ventilation systems continuously and changing the filters more frequently. Do <u>not</u> use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. Consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window, and indoor air out of the classroom via another window. Fans should not be used in rooms 	<ul style="list-style-type: none"> • Facilities will provide cleaning supplies for use throughout the day. Custodial will complete disinfecting procedures at least once per day.

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>with closed windows and doors, as this does not allow for fresh air to circulate.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. <input checked="" type="checkbox"/> Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see CDC's guidance on disinfecting public spaces). <input checked="" type="checkbox"/> Consider modification or enhancement of building ventilation where feasible (see CDC's guidance on ventilation and filtration and American Society of Heating, Refrigerating, and Air-Conditioning Engineers' guidance). 	

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> OAR 581-022-2220 Health Services, requires districts to “maintain a prevention-oriented health services program for all students” including space to isolate sick students and services for students with special health care needs. While OAR 581-022-2220 does not apply to private schools, private schools must provide a space to isolate sick students and provide services for students with special health care needs. <input type="checkbox"/> Licensed, experienced health staff should be included on teams to determine district health service priorities. Collaborate with health professionals such as school nurses; SBHC staff; mental and behavioral health providers; dental providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC). 	Does not apply for Birth-5

2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Provide specific plan details and adjustments in Operational Blueprints that address staff and student safety, which includes how you will approach: <ul style="list-style-type: none"> • Contact tracing • The intersection of cohort designs in residential settings (by wing or common restrooms) with cohort designs in the instructional settings. The same cohorting parameter limiting total cohort size to 100 people applies. • Quarantine of exposed staff or students • Isolation of infected staff or students • Communication and designation of where the “household” or “family unit” applies to your residents and staff <input type="checkbox"/> Review and take into consideration CDC guidance for shared or congregate housing: <ul style="list-style-type: none"> • Not allow more than two students to share a residential dorm room unless alternative housing arrangements are impossible • Ensure at least 64 square feet of room space per resident • Reduce overall residential density to ensure sufficient space for the isolation of sick or potentially infected individuals, as necessary; • Configure common spaces to maximize physical distancing; • Provide enhanced cleaning; • Establish plans for the containment and isolation of on-campus cases, including consideration of PPE, food delivery, and bathroom needs. 	Does not apply for Birth-5

2m. SCHOOL EMERGENCY PROCEDURES AND DRILLS

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ In accordance with ORS 336.071 and OAR 581-022-2225 all schools (including those operating a Comprehensive Distance Learning model) are required to instruct students on emergency procedures. Schools that operate an On-Site or Hybrid model need to instruct and practice drills on emergency procedures so that students and staff can respond to emergencies. <ul style="list-style-type: none"> • At least 30 minutes in each school month must be used to instruct students on the emergency procedures for fires, earthquakes (including tsunami drills in appropriate zones), and safety threats. • Fire drills must be conducted monthly. • Earthquake drills (including tsunami drills and instruction for schools in a tsunami hazard zone) must be conducted two times a year. • Safety threats including procedures related to lockdown, lockout, shelter in place and evacuation and other appropriate actions to take when there is a threat to safety must be conducted two times a year. ☒ Drills can and should be carried out <u>as close as possible</u> to the procedures that would be used in an actual emergency. For example, a fire drill should be carried out with the same alerts and same routes as normal. If appropriate and practicable, COVID-19 physical distancing measures can be implemented, but only if they do not compromise the drill. ☒ When or if physical distancing must be compromised, drills must be completed in less than 15 minutes. ☒ Drills should not be practiced unless they can be practiced correctly. ☒ Train staff on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement. ☒ If on a hybrid schedule, conduct multiple drills each month to ensure that all cohorts of students have opportunities to participate in drills (i.e., schedule on different cohort days throughout the year). ☒ Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol after a drill is complete. 	<ul style="list-style-type: none"> • Drill schedule will be developed prior to resuming on site instruction

2n. SUPPORTING STUDENTS WHO ARE DYSREGULATED, ESCALATED, AND/OR EXHIBITING SELF-REGULATORY CHALLENGES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Utilize the components of Collaborative Problem Solving or a similar framework to continually provide instruction and skill-building/training related to the student’s demonstrated lagging skills. ☒ Take proactive/preventative steps to reduce antecedent events and triggers within the school environment. ☒ Be proactive in planning for known behavioral escalations (e.g., self-harm, spitting, scratching, biting, eloping, failure to maintain physical distance). Adjust antecedents where possible to minimize student and staff dysregulation. Recognize that there could be new and different antecedents and setting events with the additional requirements and expectations for the 2020-21 school year. ☒ Establish a proactive plan for daily routines designed to build self-regulation skills; self-regulation skill-building sessions can be short (5-10 minutes), and should take place at times when the student is regulated and/or is not demonstrating challenging behaviors. ☒ Ensure all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion. ☒ Ensure that staff are trained in effective, evidence-based methods for developing and maintaining their own level of self-regulation 	<ul style="list-style-type: none"> • CPS and PBIS are utilized • Mandt training will be updated prior to resuming on site instruction

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>and resilience to enable them to remain calm and able to support struggling students as well as colleagues.</p> <p><input checked="" type="checkbox"/> Plan for the impact of behavior mitigation strategies on public health and safety requirements:</p> <ul style="list-style-type: none"> • Student elopes from area <ul style="list-style-type: none"> ○ If staff need to intervene for student safety, staff should: <ul style="list-style-type: none"> ● Use empathetic and calming verbal interactions (i.e. “This seems hard right now. Help me understand... How can I help?”) to attempt to re-regulate the student without physical intervention. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff. ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. • Student engages in behavior that requires them to be isolated from peers and results in a room clear. <ul style="list-style-type: none"> ○ If students leave the classroom: <ul style="list-style-type: none"> ● Preplan for a clean and safe alternative space that maintains physical safety for the student and staff ● Ensure physical distancing and separation occur, to the maximum extent possible. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff. ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. • Student engages in physically aggressive behaviors that preclude the possibility of maintaining physical distance and/or require physical de-escalation or intervention techniques other than restraint or seclusion (e.g., hitting, biting, spitting, kicking, self-injurious behavior). <ul style="list-style-type: none"> ○ If staff need to intervene for student safety, staff should: <ul style="list-style-type: none"> ● Maintain student dignity throughout and following the incident. ● Use empathetic and calming verbal interactions (i.e. “This seems hard right now. Help me understand... How can I help?”) to attempt to re-regulate the student without physical intervention. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. <p><input checked="" type="checkbox"/> Ensure that spaces that are unexpectedly used to deescalate behaviors are appropriately cleaned and sanitized after use before the introduction of other stable cohorts to that space.</p> <p>Protective Physical Intervention</p> <p><input checked="" type="checkbox"/> Reusable Personal Protective Equipment (PPE) must be cleaned/sanitized after every episode of physical intervention (see section 2j of the <i>Ready Schools, Safe Learners</i> guidance: Cleaning, Disinfection, and Ventilation).</p>	<ul style="list-style-type: none"> • Staff will be provided with clean PPE if they don't have their own following an incident.



3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Review the " Planning for COVID-19 Scenarios in Schools " toolkit. <input checked="" type="checkbox"/> Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level.	In SEE CDMP AT END OF DOCUMENT

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Review and utilize the " Planning for COVID-19 Scenarios in Schools " toolkit. <input checked="" type="checkbox"/> Ensure continuous services and implement Comprehensive Distance Learning. <input type="checkbox"/> Continue to provide meals for students.	In SEE CDMP AT END OF DOCUMENT Program does not provide meals

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Review and utilize the " Planning for COVID-19 Scenarios in Schools " toolkit. <input checked="" type="checkbox"/> Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds. <input checked="" type="checkbox"/> When bringing students back into On-Site or Hybrid instruction, consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools.	Program will work with staff to make any necessary adjustments to the Blueprint based on current guidance from OHA and ODE.



ASSURANCES

This section must be completed by any public school that is providing instruction through On-Site or Hybrid Instructional Models. Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the Limited In-Person Instruction provision under the Comprehensive Distance Learning guidance. This section does not apply to private schools.

