

Can my student go to school today?

1. Has your student been diagnosed or suspected of having COVID-19?

2. Is your student experiencing:

- Cough,
- Fever ≥ 100.4 ,
- Chills,
- Shortness of Breath,
- Difficulty breathing, or
- New loss of taste/smell?

3. Has your student been in close contact* with a positive COVID-19 case?

4. Is your student experiencing any other symptoms that may be related to COVID-19?: Fatigue, muscle or body aches, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea?

5. Are any of your household members experiencing:
Cough, Fever ≥ 100.4 , Chills, Shortness of Breath, Difficulty breathing, or New loss of taste/smell?



Go to School

Answer these 5 questions and follow the arrows to see if it is okay to send your student to school today.

1. STAY HOME. NOTIFY YOUR SCHOOL AS SOON AS POSSIBLE.

1. A school nurse consultant will reach out to you to help you navigate next steps.
2. Seek testing from healthcare provider. If you do not have a provider and need assistance finding a testing site, call 211, or contact school for support from nursing services.
3. If COVID-19 test is negative:
 - Isolate at home until 24 hours after fever is resolved, without use of fever-reducing medicine, and symptoms are improving.
 - If you have had contact with positive case in past 14 days, you must isolate at home for 10 days since symptoms first appeared.

If COVID-19 test is positive:

- Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.

If you do not get tested for COVID-19:

- Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.

1. STAY HOME. NOTIFY YOUR SCHOOL AS SOON AS POSSIBLE.

1. A school nurse consultant will reach out to you to help you navigate next steps.
2. Quarantine at home for 14 days after date of last exposure to the COVID-19 positive contact, unless directed differently by the Health Department or Nursing. If additional household members become ill with COVID-19, or if the exposed person cannot avoid continued close contact, the length of quarantine may be >14 days.

Contact your healthcare provider for recommendations & if symptoms develop.

1. STAY HOME. Monitor symptoms.

2. NOTIFY YOUR SCHOOL AS SOON AS POSSIBLE.

1. A school nurse consultant will reach out to you to help you navigate next steps.

* The definition of exposure is being within 6 feet of a person who has COVID-19 for at least 15 cumulative minutes within a day (with or without a mask).

Emergency Symptoms (call 911):
 Trouble breathing, Persistent pain or pressure in chest, New confusion or inability to awaken, Bluish or greyish lips or face, Other severe symptoms.

Can I go to work today?

1. Have you been diagnosed or suspected of having COVID-19?

2. Are you experiencing:

- Cough,
- Fever ≥ 100.4 ,
- Chills,
- Shortness of Breath,
- Difficulty breathing, or
- New loss of taste/smell?

3. Have you been in close contact* with a positive COVID-19 case?

4. Are you experiencing any other symptoms that may be related to COVID-19?: Fatigue, muscle or body aches, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea?

5. Are any of your household members experiencing: Cough, Fever ≥ 100.4 , Chills, Shortness of Breath, Difficulty breathing, or New loss of taste/smell?

Go to Work



Answer these 5 questions and follow the arrows to see if it is okay to go to work today.

1. STAY HOME. NOTIFY YOUR SUPERVISOR AS SOON AS POSSIBLE.

2. A school nurse consultant will reach out to you to help you navigate next steps.
3. Seek testing from healthcare provider. If you do not have a provider and need assistance finding a testing site, call 211, or contact school for support from nursing services.

If COVID-19 test is negative:

- Isolate at home until 24 hours after fever is resolved, without use of fever-reducing medicine, and symptoms are improving.
- If you have had contact with positive case in past 14 days, you must isolate at home for 10 days since symptoms first appeared.

If COVID-19 test is positive:

- Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.

If you do not get tested for COVID-19:

- Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.

1. STAY HOME. NOTIFY YOUR SUPERVISOR AS SOON AS POSSIBLE.

2. A school nurse consultant will reach out to you to help you navigate next steps.
- Quarantine at home for 14 days after date of last exposure to the COVID-19 positive contact, unless directed differently by the Health Department or Nursing. If additional household members become ill with COVID-19, or if the exposed person cannot avoid continued close contact, the length of quarantine may be >14 days.

Contact your healthcare provider for recommendations & if symptoms develop.

1. STAY HOME. Monitor symptoms & refer to communicable disease guidance

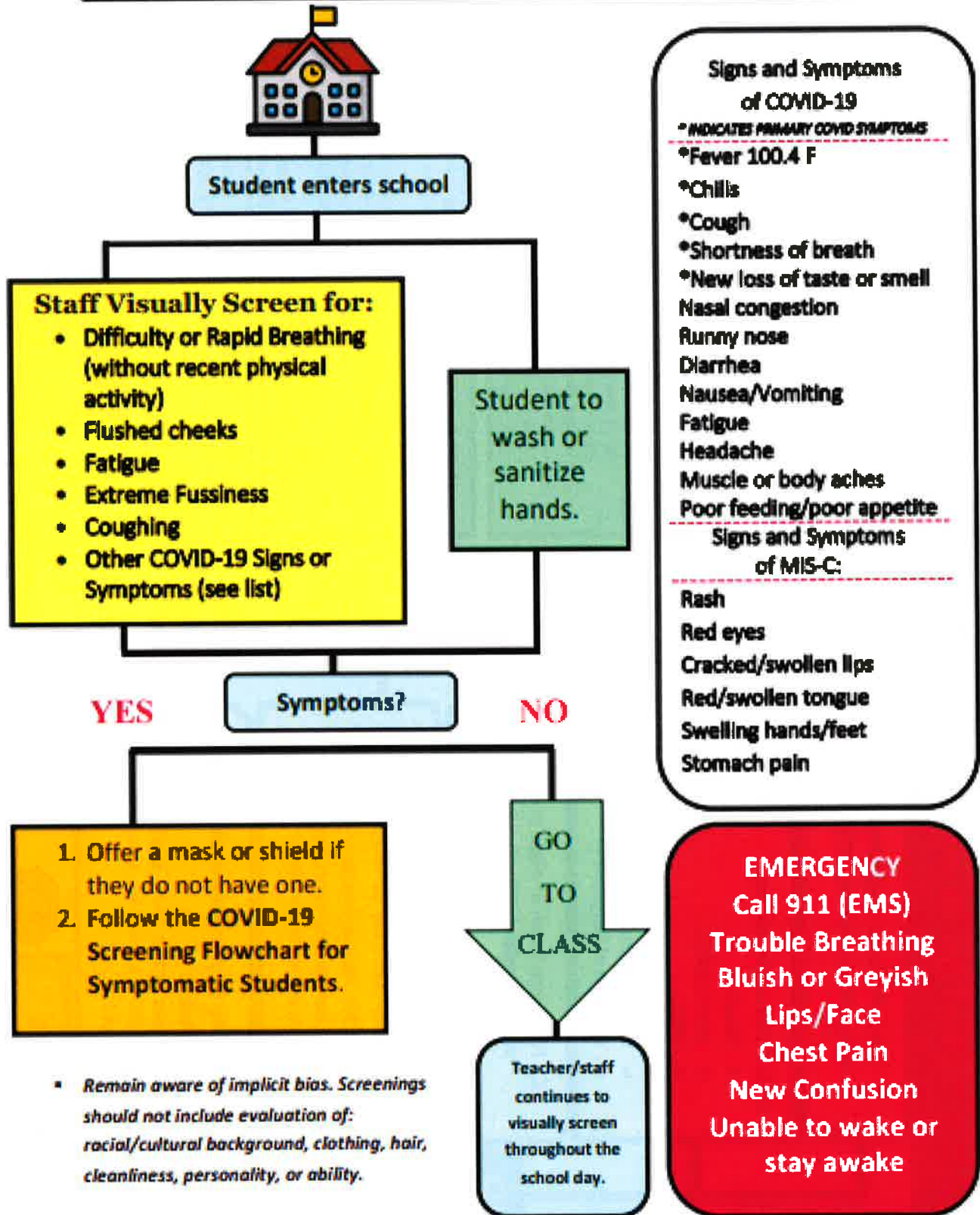
2. NOTIFY YOUR SUPERVISOR AS SOON AS POSSIBLE.

