

COVID-19 Specific Communicable Disease Management Plan



School District: Dallas SD2

School Name: Luckiamute Valley Charter Schools

Executive Director: Christine Wilkins

Consulting RN, School Nurse, or Medical Professional:

Updates and Review:

All schools should use the [Ready Schools, Safe Learners Guidance](#) and consider the language in that document to be the most up-to-date.

Plan Component	Required	Recommendations and Considerations
A protocol to notify the local public health authority (LPHA) of <ol style="list-style-type: none">Any confirmed COVID-19 case(s) among students or staff.Any cluster of illness among students or staff (2 or more).	Link or attachment of the protocol. Plan for educating parents/guardians about the need for them to notify the school immediately upon identification of COVID-19 in a student. Identify name and position of person responsible for notification of district and LPHA. Identify name of LPHA and 24/7 phone number for reporting (CD Nurse).	If anyone who has entered school is diagnosed with COVID-19, report to and consult with the LPHA regarding cleaning and possible classroom or program closure (LPHA directory).
Protocol for screening students and staff upon entry to school each day.	Link or attachment of the protocol. Primary Symptoms of Concern for screening: <ul style="list-style-type: none">CoughFever* or chillsShortness of breath or difficulty breathing * For Entry Screening: Schools screening for fever using a	Schools may consider collecting information about existing conditions that cause coughing on intake forms. Involve school nurses and School Based Health Centers (SBHCs) in development of protocols and assessment of symptoms when available. Consider connecting with School Nurses and other contracted RNs where available. Screening protocol must recognize that students and staff who have

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	<p>thermometer is not recommended.</p> <p>Staff should visually screen students upon entry for primary symptoms of concern.</p> <p>Student or staff with any of the above symptoms should be sent home or isolated until they can go home. Review isolation procedures.</p> <p>COVID-19 symptoms may also include the following, but these are less specific and not recommended as criteria for exclusion from school alone: new loss of taste or smell, headache, muscle or body aches, nausea or vomiting†, diarrhea†, fatigue, congestion or runny nose.</p> <p>† Note that vomiting and diarrhea are listed in OAR 333-019-0010 as conditions for restriction from school, independent of COVID-19.</p>	<p>conditions that cause chronic symptoms (e.g., asthma, allergies, etc.) should not be automatically excluded from school. Cough is an exception: Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.</p> <p>For students or staff with other symptoms, see guidance from the Oregon Department of Education and the Oregon Health Authority.</p>
Communication protocol for COVID-19 cases.	<p>Link or attachment to a communication flowchart (aka “communication tree”) showing positions, names and responsibility for communication.</p> <p>Identify name and position of person responsible for communicating with parents, families, district officials, school nurse, and staff aligned with communication tree.</p> <p>Script or talking points for communicating needed information.</p>	<p>Parents of all students who were exposed to a person diagnosed with COVID-19, and all exposed adults, should be notified within 24 hours and advised to quarantine at home for 14 days following exposure and to seek testing should symptoms develop, or as directed by public health.</p> <p>Consult with LPHA officials on what constitutes “exposure”.</p>
Daily logs for each stable group or each individual student to support contact tracing of cases if	<p>Train staff in the importance and requirement of daily logs.</p> <p>Protocol designating who is responsible for keeping each daily</p>	<p>Record keeping protocol for daily logs used in contact tracing to assist the LPHA as needed</p>

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necessary.	<p>log.</p> <p>Format for daily logs for individual students or cohorts (sample attached with statement on retention and technology; link to log with statement on retention and technology)</p> <ul style="list-style-type: none">• Child name• Drop off/pick up time• Parent/guardian name and emergency contact information.• All staff that interact with child’s stable group of children (including floater staff). <p>Maintain log for a minimum of 4 weeks after completion of the term.</p>	
Record of anyone entering the facility.	<p>Protocol designating who is responsible for keeping the daily log.</p> <p>Format for daily log (sample attached with statement on retention and technology; link to log with statement on retention and technology):</p> <ul style="list-style-type: none">• Name• Contact information• Date of visit• Time of entry and exit <p>Maintain log for a minimum of 4 weeks after completion of the term.</p>	