- ☒ We affirm that, in addition to meeting the requirements as outlined above, our school plan has met the collective requirements from ODE/OHA guidance related to the 2020-21 school year, including but not limited to requirements from:
 - Sections 4, 5, 6, 7, and 8 of the [Ready Schools, Safe Learners](#) guidance,
 - The [Comprehensive Distance Learning](#) guidance,
 - The [Ensuring Equity and Access: Aligning Federal and State Requirements](#) guidance, and
 - [Planning for COVID-19 Scenarios in Schools](#)

- ☒ We affirm that we cannot meet all of the collective requirements from ODE/OHA guidance related to the 2020-21 school year from:
 - Sections 4, 5, 6, 7, and 8 of the [Ready Schools, Safe Learners](#) guidance,
 - The [Comprehensive Distance Learning](#) guidance,
 - The [Ensuring Equity and Access: Aligning Federal and State Requirements](#) guidance, and
 - [Planning for COVID-19 Scenarios in Schools](#)

We will continue to work towards meeting them and have noted and addressed which requirement(s) we are unable to meet in the table titled “Assurance Compliance and Timeline” below.

-  **4. Equity**
-  **5. Instruction**
-  **6. Family, Community, Engagement**
-  **7. Mental, Social, and Emotional Health**
-  **8. Staffing and Personnel**

Assurance Compliance and Timeline

If a district/school cannot meet the requirements from the sections above, provide a plan and timeline to meet the requirement.

List Requirement(s) Not Met	Provide a Plan and Timeline to Meet Requirements <i>Include how/why the school is currently unable to meet them</i>

Willamette Education Service District COVID-19 Communicable Disease Management Plan 2020

1. Public Health Protocols		page
a	Communicable Disease Management Plan for COVID-19	4
b	High-Risk Populations	6
1c	Physical Distancing	7
1d	Cohorting	8
1e	Protocol for Communicating	10
1f	Protocol for Screening Staff and Students	11
1g	Visitors/Volunteers	14
1h	Face Coverings, Face Shields, and Clear Plastic Barriers	14
1i	Isolation Measure	16
	Recovery and Reopening	20
	Supplement and links	27

COVID-19 SPECIFIC COMMUNICABLE DISEASE MANAGEMENT ADDENDUM

KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS

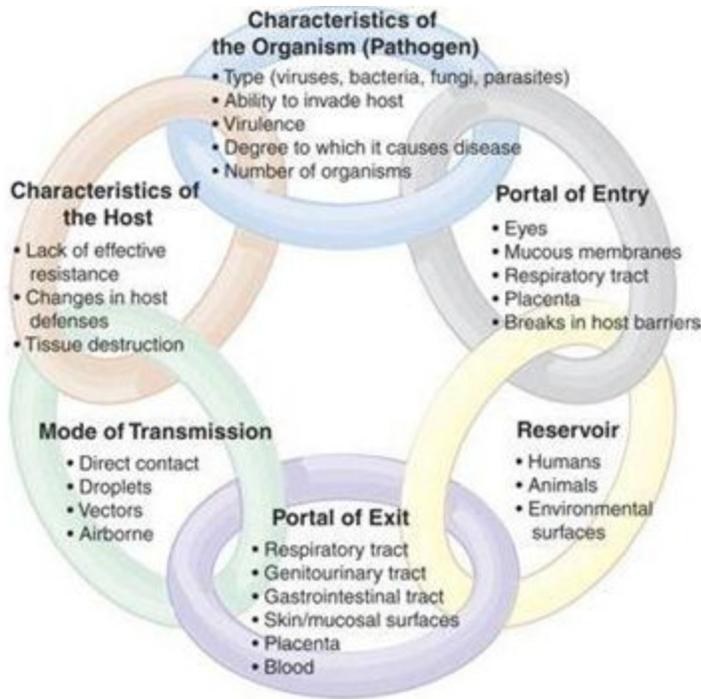
The mainstays of reducing exposure to the coronavirus and other respiratory pathogens are:

 <p>Physical Distancing — At least six feet with other people.</p>	 <p>Isolation & Quarantine — Isolation separates sick people from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.</p>
 <p>Hand Hygiene — Frequent washing with soap and water or using hand sanitizer.</p>	 <p>Contact Tracing — Identification of persons who may have come into contact with an infected person to help stop chain of disease transmission.</p>
 <p>Cohorts — Conducting all activities in small groups that remain together over time with minimal mixing of groups.</p>	 <p>Airflow & Ventilation — Outdoor activities are safer than indoor activities; maximize airflow in closed spaces.</p>
 <p>Protective Equipment — Use of face shields, face coverings, and barriers.</p>	 <p>Communication — Follow clear protocols for sharing information.</p>
 <p>Environmental Cleaning & Disinfection — Especially of high-touch surfaces.</p>	

Background on COVID-19

COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. Most coronaviruses cause mild illness. Some, like this one, can also cause more severe symptoms. COVID-19 infection often causes fever, cough, and some trouble breathing. COVID-19 additionally has been reported to cause symptoms such as muscle pain, sore throat, lethargy, nausea, vomiting, diarrhea, and loss of taste. Some people have mild symptoms. Other people can get quite sick.

Any setting where people gather poses an increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19 and have not been found to contribute substantially to the spread of the virus, it is essential to note that individuals with mild symptoms and less commonly those who are asymptomatic may transmit the infection to high-risk individuals (NCDHHS, 2020). In regards to schools and reopening, the CDC (2020) identifies three categories of exposure risk for students and staff as it related to the risk of COVID-19 transmission.



How COVID-19 Spreads

Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread COVID-19 to other people.

The virus is thought to spread mainly from person-to-person through droplets:

- Between people who are in prolonged close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads. Some individuals seem to be at higher risk than others of this virus, please consult your doctor for further guidance.

Executive Summary

The number one priority for our district is always the same, to protect the safety and well-being of our students, staff, and the community we serve. As the COVID-19 pandemic continues, we have the monumental challenge of minimizing risks while maintaining critical operations.

School and classroom based programs will follow [READY SCHOOLS, SAFE LEARNERS GUIDANCE FOR THE SCHOOL YEAR 2020-2021](#) and each school's individual Operational Blueprint for Reentry (Appendices A-C).

This evolving document uses the best currently available science, public health guidance, and expertise from staff. This document will help to guide our teams as we navigate our shared next steps.

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to a disposition of slowly and incrementally reopening public spaces. Relative to school districts, this requires coordinated infection control planning under the state's guidelines for the upcoming school year with a framework for the specified area of interventions for reopening.

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.

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.

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 433.255¹ Persons with or exposed to retractable disease excluded from school or children's facility

ORS 336.201¹ Nursing services provided by district

It is important to remember that because statewide guidance and requirements are fluid based on the incidence in the state and communities, that so too will infection control guidance be fluid. The district must be prepared to operate under the premise that guidance will be updated consistently by week until a stable environment of operations and disease transmission is established outside of the school setting.

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to include slowly and incrementally reopening public spaces. Relative to school districts this requires

CDMP

coordinated infection control planning for the upcoming school year with a framework for specified areas of intervention:

1a. Communicable Disease Management Plan

See “*Communicable Diseases Management Plan*” for general District protocols on limiting the spread of communicable diseases. For COVID-19 specific requirements not covered in the general “*Communicable Diseases Management Plan Annex*,” see the following information.

Local Public Health Authority Partnership

Marion Public Health Department, 555 Court St NE, Suite 5232 Salem, OR 97301 | Whitney Davis, Department Specialist 2 503.361.2684/ Email: ReadySchoolsReentry@co.marion.or.us

Link: [Marion County Public Health](#)

Yamhill County: Lindsey Manfrin, DNP, RN Yamhill County Health and Human Services | 638 NE Davis St McMinnville, OR 97128. Phone: 503-434-7525 | Cell: 971-237-2412 | Ext. 4719 | covid@co.yamhill.or.us.