3. A school nurse consultant will reach out to you to help you navigate next steps.

Emergency Symptoms (call 911):
 Trouble breathing. Persistent pain or pressure in chest, New confusion or inability to awaken, Bluish or greyish lips or face. Other severe symptoms.

* The definition of exposure is being within 6 feet of a person who has COVID-19 for at least 15 cumulative minutes within a day (with or without a mask).

COVID-19 Screening Flowchart on Entrance



COVID-19 Screening Flowchart for Symptomatic Students

Student presents with sick symptoms
Offer mask/shield if able to wear, staff to wear medical grade mask.

Verbal: Have you been exposed to someone with COVID-19 in the past 14 days? 'Is anyone at home sick?'

NO

YES

Visual Screening for Primary COVID-19 Symptoms:

- Difficulty Breathing, shortness of breath.
- Coughing
- New loss of taste/smell
- Chills

Physical Screening for:

- Temperature ≥ 100.4
(call the office if you need a thermometer and they will bring one)

CALL OFFICE STAFF OR ESCORT TO SICK ROOM

- Follow Flowchart for sick room
- Send home ASAP
- Notify parent
- Notify Nursing
- Fill out Sick Room Log
- Maintain Confidentiality

1 or more primary COVID-19 Symptoms?

NO

YES

- If a student becomes ill at school, especially if COVID-19 like symptoms (refer to list), student must be sent home.
- If student has a mild headache or stomachache, allow the student to rest for 10 minutes, in the classroom (Offer water, a snack, basic first aid...). If no improvement, send to the sick room to go home (call the office if an escort is needed).

Signs and Symptoms of COVID-19

** INDICATES PRIMARY COVID SYMPTOMS*

- *Fever 100.4 F
- *Chills
- *Cough
- *Shortness of breath
- *New loss of taste or smell
- Nasal congestion
- Runny nose
- Diarrhea
- Nausea/Vomiting
- Fatigue
- Headache
- Muscle or body aches

Signs and Symptoms of MIS-C:

- Rash
- Red eyes
- Cracked/swollen lips
- Red/swollen tongue
- Swelling hands/feet
- Stomach pain

EMERGENCY

Call 911 (EMS) for:

- Trouble Breathing
- Bluish or Greyish Lips/Face
- Chest Pain
- New Confusion
- Unable to wake or stay awake

This flowchart will be used to provide guidance on students who may present with COVID-19-like symptoms. This does not replace judgement based on identified findings. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (example: asthma, allergies) from school.

Symptomatic Student Screening, Isolation & Exclusion

- Symptom screening will be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations.
- Any student experiencing distress should be deferred to emergency medical services immediately.
- Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school. Refer to existing health protocols.
- Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication must be excluded from school.
- For a student that presents with symptoms within the classroom, or is sent to the health room with symptoms, staff will refer to [COVID-19 Screening Flowchart for Symptomatic Students](#) (see page 19).

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 staff until they are able to go home. school nurse, other school-based health care provider or school staff until they can go home.

- Staff to refer to [COVID-19 Screening Flowchart for Sick Room](#) (see page 22).
- Staff in close contact with symptomatic individuals (less than 6 feet) must wear a medical-grade face mask.
 - Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Refer to [Sick Room What Should I Wear](#) and [How to Don/Doff PPE \(CDC\)](#).
- If able to do so safely, a symptomatic individual shall wear a face covering.
- After removing PPE, hands shall 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.
- Any PPE used during care of a symptomatic individual must be properly removed and disposed of prior to exiting the care space.
- To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.
- [Sick Room Log](#) will be completed (see page 23).
- Contact maintenance and following their protocols.

During Nursing's follow up with symptomatic or exposed students and staff, the following will guide Nursing's decisions regarding COVID-19 isolation and quarantine guidance:

- [ODE's Planning for COVID-19 Scenarios in Schools](#)
- [ODE's COVID-19 Exclusion Summary Guidance for K-12 Schools](#)
- Consulting with Marion County Health & Human Services School Team regarding guidance and specific scenarios.
- [ODE & OHA Communicable Disease Guidance](#) will also be used to guide exclusion of illness if not COVID-19 related (page 26).

Isolation Space/ "Sick Room"

An appropriate isolation space should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.

- Each school must have designated personnel and a designated isolation space separate from health room.
- Encourage language use that will not create fear for students, encouraging the use of "Sick room" instead of "isolation room."

- Available PPE must be available for School nurses and designated staff to use. Staff interacting with symptomatic students must wear a medical grade face mask.
 - [Sick Room What Should I Wear](#)
 - [Standard and Transmission-Based Precautions.](#)
- Designated personnel staffing health room or isolation room should not be at increased risk for severe illness from COVID-19.
- The “Sick Room” should be in proximity to the health room and restroom facilities. It is recommended to be near exit/entry point to limit student’s contact in building when possible.
- Parents can be directed to this exit/entry point for pick up. If parent is unable to come to entry, designated staff will escort student to parent.
- A designated staff member will monitor student in isolation room area until he/she is picked up by parent/guardian. This supervision can occur outside of the sick room if possible (i.e. door has window in it).
- Windows should be opened if feasible to allow maximum ventilation.
- If more than one student needs to use sick room (and there is only one sick room), maintain 6 feet distancing between them.
- Visuals and signage will be displayed outside of the Sick Room:

<ul style="list-style-type: none"> <input type="checkbox"/> Sign that identifies if room is CLEAN or DIRTY <input type="checkbox"/> Personal Protective Equipment (PPE) listed that should be donned before entry. 	<ul style="list-style-type: none"> <input type="checkbox"/> CDC Visual of How to Don/Doff PPE (CDC) <input type="checkbox"/> Sick Room What Should I Wear <input type="checkbox"/> Symptoms of COVID-19
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Isolation Space	CDC Guidelines
Physical distance	Maintain a distance of 6 feet or more between 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	Ensure surfaces in the designated isolation space can be properly sanitized and disinfected. Limit use of cloth or other permeable materials, unless items are removed and washed between individuals. 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). EPA list of disinfectants . After dismissal of ill student, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting . 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).
Hand hygiene	Care providers should wash hands frequently and thoroughly before and after providing care. 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.
Face covering or mask; other PPE	If able to do so safely, a symptomatic individual should wear a cloth face covering. 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 immediately after removing PPE. Consult a nurse or health care professional regarding appropriate use of PPE.
Student safety and well-being	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.