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Isolation Measures

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

Environmental Management

Plan Component	Required	Recommendations and Considerations
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<p>Ensure hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.</p> <p>Hand washing is required before every meal and after restroom use.</p>	<p>Documented plan for ensuring student and staff hand hygiene upon entry into school.</p> <p>Documented plan for ensuring hand washing prior to meals.</p>	
<p>Appropriate cleaning and contingency plans for routine infection prevention, and for closing cohort, schools, or districts based on identified COVID-19 cases and in compliance with public health and CDC guidelines.</p>	<p>Protocol for cleaning and disinfection for routine infection prevention.</p> <p>Protocol for cleaning and classroom closure in case of a COVID case in a single cohort.</p> <p>Protocol for cleaning after school-wide exposure.</p> <p>Protocols must include the type and storage location of supplies and the person(s) responsible.</p>	<p>Routine cleaning and disinfecting should follow CDC cleaning and disinfecting guidance, and includes cleaning classrooms between groups, playground equipment between groups, restroom door or faucet handles, etc.</p>

Physical Distancing and Protection

Plan Component	Required	Recommendations and Considerations
<p>Maintain six feet of physical distance between people.</p>	<p>A minimum of 35 square feet per person is available in classrooms, cafeteria, gyms, and other building locations.</p> <p>Protocol for minimizing interactions between cohorts and minimizing changes in stable cohorts while balancing educational needs for individual curricula.</p> <p>Protocol must specify how physical distancing requirements will be maintained in classrooms, hallways, restrooms; at</p>	<p>Minimize time standing in hallways; consider marking spaces on floor, one-way travel in constrained spaces, staggered passing times, or other measures to prevent congregation and congestion in common spaces.</p> <p>Schedule modifications: consider ways to limit the number of students in the building (rotating cohorts by half days or full days).</p>

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	<p>arrival and dismissal, meal times, recess, time between classes, and assemblies.</p>	<p>Consider usable classroom space in making calculations.</p> <p>Establish cohorts of students using the same classrooms with the same teachers each day. Students should remain in one classroom environment for the duration of the learning day, unless this would severely impact educational needs. Teachers of specific academic content areas may rotate through student cohorts where feasible. In high schools or other settings where cohorts must change to allow individual curricula, maintain physical distancing and disinfect desks and high-touch surfaces between groups.</p> <p>Restrict interaction between students cohorts; e.g. access to restrooms, activities, common areas.</p>
<p>Face coverings for staff and students.</p>	<p>Protocol for regular communication to staff, parents, families and students on appropriate use of face coverings.</p> <p>Documented communication templates for staff on use of face coverings.</p> <p>Documented communication templates for parents, families, students on expectations for face coverings.</p> <p>All communications must include statement that children under age 12 and those who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering or other covering; face coverings must never be worn by children while sleeping.</p>	<p>See ODE/OHA guidance on face covering, shields, and masks.</p> <p>Staff who interact with individual students in less than six feet must wear masks.</p> <p>Staff who support personal care, feeding, and any 1:1 sustained contact with a student.</p> <p>Staff who interact with multiple cohorts should wear a face covering in accordance with CDC guidelines.</p> <p>Students in grades 6-12 years and over may wear face coverings if they are able to wear them appropriately (i.e., not touch the face covering, change it if visibly soiled, etc.). If face coverings are worn, they should be washed daily or a new covering worn daily.</p> <p>Note: Students who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering; face coverings must never be worn</p>

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		<p>by children while sleeping.</p> <p>Provide disposable face coverings and instructions on appropriate face covering use to students, parents, families and staff (available on OHA website.)</p>

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