Link: [COVID-19 \(Coronavirus\) Information](#)

Polk County: Kristty Polanco, MPH, Polk County Health Department 182 SW Academy St., Suite 302, Dallas. OR. 97338 503-623-8175 | polanco.kristty@co.polk.or.us

Link: [Polk County Health Department](#)

WESD ECSE Contact staff:

[Communication Tree.docx](#)

- Tonya Coker, Marion WESD ECC Program Coordinator 503.385.4586
- Tracie Duffy-Taylor. Yamhill, Polk, and Yamhill WESD ECC Program Coordinator 503.932.2137
- Janet D. Terry, WESD School Nurse 503.540.4427
- Agency Contact Tree:
<https://drive.google.com/drive/u/2/folders/1CeMDc0l7Z1FhYBLjaFVbQXRaQzL6Di2>

WESD ECSE Marion, Polk and Yamhill Specialized Preschools

The Specialized Preschools are self-contained classrooms serving children between the ages of 3-5 who have special education needs. If a child's IFSP team determines the child's special education services cannot be provided in a more typical early childhood setting such as home, childcare, Head Start, a community preschool, the team may agree to "place" the child into a specialized setting to receive their services. Specialized Preschool classrooms are geographically located in Marion, Polk and Yamhill Counties.

Process & Procedures to Train All Staff: (WESD School Nurses will train staff on contents of CDMP; there will also be Safe Schools training modules for staff to complete, and CDC selected videos to watch)

Review of Operational Blueprint for Public Health Protocols

- ✓ All staff will monitor social distancing within the classrooms/program when feasible
- ✓ All staff will be trained on how to handle non-compliance and on contacts if compliance is not met.
- ✓ Staff will be trained and follow all health protocols found in this document.
- ✓ All staff who do screenings should receive implicit bias training.
- ✓ Parent/Guardians will receive the guidance found in this report along with a letter explaining what we are doing to keep their children safe.
- ✓ WESD will work with transportation companies on this for students transported by bus.
- ✓ Staff will follow the screening protocol found in the WESD Communicable Disease Management
- ✓ Staff will follow the WESD Communicable Disease Management Plan and protocols in place for chronic symptoms that students may experience
- ✓ Hand hygiene will be taught and modeled for staff and students. Signage will be posted on proper handwashing techniques.
- ✓ Screening protocols will be followed per WESD Communicable Disease Management Plan
- ✓ Isolation rooms have been identified at the Marion ECC as room #9.
- ✓ WESD protocols from the Communicable Disease Management Plan will be followed
- ✓ Both students and staff will be monitored, and will be sent home if they are ill or have COVID 19 symptoms
- ✓ School nurses have been involved with the development of protocols and assessment of symptoms. Staff and students who are monitored or sent home due to being ill will be recorded
- ✓ Tonya Coker and Janet Terry will be contact before a student is sent home for any type of illness

Marion ECC Systemic Cleaning and Disinfection of Classrooms, Offices, Bathrooms, and Activity Areas:

- Routine Disinfection of High Contact Areas (Cleaning log with scheduled times to clean)
- Custodial staff has appropriate training on proper cleaning and disinfecting of work and play areas.
- Custodial staff will clean and disinfect all high frequency touch surfaces such as doorknobs, tabletops, telephones, and computers daily.
- WESD will ensure teaching and support staff have training on and access to proper disinfecting supplies.
- Teaching and support staff will use provided cleaning supplies to wipe down high touch surfaces during the school day.
- Ensure transportation support staff has appropriate training on proper cleaning of transportation vehicles.
- Transportation and support staff will use provided cleaning supplies to wipe down high touch surfaces during the school day.
- Sanitizing stations will be made available at the main entrances of each school building with signs instructing people to sanitize their hands upon entering the building.

CDMP

- Sanitizing stations will be made available in the cafeteria of each school building with signs instructing people to sanitize, or wash, their hands prior to mealtimes.
- The WESD Marion ECC will be used for short-term isolation or quarantine in the case an infected individual is identified on school grounds to create separation from the general population prior to arrangements for their transportation off campus.

Daily Logs for Each Student/Cohort

Daily logs will be maintained for students/cohorts for the purpose of contact tracing and provision to LPHA as needed. The required components included in the daily student/cohort log include:

- Child's name
- Drop off/pick up time
- Parent/guardian name and emergency contact information
- All staff names and phone numbers who interact with a stable cohort or individual student.

Cohort log: <https://drive.google.com/drive/u/2/folders/1CeMDc0l7Z1FhYBLjaFVbQXRaQzL6Di2j>

1b. High Risk Populations

The District will continue to serve high-risk population(s) whether learning is happening through on-site, hybrid, or comprehensive distance learning models. Individuals who fall within one or more of the following high-risk categories are encouraged to follow County, State, and Federal guidelines and defer to the guidance of their primary care provider prior to participating in any activities on WESD Marion ECC grounds. High-risk populations include:

- Age 65 years or older
- Chronic lung disease or moderate to severe asthma
- COPD (chronic obstructive pulmonary disease)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies.
- Immunocompromising conditions, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- Immunocompromised state (weakened immune system) from solid organ transplant.
- Obesity (body mass index [BMI] of 30 or higher)
- Type II diabetes mellitus
- Chronic kidney disease undergoing dialysis
- Liver disease
- Sickle cell disease
- Other conditions or risk factors identified by OHA, CDC, or a licensed health care provider.

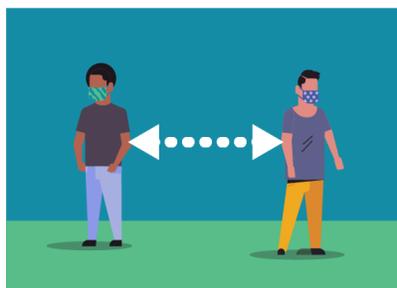
❖ The District will account for students who have health conditions that require additional nursing services as defined per ORS 336.201. Staff and school administrators, in partnership with school nurses, or other school health providers, will work with interdisciplinary teams to address individual student needs.

❖ Staff and school administrators, in partnership with school nurses, or other school health providers, will work with interdisciplinary teams to address individual student needs. The

school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:

- ❖ Communicate with parents and health care providers to determine return to school status and current needs of the student.
 - Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services.
 - Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations.
 - The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association.
 - Service provision should consider health and safety as well as legal standards.
 - Work with an interdisciplinary team to meet requirements of ADA and FAPE.
 - High-risk individuals may meet criteria for exclusion during a local health crisis.
- ❖ Refer to updated state and national guidance and resources such as:
 - U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020.
 - ODE guidance updates for Special Education. Example from March 11, 2020.
 - OAR 581-015-2000 Special Education, requires districts to provide 'school health services and school nurse services' as part of the 'related services' in order 'to assist a child with a disability to benefit from special education.'
 - OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion.

1c. Physical Distancing





Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. Staff members Tonya Coker, Jackie Bauman, and Elsa Flores at the WESD Marion ECCI will establish, implement, and support the enforcement of physical distancing requirements, consistent with the Oregon Department of Education ODE “Ready Schools, Safe Learners Guidance” (RSSL) for the 2020-2021 school year when feasible. All staff will receive training from School Nurse Consult and/or Administrative staff on the details of physical distancing.

Room Capacity

- A minimum of 35 square feet per person will be used to determine individual room capacity.
- As needed, commons areas or alternate spaces will be used to place student cohorts for instruction time in order to maintain appropriate spacing.
- Marion ECC classrooms are 560 square feet and accommodate 16 people including students and adults

Modified Layouts

- Excess furniture will be removed from classrooms to allow for increased spacing of desks.
- Individual student work stations will be separate 6 feet .

Physical Barriers and Guides

- Physical barriers, such as sneeze guards and partitions, will be installed in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks, cafeteria).
- Physical guides, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one-way routes” in hallways).

Staggered Scheduling

- Arrival and drop-off times will be staggered by location and cohort.
- Arrival will be adjusted by building as determined to be necessary and feasible.

CDMP

- Departure times will be staggered to the extent feasible to promote physical distancing.
- Virtual opportunities will be used whenever feasible.
- Staggered and extended hallway passing should be endorsed to reduce hallway congestion and promote physical distancing.

Instruction & Activities

- Practices will be made adopted to maintain 6 feet distancing during activities and instruction.
- Outdoor spaces should be used as much as feasible.

Communal Spaces

- Communal and shared spaces (motor room and playground) will be restricted as much as feasible. When used, use will be staggered, and spaces will be [cleaned and disinfected](#) between use.
- Snack.
- Increased restrictions may occur if there has been identified cases in the building.
- If feasible, physical barriers, such as plastic flexible screens will be added between sinks, especially when students cannot be at least 3-6 feet apart.