COVID-19 Flowchart for the Sick Room



Student/Staff presents with symptoms of illness.
If able to do so safely, they should wear a face covering (consider a face shield if unable).

Staff must wash or
sanitize hands

Staff to put on appropriate
Personal Protective Equipment (PPE):

- **Medical Grade Mask Required**
- Refer to PPE Visual for additional PPE recommendations and instructions for donning and doffing.

As soon as safe to do so:

1. Contact the student's family for pick-up
2. Contact the school nurse (the office may also assist with this piece)

- Staff must provide continual supervision, through visual contact, while maintaining 6ft or more of distance whenever possible.
- Exterior windows should be opened.
- If 2 students are present, ensure 6ft of distance.
- Remove PPE following guidance BEFORE leaving the sick room.
- Wash hands immediately with soap and water for at least 20 seconds or sanitizer with 60-95% alcohol

Staff member, wearing medical grade mask, escorts student to guardian for pick up.

- Complete Sick Room log/documentation.
- Call Maintenance for cleaning and disinfecting.

Signs and Symptoms of COVID-19

* INDICATES PRIMARY COVID SYMPTOMS

- *Fever 100.4 F
- *Chills
- *Cough
- *Shortness of breath
- *New loss of taste or smell
- Nasal congestion
- Runny nose
- Diarrhea
- Nausea/Vomiting
- Fatigue
- Headache
- Muscle or body aches
- Poor feeding/poor appetite

Signs and Symptoms of MIS-C:

- Rash
- Red eyes
- Cracked/swollen lips
- Red/swollen tongue
- Swelling hands/feet
- Stomach pain

EMERGENCY

Call 911 (EMS)

- Trouble Breathing**
- Bluish or Greyish Lips/Face**
- Chest Pain**
- New Confusion**
- Unable to wake or stay awake**

Remain aware of implicit bias. Screenings should not include evaluation of: racial/cultural background, clothing, hair, cleanliness, personality, or ability.



Date: _____

HEALTH REPORT & ASSESSMENT FORM FOR COVID-19-LIKE SYMPTOMS

Student/Staff Name: _____ DOB: _____

School Site: _____ Teacher/Department: _____

Student/Staff complaint (Include duration, precipitating factors):

Has the student/staff been around someone with COVID-19 in the past 14 days? Yes No

Student Vitals (if able): Temperature: _____ O2: _____ HR: _____

Respiration: _____ BP: _____

Symptoms (Mark all observed):

- Non-productive cough Fever (above 100.4F) Chills, shivering
- Shortness of breath (circle all that apply) gasping, grunting, wheezing, rapid, slow, shallow, nasal flaring, thoracic contracture
- Skin (circle all that apply) pink, pale, white, dry, sweating, red, swollen, rash
- Headache: Location _____ Pain rating (1-10 (worse)), _____
- Sore Throat (circle all that apply) redness, white spots, enlarged tonsils
- New loss of smell or taste
- Gastrointestinal symptoms

Comments: _____

Taken to Sick Room Parent Called School Nurse Called Scan/Email to School Nurse File in Health File

Name of person filling out form: _____

School Nurse Follow Up: Contacted Health Department (Nurse Use Only)

(Exclusion criteria per [ODE & OHA Communicable Disease Guidelines](#))

SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER... *The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.
 Fever: temperature of 100.4°F [38°C] or greater	*Fever-free for 24 hours without taking fever-reducing medicine AND after a COVID-19 test is negative , OR 10 days if not tested.
 New cough illness OR New difficulty breathing	*Symptom-free for 24 hours AND after a COVID-19 test is negative , OR 10 days if not tested. If diagnosed with pertussis (whooping cough), the student must take 5 days of prescribed antibiotics before returning.
 Headache with stiff neck or with fever	*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions if fever is present.
 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
 Vomiting: one or more episode that is unexplained	*Symptom-free for 48 hours OR with orders from doctor to school nurse.
Skin rash or open sores	*Symptom free , which means rash is gone OR sores are dry or can be completely covered by a bandage OR with orders from doctor to school nurse.
Red eyes with eye discharge: yellow or brown drainage from the eyes	*Symptom-free , which means redness and discharge are gone OR with orders from doctor to school nurse.
Jaundice: new yellow color in eyes or skin	*After the school has orders from doctor or local public health authority to school nurse.
Acting different without a reason: unusually sleepy, grumpy, or confused.	*Symptom-free , which means return to normal behavior OR with orders from doctor to school nurse.
Major health event , like an illness lasting 2 or more weeks OR a hospital stay.	*After the school has orders from doctor to school nurse.
Student's health condition requires more care than school staff can safely provide	*After measures are in place for student's safety.

Logs & Contact Tracing

Contact Tracing

The purpose of contact tracing is to be able to identify those with the potential exposure risk of a communicable disease to prevent its further spread. This occurs on a small scale readily throughout the year with specific communicable disease exposures. Regarding COVID-19, schools are required to cooperate with the LPHA in the following ways:

- School nurse consultants will notify the LPHA of any confirmed COVID-19 cases among students or staff.
- School nurse consultants will report to the LPHA any cluster of illness among students or staff.
- School nurse consultants will provide all logs and information to the LPHA in a timely manner.
- School nurse consultants will provide daily log records and contact line lists to the LPHA to be used for contact tracing purposes as needed.

As part of a school-based plan for responding to a positive or presumptive case, SFSD School Nurse Consultants will gather and synthesize the pertinent contact logs and subsequent information, evaluate close contacts, and work in partnership with the LPHA to contact appropriate individuals and notify them of quarantine requirements. –In reference to [ODE’s Guidance for Schools Responding to LPHA Capacity Needs Related to Contact Tracing](#) and [OHA policy on sharing COVID-19 information](#).

An exposure, or close contact, is regarded as: *Someone who was within 6 feet of an infected person for at least 15 cumulative minutes in a day, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated* ([CDC, 2020](#)).

To aid in cohort tracking and tracing, logs will be utilized that include [RSSL](#) required components:

- Child’s name
- Drop off/pick up time
- Parent/guardian name and emergency contact information
- All staff (including itinerant staff, district staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student.
- All district staff (maintenance, administrative, delivery, nutrition, and any other staff) who move between buildings keep a log or calendar with a running four-week history of their time in each school building and who they were in contact with at each site.
- If a student(s) is not part of a stable cohort, then an individual student log must be maintained.

Logs

These logs should be kept for a minimum of 4 weeks according to ODE/OHA guidelines and be available to provide to School Nurse Consultant to assist with contact tracing if requested by LPHA. Staff should fill in the information and not allow for a shared pen/paper. A privacy page should be placed on top of log to preserve privacy of information. These logs are essential in tracking staff and student interaction in the event of a positive COVID-19 case within the school.