1d. Cohort

Guiding Principles to Keep in Mind

The more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

Current Plan (see [Operational Blueprint for more information](#))

ECC is currently planning for a hybrid model, using A/B Cohorts. “A” Cohorts attending in-person classes on Mon/Thurs and “B” Cohorts attending classes on Tues/Fri. Wednesdays will be distance learning for students, some lesson planning time for staff and disinfecting of the classrooms and building.

- **Handwashing:** WESD will provide aor hand sanitizer station near the front entrance as well as near the classrooms in the front and back of the building. signage will be put up in the classrooms, bathrooms and near handwashing/hand sanitizing stations. Portable handwashing stations are in each ECC classrooms as well as bathrooms. Hand washing and hand sanitizing will be regularly used and encouraged. Staff and students will receive extra training on the proper way to hand wash by WESD School Nurse Consult.

- Handwashing resources (CDC 2020): <https://www.cdc.gov/handwashing/index.html>

Key Times to Wash Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- ❖ **Before, during, and after** preparing food
- ❖ **Before** eating food
- ❖ **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- ❖ **Before** and **after** treating a cut or wound
- ❖ **After** using the toilet
- ❖ **After** [changing diapers or cleaning up a child who has used the toilet](#)
- ❖ **After** blowing your nose, coughing, or sneezing
- ❖ **After** touching an animal, animal feed, or animal waste
- ❖ **After** handling pet food or pet treats
- ❖ **After** touching garbage
 - **Equipment:** will be sanitized between each use
 - **Events:** no events scheduled
 - **Transitions/Hallways:** transitions will be done with each small cohort whenever possible. Schedules will be made so cohorts are not in the classroom/hallway/waiting area at the same time.
 - **Personal Property:** No backpacks will be allowed at this time. Any work being sent home will be placed in a brown paper bag or something similar.
 - **Seating:** student seating will maintain 6 feet of social distancing whenever feasible, maintaining 35 sq ft per person
 - **Materials:** materials will not be shared if at all possible, if required to be shared they will be sanitized between use

1e. Protocol for communicating potential COVID-19 cases to the school community and other stakeholders.

All communication information to staff, students, and the community will be provided in languages and formats accessible to the school community.

School Communication

- Post signs will be posted in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering where applicable)
- Broadcast regular announcements on reducing the spread of COVID-19
- Messages will be included on websites, in newsletters, and on district social media

Direct Communication

- Health promotion material will be sent out in advance of school reopening, specific to COVID-19 (see p. for sample letters)
- In addition to posting exclusion criteria on web pages and in newsletters, families will be advised on policies related to sick students, potential home isolation criteria, and student exclusion criteria (see p. school sick policy letter)
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors

Sending resources from schools to families:

1) Prepare materials to be sent home. a. The location for material preparation should be cleaned and disinfected according to EPA guidelines with adequate space, light and ventilation for staff.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sarscov->

2 b. Establish a screening procedure for staff assisting with the material preparation.

a. Staff preparing the materials should:

1. Be symptom free, without a fever, cough, or shortness of breath. (Fever is 100.4+)
2. Wash their hands with soap and water for 20 seconds or use 70% alcohol hand sanitizer prior to preparing materials.
3. Staff preparing the materials should not have been recently exposed to another person with the COVID19, including a family member in isolation.

b. Staff should be trained by the school nurse on infection control basics, social distancing, hand washing, and use of gloves/facemasks if needed for preparation and delivery of materials.

c. Paper documents can be placed in large envelopes. Use envelopes that have a tie or use tape/labels to secure. Do not use envelopes that require moisture to secure.

d. Plastics, including electronic devices should be disinfected according to manufacturer recommendations.

e. Materials should be prepared at least 24 hours in advance for paper materials, and 72 hours in advance for plastic materials.

f. Medications and other health supplies may be returned to families at parent/guardian request.

a. School nurses need to document in accordance with legal requirements/medication policy.

Communication Regarding Confirmed Cases

For a complete overview of communication and response related to confirmed communicable disease cases, refer to the WESD Communicable Disease Communication Protocol ([link](#)).

- District specific protocols and practices will be communicated by the superintendent
- Building specific protocols will be communicated by the building administrator
- The WESD School Nurse Consultant will inform, principal, and designated district contacts of all confirmed cases of COVID-19 communicated by the LHD
 - Decision tree for school closure
<https://drive.google.com/drive/u/2/folders/1CeMDc0l7Z1FhYBLjaFVbQXRaQzL6Di2j>
 - See decision grid and flow chart for confirmed cases



- ❖ *Staff members can self-screen and attest to their own health. Staff will have a "home screening tool."*(link.)
- ❖ Anyone displaying or reporting the primary symptoms of concern must be isolated and sent home as soon as possible.
 - ☐ Administrator and/or WESD School Nurse must be contacted ASAP

OASIS plan:

1. Oasis/BIP students will use the main entrance where they will be visually screened by designated/trained OASIS staff
2. Students arrival/dismissal/cohort logs will be kept by staff; staff sign in/out will be done using an electronic system
3. Hand sanitizer dispensers will be placed near the main entry door and other high-traffic areas
4. Parents dropping off their children will be greeted outside the building and staff will escort their child to their classroom

Primary symptoms of concern:

- ✓ Cough
- ✓ fever (*of greater than 100.4°F*)
- ✓ chills
- ✓ shortness of breath, or difficulty breathing

Other symptoms of COVID-19 of concern when combined with any of the above:

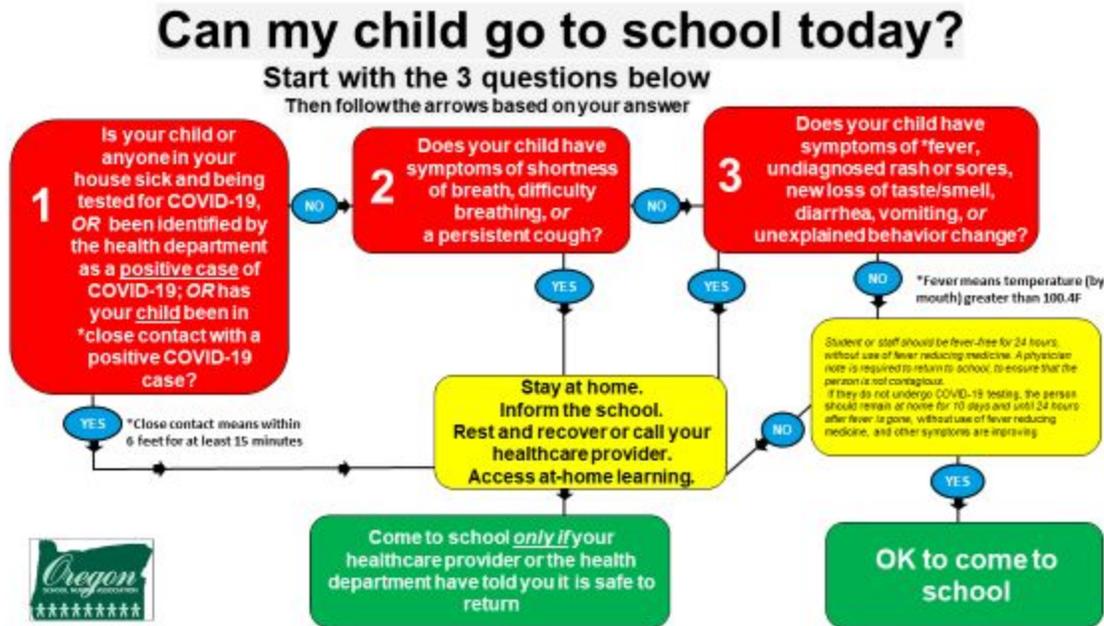
- muscle pain
- headache
- sore throat
- new loss of taste or smell
- diarrhea, nausea
- vomiting
- nasal congestion, and runny nose

Emergency signs that require immediate medical attention:

- ☐ Trouble breathing
- ☐ Persistent pain or pressure in the chest
- ☐ New confusion or inability to awaken
- ☐ Bluish lips or face

- ❖ In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 [OHA/ODE Communicable Disease Guidance](#).

Parent/guardian Screening Algorithm:



Steps for entry:

1. Designated school staff perform visual screening on all individuals entering the building each day:

Visual Screening

- Unusual coloration (flushed, pale)
- Unusual behavior (lethargy, fatigue)
- New or significant coughing
- Shortness of breath
- Chills

CDMP

- Staff will send symptomatic individuals to designated area for further screening and possible isolation in the WESD Yamhill conference room #2.

Symptom Screening Criteria

- Check temperature to assess for fever
- Identify if the following symptoms are present:
 - Chills
 - New onset of cough
 - Shortness of breath (not explained by an underlying condition such as asthma)
 - New onset of loss of smell or taste

- Cohort instructors/staff provide passive screening throughout school day for symptoms of exclusion – send symptomatic individuals to designated area for further screening and possible isolation:

Visual Screening	Student Complaint
Unusual coloration (flushed pale) Unusual behavior (behavior change, lethargy, unusual fatigue) New or significant coughing Shortness of breath Chills Nasal congestion or runny nose	 Nausea/Vomiting/ Diarrhea  Sore throat  Headache  Muscle Pain  Fever  Loss of taste or smell

- ❖ Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms.
- ❖ Logs will be kept for all students and staff sent home with any type of illness (see p. for sample of logs). Site administrator and/or school nurse must be contacted ASAP.
- ❖ Symptomatic staff or students should *be evaluated and* seek COVID-19 testing from their regular physician or through the local public health authority.
- ❖ If they have a positive COVID-19 viral (PCR) test result, the person should remain home for at least 10 days after illness onset and 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
- ❖ If they have a negative COVID-19 viral test (and if they have multiple tests, all tests are negative), they should remain home until 24 hours after fever is gone, without

use of fever reducing medicine, and other symptoms are improving. (see p. for more information)

- ❖ If a clear alternative diagnosis is identified as the cause of the person’s illness (e.g., a positive *strep throat test*), then usual disease-specific return-to-school guidance should be followed and person should be fever-free for 24 hours, without use of fever reducing medicine. A physician note is required to return to school, to ensure that the person is not contagious.
- ❖ If they do not undergo COVID-19 testing, the person should remain *at home for 10 days and until 24 hours after fever is gone*, without use of fever reducing medicine, and other symptoms are improving

1g. Visitors/Volunteers

- Only essential visitors will be allowed in school facilities and only when six feet of physical distance can be maintained between all people. Non-essential visitors will not be allowed in school facilities.
- All visitors must wash or sanitize their hands upon entry and exit of the school facility and must follow all infection control requirements while in the school facility.
- All visitors must wear face coverings in accordance with LPHA, State, and CDC guidelines.
- All visitors will be visually screened for symptoms upon every entry to the school facility. Any visitors known to have been exposed to COVID-19 within the preceding 14 calendar days will be restricted from all school facilities.

1h. Face Coverings, Face Shields, PPE and Clear Plastic Barriers



How to correctly wear a face covering:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html>

Wear your Face Covering Correctly

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily

Face covering must be worn mindfully

- Wearing a mask can have a host of downsides. Whether to adjust the fit or scratch an itch, people who wear masks tend to touch their faces more often. This can easily spread the virus from the hands to the face. Face touching is natural and often done subconsciously, so staying alert and cognizant that you are in a place where a hazard exists, requires situational awareness. If you touch the mask, wash your hands immediately.
- Keeping your hands away from your face is not a natural circumstance. This is one of the reasons discussed above that PPE is in the least effective category. In the universe of safety, remedies that rely on human behavior are notoriously prone to failure, or at least to a momentary lapse. In the workplace, an essential component of training is to make the wearer aware not only of the need for the protective device but to foster knowledge and motivation for its proper use and maintenance.

Face covering must be maintained

- Face masks should be laundered after every use (California Department of Public Health) or at least daily. If the mask is removed and put back on without washing, make sure the proper donning and doffing procedures are followed (such as not touching the covering), and that hands are thoroughly washed afterward. Put the coverings in a plastic bag until washing in hot, soapy water and dried on a hot cycle.
- The need for frequent washing necessitates an adequate supply, commensurate with the workplace circumstances. Employers should be familiar with their requirements to provide face

Face coverings can create a hazards

- Employers and students should be conscious that in addition to face coverings having the potential to be uncomfortable and inconvenient, they might result in several significant but unanticipated hazards:
 - Heat stress
 - Psychological stress
 - Impaired vision (fogged eyeglasses, for instance)
 - Difficulties with verbal communication
 - Lapse in attention to a task
 - Problems caused by wearing a mask can create a resistance to the conscientious use of the mask

Face coverings or face shields and/or both are required for:

- All staff
- Bus drivers.
- Student 5 and over
- In general, face coverings are preferred over face shields, as they may provide better containment of small aerosols that can be produced while talking. Clear plastic face shields remain an acceptable alternative in some instances because they enable students to see whole faces. This avoids potential barriers to phonological instruction and reinforces social emotional cues.

Face shields or clear plastic barriers are required for:

- Speech Language Pathologists, Speech Language Pathology Assistants, or other adults providing articulation therapy.
- Front office staff.

*Face masks are required for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms.

*If a staff member requires an ADA accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

*To the extent possible, virtual meeting platforms such as video and voice calls will be utilized for parent-teacher conferences and other meetings.

*If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time, the school/team must:

- ☐ Provide space away from peers while the face covering is removed; students should not be left alone or unsupervised;
- ☐ Provide additional instructional supports to effectively wear a face covering;
- ☐ Provide students adequate support to re-engage in safely wearing a face covering;
- ☐ Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day.

❖ ***Students who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, during On-Site instruction must be provided access to instruction. Comprehensive Distance Learning may be an option, however additional provisions apply to students protected under ADA and IDEA.***

Protections under the ADA or IDEA:

- **Staff:** Districts/schools should consult with legal counsel regarding ADA when considering restricting access for staff due to their inability to wear face coverings or face shields as required.
- **Students:** Federal laws such as the Americans with Disabilities Act (ADA) and Individuals with Disabilities Education Act (IDEA) protect student access to instruction. The following guidelines must be considered and employed to ensure access for students protected under ADA and IDEA.

If any student requires an accommodation to meet the requirement for face coverings, appropriate accommodations could include:

- Limit the student’s proximity to students and staff to the extent possible to minimize the possibility of exposure.
- Offering different types of face coverings and face shields that may meet the needs of the student.
- Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised.
- Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease;

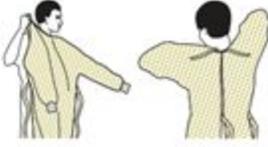
PPE (personal protective equipment) (in person training required with return demonstration)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



IF...	THEN...
It's wet (it's infectious)	Wear gloves, wash hands before and after gloves
It could splash into your face	Wear a face shield
It's spread through the air	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves, wash hands before and after gloves
You are providing CPR	Use a barrier / CPR mask and gloves
There is a blood spill or body fluid spill	Summon BBP-trained staff for appropriate disinfection

1i. Protocol to Isolate Ill or Exposed Persons

- Students who are determined to require exclusion based on current rules and guidelines will be isolated under the following circumstances pending parent pick up
- Identification of students meeting exclusion criteria based on screening.
- Children identified as having been ill and having a pending test for COVID-19, OR having tested positive for COVID-19, OR having been exposed to someone with COVID-19 symptoms.

Isolation Measures

- Immediately separate students who have symptoms meeting exclusion criteria to the designated isolation area.
- Remain calm and practice measures to maintain student privacy, confidentiality and dignity to the highest extent feasible. Do not leave student unattended.
- Student will be provided a facial covering (if they can safely wear one).
- Staff should wear a facial covering and gloves and maintain physical distancing.
- If more than one student is in an isolation space, appropriate distance or barriers and privacy must be maintained between students.
- Ensure students are appropriately logged into *Communicable Disease Surveillance Logs*.
- ❖ Contact Karen Jarshaw at 503-474-6919 and/or Janet Terry, School Nurse at 503-540-4427

Reinforce appropriate exclusion action with parents:

- ☐ If a clear alternative diagnosis is identified as the cause of the person's illness (e.g., a positive *strep throat test*), then usual disease-specific return-to-school guidance should be followed and person should be fever-free for 24 hours, without use of fever reducing medicine. A physician note is required to return to school, to ensure that the person is not contagious.
- or
- ☐ If they do not undergo COVID-19 testing, the person should remain *at home for 10 days and until 24 hours after fever is gone*, without use of fever reducing medicine, and other symptoms are improving.