- [Building Log, see page 29:](#)
 - All staff and essential visitors to sign IN and OUT upon entrance/exit of building. Staff will attest to having no symptoms of COVID-19, nor recent exposure on this log. Staff will update their location occupied upon exit.
- [Classroom/Shared Space Log, see page 30:](#)
 - All staff and students to sign IN and OUT upon entrance/exit of classrooms and/or shared spaces.
- [First Aid Log, see page 25:](#)

- To be used in the health room and in each classroom to document first aid care for students. Per OAR 166-400-0010, any student reporting to the health room should be logged into the Log.
- **Sick Room Log, see page 23:**
 - Any symptomatic or recently exposed student/staff sent to Sick Room.
- **Student/Staff Health Report & Assessment Form for COVID-19-like symptoms, see page 24:**
 - For Nursing use as needed.
- **Nursing Specific Logs:** Symptom Surveillance Log will be maintained by nursing to document guidance and follow up for students/staff that:
 - Are absent due to confirmed COVID-19, or illness (in which we would provide symptom monitoring)
 - Have been in contact with a confirmed case/exposure
 - Have compatible illness or symptoms associated with COVID-19
 - Have been dismissed to home for symptoms associated with COVID-19
- Additional logs may be used by School Nurse Consultants for case investigations: [Symptom Surveillance Log \(from OSNA\)](#). And/Or [Marion County Health Department COVID-19 contact Line List](#).

SFSD NURSING PROTOCOL FOR LOGS

SFSD Nursing Protocol for Building/Class/Shared Space Logs

- Building administrators should have access to the Google drive or digital copies of all log types and administrators should verify that all spaces in their building are using logs appropriately. Each building is responsible to print, disperse, and refill as needed.
Nursing recommends each Log station should include the following:
 - * Clean/dirty pens.
 - *Sanitizing wipes.
 - *Hand sanitizer
 - *Symptoms of COVID-19 reference sheet.
- Building logs will be accessed by Maintenance daily for cleaning purposes and then returned to the determined location within the school office (maintenance should not remove the building log from its location if staff are still present in building). The logs will be retained for a minimum of 4 weeks for nursing and Public Health Department needs as determined by OHA/ODE.
- Classroom/Shared space log should be placed inside the classroom at the entrance. These logs will be accessed by Maintenance daily for cleaning purposes. Teachers should retain these logs for a minimum of 4 weeks for nursing and Public Health Department needs as determined by OHA/ODE.
- Shared spaces logs will be accessed by Maintenance daily for cleaning purposes. Building administrators should round on shared spaces throughout the week to maintain they are being used appropriately. When shared space logs are completed, they should be returned to the office to be retained by the office for a minimum of 4 weeks for nursing and Public health Department needs as determined by OHA/ODE.
- After 4 weeks, scan and send logs to Alex Johnson at the district office.
- Logs requested by Nursing should be scanned and emailed Confidentially to the appropriate Nurse consultant.
- If the Health Department reaches out and requests information, please contact the appropriate School Nurse Consultant and provide the records as requested. Nursing will follow up.



BUILDING LOG

Use a clean pen each time, sanitize hands after signing in.			Site location:				
1. Complete Log for Staff/Essential Visitors entering building. 2. Office to notify Nursing Services of ill staff/students. 3. File in office. (OHA requires these forms are kept for at least 4 weeks)			Nurse Consultant Emergency Phone: 503-932-8085 Leslie Kuhn: 503-779-5146 (personal cell) Suellen Nida: 503-881-3243 (personal cell) GERALYN SHEETS: 503-510-6563 (personal cell) Emily Ward: 979-204-3326 (personal cell) CALL 911 FOR EMERGENCIES				
Date	Time In	Time Out	Staff/Essential Visitor's name	Symptoms of COVID-19 OR EXPOSURE IN THE PAST 14 days	Parent/Guardian (not needed if staff)	Emergency Contact Phone #	Location Occupied
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			

ALL STAFF ARE REQUIRED TO WEAR FACE COVERING OR FACE SHIELDS (may remove if working alone in private office space)

Continuity of Routine School Health Services

Ongoing school health services must be provided in tandem with COVID-19 specific interventions. Special consideration should be paid to where care (such as diabetic care or medication administration) is provided for high risk students in vicinity to isolation spaces.

- Routine annual training should observe social distanced methods or online delivery as feasible in each building. Consider these [EXAMPLE MODIFICATIONS TO RN TRAININGS OR SUPPORT](#) (from OSNA) for required staff trainings.

Managing Student Health Needs to Limit Health Room Use

First aid situations, to the degree possible, should be handled by the student and in the classroom to prevent office congregation and possible cross exposure. The following recommendations are made:

- 1) All staff, including support staff, are certified in first aid or at least one staff per classroom.
- 2) All classrooms are stocked with first aid supplies. In addition, extra PPE should be supplied in each classroom if possible.
- 3) To the extent possible, students provide self-care with staff direction and physical distancing.
- 4) Teachers may contact the school nurse prior to sending the student to the health room if they are uncertain or need guidance about students.

<p align="center">Valid Health Room Visit (Daily chronic care, significant injuries, medication administration if needed)</p>	<p align="center">Consider Classroom-Based Services (Each classroom and recess attendant will have first aid kit—contact front office or nursing for re-stock of items)</p>
<p>Conditions in which student should be taken to Sick Room:</p> <ul style="list-style-type: none"> • Symptoms of COVID-19 <ul style="list-style-type: none"> ○ Fever (100.4 degrees F) or chills ○ Cough ○ Shortness of breath or difficulty breathing ○ New loss of taste or smell ○ Fatigue (did not resolve with classroom interventions) ○ Muscle or body aches ○ Headache (did not resolve with classroom interventions) ○ Sore throat ○ Congestion or runny nose ○ Nausea or vomiting ○ Diarrhea • Signs and symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C), which may include fever plus: rash, swollen red eyes, hands, and feet • Exposure to COVID-19 <p>Scheduled Specialized Physical Health Care Procedures (to be done in the “well” section of the health room/office). (Diabetic Care)</p> <p>Scheduled medications that may not be delivered by classroom staff; allow physical distancing; stagger times</p> <p>Avulsed tooth</p>	<p>Scheduled medications</p> <ul style="list-style-type: none"> • educational staff may be taught to deliver medications in the classroom (this means medication will need to be locked up in the respective classroom) • office staff or school nurse may consider delivering medication to student daily in classroom • student has a scheduled time to visit office staff for administration • To the extent possible, students self-administer medication that may be self-carried by law. <p>Minor Toothache / Primary Tooth comes out</p> <p>Small paper cuts, abrasions, picked scabs.</p> <ul style="list-style-type: none"> • Wash hands, apply band aid <p>Wound care/ Ice pack for small bumps/bruises</p> <p>Localized bug bites.</p> <ul style="list-style-type: none"> • Cleanse area, apply cool cloth/ice pack, monitor <p>Minor headache or fatigue with no other symptoms.</p> <ul style="list-style-type: none"> • Encourage snack or drink water. • Apply cool water to the face and neck. • Rest 10 minutes.