See Communicable Disease Management Plan for further information

Isolation Spaces

- ❖ Appropriate isolation space as described in the *Communicable Disease Plan* (pp 4-14) and consistent with state legislation, should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.
- ❖ The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per *Transmission Based Controls* and COVID-19 guidance correctly. The isolation space should be logistically accessible in proximity to the health room.

CDC guidelines (p. 56) should be visited with the following five requirements in mind:

1. Isolation spaced must be separate from routine health room
2. Isolation space must have appropriate ventilation
3. Students must be supervised while in isolation space
4. Staff must have appropriate PPE while in isolation space
5. Appropriate physical distancing, barriers and confidentiality must be maintained in the isolation space

Isolation Space	CDC Guidelines
Physical distance	Maintain a distance of 6 feet or more between cots, chairs, or isolated individuals. Establish a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals, such as plastic sheeting. A barrier should be high and long enough to prevent direct transfer of air between spaces, i.e. 6 feet or more in all directions from isolated individuals.
Cleaning and sanitizing	After dismissal of ill student, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting. To limit the risk of exposure to aerosolized particles, plan disinfection after space has been empty 4 hours; or, disinfect while wearing full PPE (medical grade mask, gloves, isolation gown). Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
Ventilation	Designated isolation space should have adequate ventilation, i.e. exterior windows and/or ventilation fans. Ensure fans do not re-circulate into air supply; vent to exterior or into non-communicating space (wall voids, attic).

<p>Hand hygiene</p>	<p>Care providers should wash hands frequently and thoroughly before and after providing care, including after removal of gloves. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with 60% or greater alcohol content and wash hands with soap and water as soon as possible.</p>
<p>Face covering or mask; other PPE</p>	<p>Staff tending to symptomatic individuals should wear, at a minimum, a medical-grade face mask. Additional PPE may be needed, such as N-95 mask, gloves, face shield, etc. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space, and hands washed after removing PPE.</p>
<p>Student safety and well-being</p>	<p>Consult school nurse for direct care provision. Adjust protocols to age and developmental abilities. Ensure line of sight; keep ill student visible. To reduce fear, anxiety, or shame related to isolation, provide clear explanation of procedures, including use of PPE and handwashing.</p>

A student or staff member becomes ill with primary COVID-19 symptoms (cough, temperature of greater than 100.4A °F or chills, shortness of breath, or difficulty breathing). Ill symptomatic person has no known COVID-19 contacts in past 1 isolate student or staff member following [RSSL 1i](#)

Send student or staff home.4 days.

3a. Response to Outbreak

Prevention and Planning

(see flow chart)

- ✓ WESD School Nurse will coordinate with the Local Public Health Authority (LPHA) to establish communication channels related to current transmission level.
- ✓ WESD has an establish a specific emergency response framework (see p.)
- ✓ When new cases are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the district nurse, or designated staff, on the diagnosed case(s).
- ✓ Likewise, the LPHA will impose restrictions on contacts

Response

- ✓ WESD School Nurse and/or site Administrator will coordinate with the LPHA for any outbreak response.
- ✓ If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the LPHA regarding cleaning and possible classroom or program closure.
 - *Determination if exposures have occurred*
 - *Cleaning and disinfection guidance*
 - *Possible classroom or program closure*
- ✓ Any cluster of illness (2 or more people with similar illness) among staff or students, School Nurse or site Administrator will report cases to the county LPHA.
- ✓ When cases are identified in the local region, a WESD response team will be assembled within the district and responsibilities assigned within the district.
- ✓ Modify, postpone, or cancel large school events as coordinated with the LPHA.
- ✓ If the school is closed, implement Short-Term Distance Learning or Comprehensive Distance Learning models for all staff/students.
- ✓ Continue to provide meals for students. OASIS students will be provide meals from their home schools.
- ✓ Communicate criteria that must be met in order for On-Site instruction to resume and relevant timelines with families.

3c. Recovery and Reentry

- ✓ Plan instructional models that support all learners in Comprehensive Distance Learning.
- ✓ Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow [CDC guidance](#) for classrooms, cafeteria settings, restrooms, and playgrounds.
- ✓ Communicate with families about options and efforts to support returning to On-Site instruction.
- ✓ Follow the LPHA guidance to begin bringing students back into On-Site instruction.

COVID-19 Cleaning Procedures

Routine custodial cleaning procedures to reduce the risk of transmission during the COVID-19 outbreak:

- Effective cleaning emphasizes maximum physical removal of unwanted contaminants and pollutants using an appropriate cleaning agent and application method.
- When done frequently the risk of transmitting infectious agents is considerably reduced. The cleaning procedure may employ various cleaning and disinfecting agents. Remember just applying a disinfectant is not a substitute for cleaning.

With that in mind, consider the following:

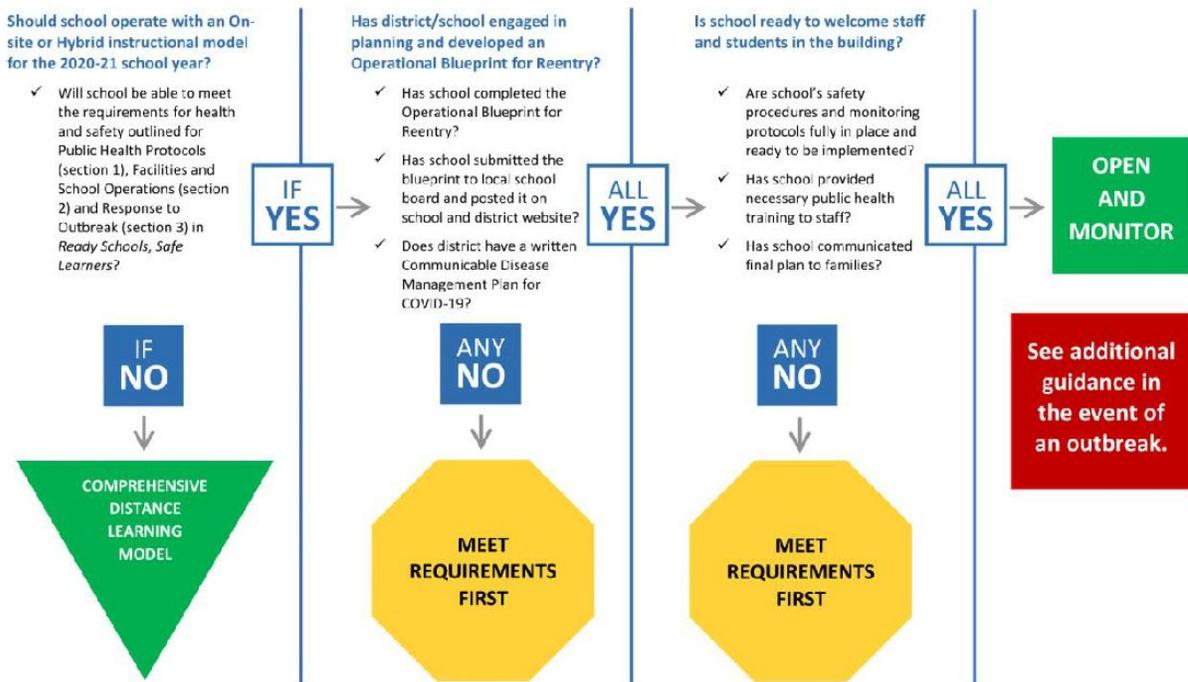
- ✓ Always wear appropriate PPE and change out your gloves when entering into a new area/classroom
- ✓ Federal law requires if using a product labeled only as a disinfectant surfaces treated must be cleaned first
- ✓ Launder or replace potentially contaminated rags and sponges between cleanings.

- ✓ Thoroughly clean surfaces that are touched by the hands. Such as doorknobs, light switches, elevator buttons, remote controls, handrails, copy machine touchpads, computer keyboards, mice, desks, telephones, tables, chairs, bathroom fixtures, faucets, etc.
- ✓ Make sure bathrooms are adequately stocked.
- ✓ Refer to <https://www.cdc.gov> for current updates and other cleaning procedures during a known or novel viral outbreak or confirmed cases in our schools.