<p>Severe abdominal pain or groin pain</p> <p>Joint or bone injuries</p> <p>Staff must accompany student to health room if any of the following are present (or have school RN come to student for evaluation):</p> <p>If it is an emergency, 911 should NEVER be delayed:</p> <ul style="list-style-type: none"> • Difficulty breathing, shortness of breath • Dizziness/lightheadedness • Sudden vision impairment • Hypoglycemia <p>DO NOT MOVE STUDENT, CALL 911 for:</p> <ul style="list-style-type: none"> • Head injury/spinal cord injury • Altered levels of consciousness/confusion • Head injury/Concussion • SEVERE bleeding or other traumatic injury • Seizure 	<ul style="list-style-type: none"> • If worsening, refer to COVID-19 Screening Flowchart for Symptomatic Student. <p>Mild stomachache or nausea.</p> <ul style="list-style-type: none"> • Allow to use the restroom • Drink water. Rest 10 minutes. • If worsening, refer to COVID-19 Screening Flowchart for Symptomatic Student. <p>Readily controlled nosebleeds, where the student can deliver self-care.</p> <ul style="list-style-type: none"> • Wear gloves, encourage student to pinch middle of nose, gauze pressure in nose if needed, keep head straight or tilted down, cleanse as needed. <p>Anxiety/stress/psychological issue- try calming techniques and/or contact school psychologist or counselor</p>
<p>CALL 911 FOR:</p> <p>*Trouble Breathing *Bluish or Greyish Lips/Face *Chest Pain *New Confusion *Unable to wake or stay awake</p>	

Special Considerations for Health Room Procedures

- [ODE's Guidance for Staff Working with Students with Complex Needs & Populations Needing Close Contact](#)

A. Taking Temperatures

SFSD has a supply of non-contact thermometers for each building. Staff can call office to request a thermometer when needed if not available in their individual classroom.

- 1) Keep as much distance as possible between the staff member and student, maintain 6 feet of distance from student to the great extent possible. Non-Contact thermometers will require that you stand in front of the student.

B. Asthma Care

1. Students who regularly use a rescue inhaler with a spacer should be permitted to do so with minimal supervision. It is preferable to have the physician prescribe a metered dose inhaler (MDI) or a dry powdered inhaler (DPI) to further reduce aerosolization.
2. Students that have an inhaler at school will be recommended to have a spacer/chamber with it. If a student/parent has difficulty providing one, contact Nursing Services for support.
3. During COVID-19, nebulizer use is discouraged since nebulizers aerosolize medication. The School nurse needs to work with the student's health care provider and parents to switch to an inhaler with a space chamber.
4. Each student identified as having asthma should receive the [Asthma letter](#) and an [Asthma Action Plan](#) (recommended to have updated and returned to nursing).

C. G-Tube Feedings

1. Gastrostomy feedings will require PPE of gloves to prevent fluid crossing from the student to the provider in the forms of spillage, drainage, or splatter from feeding or gastric fluids. All supplies used for the feeding (formula or nutritional feeding, tubes, syringes, etc.) can be managed with the provider using just gloves and face coverings.

2. A towel or a disposable covering around the stomach to catch any drainage should be used to catch drainage and spilled feeding or gastric contents. Since this procedure does not aerosolize particles, no further PPE may be recommended.

Nutrition Services

Food Service personnel should follow all existing mandates on health and hygiene and food safety. Additional measures will be endorsed during response to the COVID-19 outbreak to improve infection control measures around food services.

- Students and staff should wash hands prior to eating, and after.
- Students may remove their face coverings to eat/drink at designated meal or snack times, but must maintain six feet of physical distance from others, and must put face covering back on after eating.
- Prohibit self-service buffet-style meals.
- Students may be encouraged to bring their own meals as feasible, students using school lunch services will be served individually plated meals.
- Elementary school students should eat in classrooms instead of in a communal dining hall or cafeteria, while ensuring the [safety of children with food allergies](#), as feasible.
- Middle school and high school lunch times should be staggered to maintain spatial distancing to the extent feasible. Shared spaces will be cleaned and sanitized between use.
- Disposable food service items are promoted when feasible (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.
- Avoid sharing food, drinks, and utensils.
- Food Services staff must wear face coverings and maintain 6 feet of physical distance to others. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- Ensure cleaning and sanitizing of meal touchpoints and meal counting system between stable cohorts and adequate cleaning and disinfection of tables between meal periods.
- Since staff must remove their face coverings during eating and drinking, limit the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms and break rooms by limiting occupancy or staggering use. Consider staggering times for staff breaks, to prevent congregation in shared spaces. Always maintain at least six feet of physical distancing and establish a minimum of 35 square feet per person when determining room capacity.

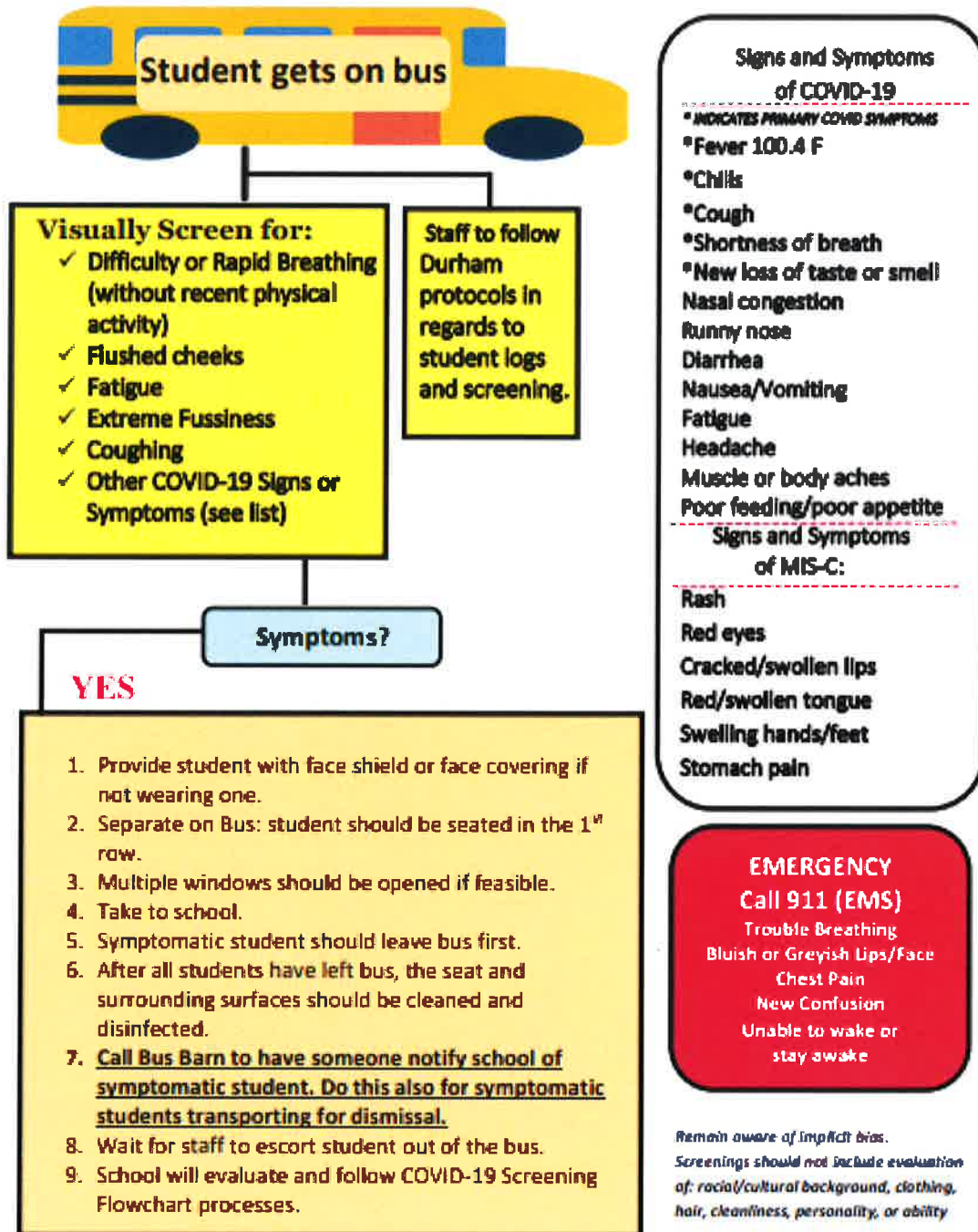
Transportation

[Oregon Ready Schools Safe Learners Transportation](#) content will guide transportation practices.

- A. Each bus driver/staff will be required to visually screen students for illness on arrival and departure.
 - Refer to [COVID-19 Screening Flowchart for Bus Transport](#), see page 35.
 - Provide student with face shield or face covering if not wearing one.
 - Separate on Bus: student should be seated in the 1st row.
 - Multiple windows should be opened if feasible.
 - **Call Durham Services to have someone notify school of symptomatic student. Do this also for symptomatic students transporting for dismissal.** Once school is notified, they will notify Nursing Services.
 - Symptomatic student should leave bus first.
 - After all students have left bus, the seat and surrounding surfaces should be cleaned and disinfected. ([EPA list of disinfectants](#). CDC guidance for [cleaning and disinfecting](#).)

- Wait for staff to escort student to the health room.
 - Designated school staff will follow COVID-19 Screening Flowchart for Symptomatic Student.
- B. Bus routes are established cohorts and Durham/Bus Barn will determine how daily logs are maintained in accordance with SFSD recommendations and local ODE/OHA guidelines. Durham will be able to provide daily transport logs to School Nurse Consultant in a timely manner if requested for LPHA contact tracing.
- C. Transportation Cohorts are identified as a stable group of students each day. Stable groups can be varied by AM/PM routes.
- D. Drivers must wear masks or face coverings while driving, unless the mask or face covering interferes with the driver's vision (e.g., fogging of eyeglasses). Drivers must wear face coverings when not actively driving and operating the bus, including while students are entering or exiting the vehicle. A face shield may be an acceptable alternative only when a person has a medical condition that prevents them from wearing a mask or face covering, when people need to see mouth and tongue motions in order to communicate, or when an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible.
- E. Face coverings are required for all students in grade Kindergarten and up. This prevents eating while on the bus.
- F. Bus drivers are encouraged to have access to surplus face coverings to provide to students if needed.
- G. Maximize ventilation on the bus—keeping vents and windows open to the greatest extent possible.
- H. Buses should be cleaned and sanitized between stable cohort routes. [EPA list of disinfectants](#)
- I. Bus drivers and all transportation staff should be provided access to handwashing stations or at least 60-95% alcohol-based hand sanitizer.
- J. Each bus will encourage the recommended three (3) feet of physical distance between passengers who are not related or living in the same household when possible.
- K. Each bus will have the recommended six (6) feet of physical distance between the driver and passengers (except during boarding and disembarking phases and while assisting those with mobility devices or special needs, or in the event of an emergency when possible).
- L. Post maximum occupancy for each bus.
- M. All operational buses should reinforce physical distancing, when feasible, by cordoning off seats as needed and by using appropriate visual aids (e.g., floor decals, colored tape or signs) to discourage students from standing and sitting within three (3) feet of other passengers, drivers and other transit employees on the bus when possible.
- N. SFSD in collaboration with the Durham Services should meet 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.
- Oregon Department of Education requires that all schools “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 facial coverings).”

COVID-19 Screening Flowchart for BUS Transport





SFSD Nursing Protocol for Building/Class/Shared Space Logs

- Building administrators should have access to the Google drive or digital copies of all log types and administrators should verify that all spaces in their building are using logs appropriately. Each building is responsible to print, disperse, and refill as needed.
Nursing recommends each Log station should include the following:
 - * Clean/dirty pens.
 - *Sanitizing wipes.
 - *Hand sanitizer
 - *Symptoms of COVID-19 reference sheet.
- Building logs will be accessed by Maintenance daily for cleaning purposes and then returned to the determined location within the school office (maintenance should not remove the building log from its location if staff are still present in building). The logs will be retained for a minimum of 4 weeks for nursing and Public Health Department needs as determined by OHA/ODE.
- Classroom/Shared Space logs should be placed inside the classroom at the entrance. These logs will be accessed by Maintenance daily for cleaning purposes. Teachers should retain these logs for a minimum of 4 weeks for nursing and Public Health Department needs as determined by OHA/ODE.
- Shared spaces logs will be accessed by Maintenance daily for cleaning purposes. Building administrators should round on shared spaces throughout the week to maintain they are being used appropriately. When shared space logs are completed, they should be returned to the office to be retained by the office for a minimum of 4 weeks for nursing and Public health Department needs as determined by OHA/ODE.
- Logs requested by Nursing should be scanned and emailed Confidentially to the appropriate Nurse consultant.
- If the Health Department reaches out and requests information, please contact the appropriate School Nurse Consultant and provide the records as requested. Nursing will follow up.

B

Sequence for Disinfection protocol for suspected or confirmed cases of diseases or viruses:



1. Quarantine:
 - A. Close off **all areas** where suspected or confirmed exposure has occurred for a minimum of 24 hours **if possible**.
 - B. Administration must confirm option to quarantine.
 - C. Common areas must be included
2. Disinfectant, Supplies, and Equipment:
 - A. Only EPA approved disinfectants must be used
 - B. Electrostatic sprayers, spray bottles, buckets of disinfectant solution, and microfiber cloths are methods that acceptable for use for effective and safe application of registered disinfectants
 - C. Dwell times for each disinfectant must be implemented for proper disinfection
3. PPE:
 - A. **Gloves, gown, face shield, and mask must be worn in the event of a suspected or confirmed exposure**
 - B. Methods for putting on and removing PPE must be followed (PDF's are displayed in custodial closets)
 - C. Discard all PPE when disinfection is complete, thoroughly wash hands
 - D. Replace PPE after each occurrence as to maintain ample supply for potential exposures
4. Air Filtration Options:
 - A. Open windows and doors to outside prior, during, and post disinfection to improve air quality.
 - B. IQ Air Health Pro Series Air Purifiers are available in various areas – utilize if available in area exposed
 - C. HVAC air filters have been replaced throughout systems in all buildings
5. Disinfection of Surfaces:
 - A. Proper cleaning of surfaces prior to disinfection is necessary to achieve maximum effectiveness
 - B. Surfaces are to be thoroughly disinfected
 - Restrooms: Roll towel, soap and toilet paper dispensers, sinks, faucets, toilets, urinals and all handles. Walls, light switch, doors, door handles, partition walls, and trash containers.
 - Hallways and main entrance areas: Entrance doors, windows and door handles, drinking fountains/ bottle filler stations, elevator buttons, handrails, and alarm pads.
 - Staff break rooms: Tables, counters, sinks, faucets, doors and handles, entrance glass, light switch, phone, and all appliances.
 - Nurses/Sickroom care: Sick bed, hand sink and faucet, toilets and handles, door handle, light switches, phone, and countertops.
 - Classrooms: Desks & tabletops, legs, seats, doors, entrance glass, doorknobs, cabinet handles, light switches, phone, sinks, faucets, drinking fountains, all dispensers, countertop surrounding sink, phones, computer keyboard & mouse.
 - C. Take caution when disinfecting around fragile items such as electronics, paperwork, books etc... Computer screens, display screens, and plexiglass - no alcohol or peroxide based cleaners are to be used on these items as these products will damage.
 - D. Remove disinfectant residue once dwell time is completed.