READY SCHOOLS, SAFE LEARNERS – PUBLIC HEALTH AND SCHOOL REENTRY DECISION TOOL



The purpose of this tool is to assist educational leaders in planning essential reentry steps to protect the health and safety of students, staff, and families. Use this tool when choosing an instructional model and determining readiness to welcome staff and students back into the building.



Willamette ESD Facilities Cleaning Information

Custodial operations

You must understand the difference between the words “sanitize” and “disinfect”. While you plan your day to day cleaning operations you must seek to meet either of these standards according to the situation.

Sanitizing - To lower the number of germs, bacteria or viruses to a safe level by way of cleaning or applying a disinfectant. A good example of this is using hand sanitizer instead of washing your hands. Using hand sanitizer properly can drastically reduce the amount of germs on your hands but will not eliminate ALL germs. Another example of sanitizing is to use a spray bottle of cleaner/disinfectant and a cloth to wipe off surfaces.

Disinfecting - Refers to killing nearly 100 percent of germs on surfaces or objects. This is accomplished by using a chemical disinfectant and applying it to the surface or object and allowing for the recommended “dwell time”. In most cases this time frame ranges from 2 to 10 minutes. Many disinfectants are deemed non-toxic and can be left on the surface but it is recommended that any residue be wiped off after the appropriate dwell time has passed.

Much like hand sanitizing vs. hand washing the difference between sanitizing and disinfecting is all about how long it takes to do each. Sanitizing is quick and easy while disinfecting takes time but results in a more complete kill of germs.

There will not be a custodian on site during the daytime work hours at most locations. Sanitizing of classroom surfaces between uses should be performed using an approved cleaner/disinfectant. This will need to be done by the staff that are using the spaces. The methods used for sanitizing will be outlined on a central document and be shared with all staff. Staff should evaluate their spaces and all equipment used and create a plan as to when a cleaning will need to occur. The facilities department will give support in these efforts by providing the necessary disinfectant and cleaning rags. A system of changing out soiled rags for clean ones will be developed and shared out to all staff.

The goal of the facilities department is to perform the disinfection of spaces each night in order to reset for the next day. Evening custodians will have a detailed list of items/areas to clean and disinfect nightly. This list will be shared out with all staff.

Outdoor playgrounds will be disinfected daily by custodial/maintenance staff.

Planning use of spaces

CDMP

For the purpose of planning how you will put your operational blueprint together keep in mind:

Hand sanitizing wipes are NOT available for purchase, at least not to the extent that we can keep an adequate supply on hand to include them into your blueprint.

You will need to consider where to store any clean rags and a spray bottle in your room. No student should be able to access the bottle of disinfectant for fear of accidental ingestion. Plan for a secure location to store it.

- Hand sanitizer will be available but not in your traditional dispensers. Likely we will have one gallon bottles of hand sanitizer with a pump dispenser. Again, properly locating this dispenser will be critical to avoiding accidental ingestion.
- Hand washing is proven to be much more effective for disinfecting than using hand sanitizer. Plan for regular trips to a sink for hand washing. Soap is much more readily available than hand sanitizer. Please help keep our supply of sanitizer adequate by not relying on it primarily.
- Drinking fountains will be turned off as these can be a place where transmission of disease can occur easily. Bottle fillers will remain operational. Let parents know to send a water bottle with their child.
- ODE is not recommending the use of disposable gloves as a regular practice. There are instances where they are appropriate but use of gloves must be done properly.

Occupancy load of spaces - The ODE has recommended that 35 square feet of floor space be reserved for one person. The total square footage of a room must not include for this calculation the area that furniture takes up. I have measured all of the larger instructional spaces in our buildings and calculated the occupancy load (minus the furniture).

CDMP

Supplement Information and Links

Links:

[ECSE Planning and Responding to COVID-19 Scenarios in Schools.docx](#)

Communication Tools & Resources

[COVID-19 OHA](#)

[Ready School Safe Learners](#)

[Communicable Disease Guidelines](#)

[WESD Reintegration Plan](#)

<https://drive.google.com/file/d/1JzgsSkHAKZHb-cO5ZyNDpaS-poPy2qXI/viewESD COVID-19>

*****COVID-19 RESOURCES and References *****

- CDC - [Guidance for Schools and Childcare Programs](#) (updated 04/21/2020)
- CDC - [Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#)
- CDC - [Guidance on Use of Personal Protective Equipment \(PPE\)](#)
- From WHO Guidance - [Handwashing Steps Poster](#)
- OHA - [Don't Touch Your Face Poster](#)
- ODE - [Communicable Disease and Exclusion Guidance for the School and Childcare Setting](#) (updated 04/21/2020)
- MCHD - [How To Clean and Disinfect Your Home and Workspace](#)
- NASN - [Guidance for School Nurses to Safely Send and Receive Resources Between School and Home During COVID-19](#)
- [Oregon Department of Education COVID-19 Page \(ODE\)](#)
- [Oregon Health Authority \(OHA\)](#)
- [Centers for Disease Control \(CDC\)](#)
- [World Health Organization \(WHO\)](#)



Success, Achievement, Together . . . for All Students

All staff were provided the opportunity to volunteer. Participation either by reading and providing feedback or attending virtual meetings. Participants were selected based on their response to an all staff email that was sent. In areas where a representative sample was not gathered additional requests were made. Parent and community feedback will start with each county's Local Interagency Coordinating Council (LICC) members and then expand to provide more representation as needed.

Because of staff work schedules leadership will start with sharing materials electronically and requesting feedback (Google Drive shared starting 7.16.20). For the ECSE classrooms Sections 1-3 of the K-12 Operational Blueprint for K-12 has been drafted. For the Eval team leadership is working with staff to develop potential protocol for face to face evaluations. For EI and ECSE Community there is critical information still needed from the ODE on home visiting and community sites. In the meantime, leadership will work with staff on outlining things to consider and addressing areas to the extent possible.

EI

- Janet Terry, Nurse
- Karen Foster, EI Specialist
- Janna Cochran, EI Specialist
- Sharon de Laveaga, EI SLP
- Sara Williams, EI SLP
- Tammy Kelm, EI Specialist
- Heather VanFossen, Instructional Assistant
- Melissa Murray, Physical Therapist
- Suey Linzmeier, Yamhill Head Start
- Jennifer McMullen, Oregon Child Development Coalition

ECSE-Community

- Janet Terry, Nurse
- Chelsea Samble, ECSE Specialist
- Helen Sharp, ECSE Specialist
- Maiko Hata, ECSE Specialist
- Darcy Gadach, ECSE Specialist

- Cyndi Tinker, ECSE SLP
- Kelly Fritz, ECSE Specialist
- Heather Nicolai, ECSE Specialist
- Melissa Murray, Physical Therapist
- Suey Linzmeier, Yamhill Head Start
- Jennifer McMullen, Oregon Child Development Coalition

ECSE- Classrooms

- Janet Terry, Nurse
- Jackie Bauman, Classified Supervisor
- Brittany Reuling, SPS Teacher
- Briana Hofer, SPS Teacher
- Naomi Harper, SPS Teacher
- Darrol Collins, SPS teacher
- Brooke Bonanomi, Coach
- Zoe Turi, SPS and Speech Group SLP
- Kim Gregor, Instructional Assistant
- Angie Rue, Instructional Assistant
- Rosa Luna, Instructional Assistant
- Tammy Barney, Instructional Assistant
- Allyson Finfrock, Instructional Assistant
- Peggy Anderson, Instructional Assistant
- Mayela Rosales, Instructional Assistant
- Maria Rosales, Instructional Assistant
- Teresa Flores, Instructional Assistant
- Cendi Sandoval, Instructional Assistant
- Maria Cortes, Instructional Assistant
- Peggy Burton, Instructional Assistant
- Raquel Paine, Instructional Assistant
- Chris Peterson, Instructional Assistant
- Angie Soto, Instructional Assistant
- Cindy Seick, Instructional Assistant
- Elina Fitts, Instructional Assistant
- Nancy Cortes, Instructional Assistant
- Connie Bellman, Instructional Assistant
- Connie Billings, Instructional Assistant
- Julie Meraz, Clerical
- Melissa Murray, Physical Therapist
- Jeff Easter, Facilities Director
- Suey Linzmeier, Yamhill Head Start
- Jennifer McMullen, Oregon Child Development Coalition

Eval Team

- Janet Terry, Nurse
- Desiree Clark, Evaluator
- April Mowell, Evaluator
- Mikaela Knowles, SLP
- Ellen Dockery, Evaluator
- Suey Linzmeier, Yamhill Head Start
- Jennifer McMullen, Oregon Child Development Coalition



Success, Achievement, Together . . . for All Students

EI/ECSE Home Visiting Blueprint

Guidance from the ODE at this time is to continue to provide services virtual rather than in the home. There is an exception that would allow the program to provide services in a center based location in some circumstances when safety guidelines can be met. However, at that point services are no longer being provided in the natural environment.