Overview of Disinfectant Products and Equipment

6. Disinfectant Products and Dwell Times:

A. HP 730 Peroxide Disinfectant: Dwell time 1 minute

B. Evaclean PURTABS: Dwell time 10 minutes/ratio ½ Tablet per 32 oz water/allow 5 minutes to dissolve prior to use

C. Oxivir Tb Wipes: Dwell time 1 minute

7. Equipment: Electrostatic Sprayers

A. Evaclean PURTABS and HP 730 Disinfectant can be used on touch points, hard surfaces, and furniture

B. Do not use on paper, documents, books, electronic devices, or other fragile items

C. Maintain proper distance between equipment and items to be treated, 2 ft to 6 ft range (test first, then use your best judgment)

D. Main use- during suspected or confirmed exposures and in large areas that contain multiple items

E. Do not use on playground equipment if raining or expected to rain



Bethany Charter Cleaning Protocol

- Follow general [CDC guidance](#) for cleaning and disinfecting worksites.
- We will choose a disinfectant appropriate for the surface that is being disinfected from [EPA's List N: Disinfectants for Coronavirus \(COVID-19\)](#)
 - and other health effects related to disinfecting, by selecting less toxic disinfecting products.
 - with asthma-safer ingredients (e.g., citric acid or lactic acid)
 - on protecting workers who use cleaning chemicals. Vapors from cleaning products can linger long-after they have been applied, which can exacerbate asthma symptoms and expose students and staff to potentially harmful substances.
 - Follow label directions for appropriate dilution rates and contact times.
 - Provide staff training on chemical hazards and manufacturer's directions. Online training done with updates on improved processes and guidance provided by District Nurses.
- Minimize exposure to cleaning and disinfectant chemicals without compromising disinfection by considering steps, such as:
 - Use pre-mixed (ready-to-use) cleaning and disinfectant products instead of having to mix or dilute products.
 - Use enclosed mixing/diluting dispenser systems to accurately mix products and minimize exposures. Chemical mixing station has been installed to aid in the mixing of disinfectant and cleaning chemicals.
 - Avoid using spray products to clean surfaces such as mirrors and windows, using wipes or pre-soaked rags instead.
 - Use containers/buckets with lids to store cleaning wipes/rags or products, and keep lids closed between cleaning of surfaces.
 - Read and follow all instruction labels to ensure safe and appropriate use. Do not use stronger concentrations than recommended as they will not be more effective and could exacerbate asthma and other chemical-related health conditions.
- Increased cleaning and disinfecting of areas, such as restrooms, locker rooms, office work areas, cafeterias, break areas, and common spaces, that ensures routine cleaning and disinfection of frequently touched surfaces (e.g., desks, door knobs, time clocks, copy machines, microwave or refrigerator handles, sinks, dispensers, vending machine touchpads) at least once per school day, if feasible.



- Frequently clean push bars and handles on any doors that do not open automatically and handrails on stairs or along walkways.
- Frequently clean physical barriers (if used).
- Disinfectant, wipes, paper towels, hand sanitizer, extra trash cans with liners will be placed in each room.
- Materials: Teachers will limit sharing of community supplies. If needed to share, the items will be cleaned between each use. Hand sanitizer and wipes will be available for use by students and staff.
- Ensure staff keep cleaning and disinfectant products out of children's reach and stored in a space with restricted access.
- Provide extra PPE for custodial staff as well as emergency PPE for cleaning after potential COVID-19 exposures in the building to be immediately replaced after each use.

E

Entry/Dismissal Protocol:

Entry:

- Bus Rider-Students file off the bus and enter through the appropriate door. See below. (NO BUS)
- Students only-parents drop off at the front door. Parents stay in cars.
- Students enter the appropriate door. Staff there to screen for illness as they enter.
 - Kindergarten-art/library door
 - 1st/2nd-door by ramp
 - 3rd-4th main door
 - 5th/6th/7th/8th-Playground door
- No use of lockers -take supplies to your desk. (Coats/backpacks?)
- Students to room-straight to desk-no roaming hallways-no lingering
- Students wash hands for 20 seconds each-return to their desk.

Dismissal:

- Students gather belongings and put in backpacks/bins.
- Students sanitize desks
- Students stand by desk until called.
- Staff by each outside door.
- Walkie-talkies to teachers and office staff.
- Bus riders loaded and drive off first. (NO BUS)
- Office staff wait out front and call for students as parents arrive to pick up one by one.
- Each family group of students walk outside their appropriate door and meet at front door area to load.
- No reentry into school building.
- Students not picked up. Wait while social distancing in

4



Behavior Protocol

- **PBIS Implementation:** Schools implementing PBIS should review and update their behavior matrix to include new safety requirements, as well as additional environments including virtual environments.
- **Set clear expectations:** Review expectations, such as being respectful or being kind, and how these expectations can be used for the prevention of harassment, intimidation and bullying connected to the virus and new safety precautions. Videos prior to the first day of in person instruction showing proper behaviors.
- **Recognize good behavior:** Acknowledge appropriate behavior frequently at the start of the year, and transition to intermittent acknowledgement as the year progresses. Depending on the location of school, adaptations may need to be made in how acknowledgement and reinforcement is provided. Work with parents if school is taking place remotely.
- **School environment:** Prepare the school environment with cues such as markers on the floor in the cafeteria that demonstrate six feet of space between students in the cafeteria line.

4

Silver Falls School District

Student Risk Analysis Protocol

The purpose of conducting a Student Risk Analysis is to engage in a thoughtful analysis a student's behavior. A Student Risk Analysis can be used when a student demonstrates a behavior of concern or a pattern of concerning behaviors.

The team that conducts the Student Risk Analysis may consist of the following individuals:

- ✚ Parent/Guardian
- ✚ General Education Teacher
- ✚ Special Education Teacher
- ✚ School Counselor
- ✚ Administrator
- ✚ Behavior Specialist
- ✚ School Psychologist
- ✚ Other Agency members (if approved by parent)

The members of the team should consist of those individuals who have on-going meaningful association with the student. No single person should conduct the Student Risk Analysis. It is important to have the perspective of as many of the individuals below to fully complete the screening.

The Student Risk Analysis should be completed in person with the parent/guardian and Student Risk Analysis Team. In the event that the parent/guardian is unable to attend the Student Risk Analysis meeting. The parent/guardian should be encouraged to participate in the meeting via phone conference.

The parent/guardian should be provided a detailed account of the behavior or behaviors of concern. The parent/guardian should be encouraged to be a contributing member of the Student Risk Analysis team. Perceptions and insights provided by the parent/guardian can be fundamental elements in understanding a student's behaviors. Do not delay the Student Risk Analysis meeting if the parent is not available or is unwilling to attend.

The results of this analysis do not predict future risk. The purpose of the analysis is to identify circumstances and variables which may increase behaviors of concern as well as to assist the school staff in developing a Behavior Improvement Plan.

Student Risk Analysis Form

Student Name: _____ Date: _____

School: _____ Grade: _____ DOB: _____ Age: _____

Parent/Guardia Name: _____

Special Ed. Elig: No Yes If, yes area of elig _____

Persons completing Student Risk Analysis:

Describe the behavior(s) of concern:

Please address the following questions through conversation or direct inquiry:

1. What concerns does the educational team have regarding the behavior(s) of concern?

2. What concerns does the parent/guardian have regarding the behavior(s) of concern?

3. What concerns do other individuals (i.e. community agencies) have regarding the behavior(s) of concern?

4. Has the student communicated any ideas of aggression, or wishes to harm anyone, animal or object (at school, at home or in the community)?

Yes No If yes, explain:

5. Has the student expressed a desire/plan to hurt him/herself?

Yes No If yes to either, please explain details of the desire and/or plan.

6. What are the student's attitudes towards aggression and the reason to use or not use it? How are these attitudes expressed?

7. Does the student express interest, fascination or identification with aggression (fighting)?

Yes No If yes, explain:

8. Has the student become increasingly focused or agitated about a particular issue such as social problems, girlfriend / boyfriend, justice, bullying, revenge, etc.?

Yes No If yes, explain:

9. Have there been any recent mood / belief or behavior changes?

Yes No If yes, explain:

10. Has the student experienced a loss of relationship?

Yes No Please describe:

11. Are there certain situations that agitate the student's inclination to violent activity, ideas, or communication?

Yes No If yes, explain:

12. Any changes at home that may have increased student's stress?

Yes No If yes, explain:

13. Has the student hurt animals or engaged in fire-play within the past year?

Yes No

14. How does the student view himself / herself?

follower leader victim loner outcast Other, please explain:

15. Is the student involved with any mental health agencies?

Yes No If yes, which agency:

16. Is communication between this agency and school a possibility?

Yes No If not, any particular reason:

17. What kind of relationship do you have with your child? Please describe:

18. What are student's positive activities and interests?

19. Are there any other concerns that relate to the student's situation?

Yes No If so, please explain:

The team should consider conducting a Level One Threat Assessment:

Yes No

Additional notes/concerns:

Place a copy of the Student Risk Analysis Form in student's file

Develop Student Behavior Intervention Plan

Student Name: _____ **Date:** _____

School: _____ **Grade:** _____ **DOB:** _____ **Age:** _____

Parent/Guardia Name: _____

Special Ed. Elig: No Yes **If, yes area of elig** _____

Description of Student:

What are his/her strengths (e.g., academic, artistic, personal)?

What does he/she like to do (e.g., read books, play guitar, draw, do puzzles, ride skateboard, use computer)?

Who does he/she like (e.g., particular peer, principal, staff member)?

What food/drinks does he/she like?

Present Level of Functioning:

Which academic areas (e.g., reading, math social studies) are successful for him/her?

Which academic areas are difficult for him/her?

How is he/she being helped in these difficult areas?

--

Describe the social/behavior he/she has?

--

Describe the problem:

What does the behavior look like (e.g., hitting, cussing, running away)?

--

In what locations does the behavior occur (e.g., playground, cafeteria, classroom, locker area, before or after school)?

--

Who is usually around when the problem happens (e.g., teacher, assistant, peers)?

--

What time of the day does it usually happen?

--

What typically happens when he/she gets into trouble? (e.g., consequences, reactions)

--

How often does the problem take place?

--

Things that are going on at home or happening before the student gets to school that may have an effect later in the day (e.g., home stress, fight with parents/peers, lack of sleep, medication).

What typically makes the student act in a concerning way (e.g., a direction, a task, a person)?

What does the student typically do that is of concern (e.g., talk back, whine, run away)?

After the incident, what typically happens (e.g., send to office, time out from reinforcement, parent contact, scolding)?

Why does he/she do the behavior, what is apparent motivation (e.g., to get attention, to have power/control and/or to get out of doing a task)?

Additional notes/concerns:



Suspected Illness/Quarantine Protocol

- Student(s) or staff displays signs of infectious illness consistent with COVID-19.
- Teacher or staff calls the office to retrieve the student(s) from the classroom, cohort/pod or area within the school.
- Office staff takes the student(s) to a designated isolation room/area (red hut) until transportation can be arranged to send the student(s) home or to seek emergency medical attention.

AND

Note: If multiple ill students must be placed in the same isolation room/area, ensure mask use and that they maintain at least 6 feet of distance between them. (GYM)

- COVID-19 POC notify parent(s), guardians, or caregiver(s) of ill student(s).
- Parent(s), guardians, or caregiver(s) pick up student(s). The student(s) should consult with their healthcare provider for evaluation and determination if testing is recommended. ***Testing is provided onsite for those who have signed the permission slip and who meet the guidelines.***

Student/Staff negative COVID-19 test result.**

- Student(s) return to school following existing school illness management policies.

Student/Staff positive COVID-19 test result.

- A student(s) is newly identified as having COVID-19.
- COVID-19 POC initiates list of close contacts*** of the ill student and communicates the possible exposure to teacher(s), staff, and parent(s), guardian(s) or caregiver(s) of student(s) in the school.
- Exposed area(s) (e.g., classroom) closed off for up to 24 hours. Cleaning and disinfection of areas performed by appropriate staff. Notify janitorial staff.
- Administrators work with local health officials to assess transmission levels and support contact tracing efforts.
- Close contacts*** are notified, advised to stay home (quarantine for 14 days), and to consult with their healthcare provider for evaluation and determination if testing is recommended. The best way to protect yourself and others is to stay home for 14 days if you think you've been exposed to someone who has COVID-19. Check your local health department's website for information about options in your area to possibly shorten this quarantine period.
- Administrators or COVID-19 POC communicate with teacher(s), staff, and parent(s), guardian(s) or caregiver(s) the importance of COVID-19 mitigation strategies (e.g., staying home when sick, washing hands, wearing masks, social distancing).
- Members of the student(s)' /staff household are requested to quarantine for 14 days.
- Student(s)/staff returns to school after meeting criteria for ending home isolation.****

2

1

2

Sequence for Disinfection protocol for suspected or confirmed cases of diseases or viruses:



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 - Hallways and main entrance areas: Entrance doors, windows and door handles, drinking fountains/ bottle filler stations, elevator buttons, handrails, and alarm pads.
 - Staff break rooms: Tables, counters, sinks, faucets, doors and handles, entrance glass, light switch, phone, and all appliances.
 - Nurses/Sickroom care: Sick bed, hand sink and faucet, toilets and handles, door handle, light switches, phone, and countertops.
 - Classrooms: Desks & tabletops, legs, seats, doors, entrance glass, doorknobs, cabinet handles, light switches, phone, sinks, faucets, drinking fountains, all dispensers, countertop surrounding sink, phones, computer keyboard & mouse.
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D. Main use- during suspected or confirmed exposures and in large areas that contain multiple items

E. Do not use on playground equipment if raining or expected to rain