Barriers/Challenges to virtual visits:

- Families who don't have access to technology
- Families who are feeling overwhelmed and not wanting to engage in services
- Families who don't want to engage virtually but rather only by phone or email

Situations where a center site visit may be considered:

- Virtual visits have not been effective in making progress towards IFSP goals
 - Parents and providers are engaged and carrying thru activities
 - Providers have made adjustments to instruction/consultation to better meet the needs
- A child requires a piece of equipment such as a stander or walker that requires an in person fitting

Staff will follow the following safety procedures:

- Staff will schedule appointments spaced far enough apart so that one family is done and leaves before the next family arrives. Sufficient time in between appointments will be provided so that any surfaces can be sanitized.
- Families will call ahead to the front desk when they arrive in the parking lot (when possible). The receptionist will contact the staff who will meet the family at the door.
- When families are contacted and at arrival, staff will ask screening questions for COVID-19 primary symptoms (parents will be asked if they or their child has experienced cough, fever and shortness of breath, or if they have traveled in the last 2 weeks).
- If the accompanying adult and/or child has a fever, or appears ill, the appointment will be rescheduled.
- Adults will all adhere to the Governor's order and wear a face covering. If the family arrives without a face covering one will be provided at entry to the building.
- Only one adult will accompany the child to do the fitting. Social distancing will be adhered to, to the extent possible.
- Staff will wear a face shield in addition to a face covering when within 6 ft of the child or parent.
- The appointment will be as short as possible and held in a larger room or outdoors when possible.
- Hand sanitizer and necessary PPE will be provided and available to staff.
- Any activities that can occur virtually will be completed in that format.

Dave Novotney, Ph.D.
Superintendent

When the ODE adjusts guidance to support the implementation of home visits the program will:

- Align to guidance provided by the ODE/OHA specific to educational home visiting programs
- Provide staff with:
 - “Screening” questions to ask a family at the time of scheduling and the day of
 - Guidance on how to respond if someone is visibly ill or reports they are ill upon their arrival
 - Steps to take if a family notifies them they may have been exposed
 - When and how to notify families if staff may have exposed them
 - Guidance on cleaning and sanitizing
- In addition to problem solving with supervisor use the current Home Visit Incident Form when needed



Success, Achievement, Together . . . for All Students

EI/ECSE Community Services Blueprint

Guidance from the ELD is still forthcoming regarding the status of preschool programs and non-emergency childcare. The program acknowledges that there will likely be a variety of scenarios that play out across the many different providers within the WESD service area.

Preschools are face to face and WESD provides on-site services

- Site will provide their expectations for how WESD staff enter, exit, and conduct themselves while on site
- Sites will notify WESD staff in the event of a positive diagnosis of COVID-19
- WESD staff will follow the site's screening guidelines
- WESD staff will maintain an itinerant contact log
- WESD will provide contact log information to sites in the event that WESD staff have a positive COVID-19 test in accordance with the LPHA guidance
- WESD staff will wear a face covering and/or face shield while on premise
- WESD will work with the provider to provide services in a way that best meets the needs of children and families this could include a combination of on site and virtual services to limit the number of specialists coming in and out of a site

Preschools are face to face and WESD provides virtual services at site request

- WESD staff will work with sites to determine schedule and method of consultation and/or virtual services
- WESD staff will include preschool staff in IFSP meetings
- Preschool staff will support data collection on IFSP goals

Preschools are face to face and WESD provides virtual services at WESD request

- WESD staff will work with sites to determine schedule and method of consultation and/or virtual services
- WESD staff will include preschool staff in IFSP meetings
- Preschool staff and parents will support data collection on IFSP goals

Preschools are virtual and WESD provides virtual services

- WESD staff will coordinate with community preschools to support materials being provided
- WESD staff will consult with both preschool staff and parents
- WESD staff will continue to include preschool staff in all IFSP meetings
- Preschool staff and parents will support data collection on IFSP goals

Dave Novotney, Ph.D.
Superintendent

Request to Open Limited Evaluation Services at Willamette ESD

Proposal:

- To re-establish initial evaluations for students birth to five who are referred for special education services
- To re-establish transitional evaluations for students ages 2.6 to 3 who are moving from Early intervention to Early Childhood Special Education Services
- To re-establish transitional evaluations for students moving from Early Childhood Special Education Services to School age services.

Rational:

- Compliance with Federal Mandates under IDEA that require timely evaluation of children who have been referred due to suspected disability.
- Compliance with Federal Mandates under IDEA that require re-evaluation prior to their 3rd birthday and at time of transition to school age services.
- Research supports that early identification and intervention will support long term success for our students. Timely and comprehensive evaluation of children assists with identifying and providing appropriate interventions and resources to our families. With the COVID closure we are concerned that the testing/identification of students will be significantly delayed or not completed due to limited access of testing.

Evaluation

- Professionals will review information gathered at intake to determine the viability of virtual assessment.
- Virtual assessments can be provided to families who do not have technology availability. An iPad and hotspot will be provided for the family during the assessment period and collected after the evaluation is completed
- Students who are not strong candidates for virtual assessment should be prioritized for on site assessment.
- On site assessments may be used for partial or total evaluation
- Priority of testing slots will be based on age of referral and at the request of the parent(s) and/or recommendation of the evaluation team member
- Families who continue to request in person evaluation, but do not feel comfortable coming onto the site at this time, will continue to be placed on the evaluation schedule for a later time

Precautions:

- **Location**
 - Larger conference room for increased ventilation
 - Room to be arranged for two working areas. One area for evaluation; one area for evaluator to do paperwork instead of returning to desk in other side of building

- **Intake process**
 - When families are contacted, screening questions for COVID-19 risk factors will be asked (parents will be asked if they or their child has experienced cough, fever and shortness of breath, or if they have travelled in the last 2 weeks). If families respond affirmative to one of the questions asked, evaluation will be placed later on the calendar
 - Families will be contacted directly with a confirmation of appointment attendance and given a follow up phone call before appointment to confirm they are symptom free.
 - Parents will be given information about the assessment appointment process, including expectation for hand washing, use of mask, social distancing, and level of engagement between child and professional during the appointment.
- **Appointments**
 - Appointment times will be staggered so that only one family will be in the waiting room at a time.
 - Families will call when they arrive in the parking lot.
 - The receptionist (or designated professional) will meet family at the door and escort them through sign in procedure (hand washing, mask) and into designated area.
 - Only one adult will accompany child during visit.
 - Should a child or parent not be in compliance with mask wearing, fever, or travel, the appointment will be rescheduled
- **Evaluation**
 - For portions of assessment where social distancing is not effective, PPE (masks and face shields) will be used by staff. Sneeze shields will be utilized to provide a barrier when social distancing cannot be used.
 - Pages of assessments may be laminated for easier cleaning between use.
 - Evaluator will ask parent for consent before approaching child and minimize contact to the extent appropriate.
 - Only child and one parent will be allowed into the waiting or evaluation room. All other siblings or related adults should wait in the car.
 - Provision of hand sanitizer, approved face shields, approved masks, gloves for all staff will be used. Two-week supply will be on hand at all times
 - Will follow proper office and medical cleaning routines. Routine cleaning and disinfection procedures will be followed by EI/ECSE and custodial staff
- **Materials**
 - Toys and materials will be limited during assessment
 - Empty bucket to place toys that have been used
 - All toys utilized will be collected and disinfected between sessions
 - District approved cleaning process
 - Cleaning fogger

