

Communicable Disease Plan

K-12 Glendale Charter School

2023-2024

Glendale School District



School/District/Program Information

District or Education Service District Name and ID: **GlendaleK-12 Charter School District #77/ 2000**

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School District Communicable Disease Management Plan

A Communicable Diseases Management Plan is designed to provide a plan to help protect the whole school community (students, staff, and visitors) from new communicable diseases that may affect student learning and access to instruction. This plan is designed to provide consistent guidance to support health and safety in the Glendale School District and Community.

Schools must be prepared for the possibility of a local/ worldwide infectious disease outbreak that can impact our community. Although it is impossible to predict when these factors will affect our programs and operations, we will work collaboratively with local and state departments in order to limit the spread of disease and provide safe learning environments.

Communicable Diseases

Communicable Diseases are defined as a disease that can spread from one person to another through direct or indirect contact.

Symptoms : Symptoms depend on the type of infection and may include sneezing, coughing, vomiting, diarrhea, skin rash and others.

Causes : Contagious diseases are caused by microbial infection.

Treatment : Treatment includes medications such as antibiotics or antifungals and self-care practices.

Seasonal Illness

Seasonal Respiratory Illness

There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The “common cold” is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in severity but include cough, low-grade fever, sore throat (SDDH, 2019; Weatherspoon, 2019).

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people with underlying health conditions or weak immune systems, are at high risk of severe flu complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and sometimes vomiting (CDC, 2020).

Novel, Variant and Pandemic Viruses

Novel viruses refer to those not previously identified. A novel virus may be a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans, this is referred to as a variant virus. Pandemic refers to the global circulation of a novel or variant

strain of respiratory viruses. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (CDC, 2016).

Purpose

The purpose of this document is to provide Glendale School District protocols used during a viral respiratory infection or pandemic that affects the function and learning of our school community. Apart from getting vaccinated and taking antiviral medications, these precautions are used to help slow the spread of respiratory illnesses such as pandemic flu or novel coronaviruses. These measures are controlled and are incrementally implemented based on the level of threat to a community. The Glendale School District uses our Local Health Authority, CDC, and Oregon Health Department to determine transmission and impact of current communicable diseases on our school programs. ([COVID-19 Community Levels | CDC](#)). Glendale School District school nurse is contracted through the Douglas County Education Service District and is regularly on site to provide ongoing support.

Glendale Prevention Measures

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

Glendale School District Management Plan Prevention

Methods used by Glendale School District include:

Primary preventions (measures to prevent the disease),

Secondary prevention (identification and measure to prevent spread) and

Mitigating prevention (measures to prevent complications)

Identification of How Disease Spreads

How these communicable diseases are spread depends on the specific infectious agent.

Common ways in which communicable diseases spread include:

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)
 - Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria).

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

At school the most frequent risks are associated with direct contact with ill individuals, contamination of surfaces and through air borne transmission. Primary sources of prevention-oriented measures include hand and surface hygiene, isolation, exclusion, and standard precautions.

PRIMARY PREVENTION

Clean & Healthy Environments

Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with a reduction in illness include scheduling routine cleaning of each classroom and common areas, ensuring appropriate stock of appropriate sanitizers and disinfectants, ensuring garbage is emptied regularly, ensuring working ventilation and clean filtration, and ensuring any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is primarily governed by facilities management and custodial services, there are specific classroom measures that can be practiced improving cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand sanitizer, disposal of tissues in appropriate receptacles and immediate notification of body fluid spills (such as vomit).

Vaccination

In the school setting, vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Please contact the office if your family/ student meets the requirements for an exemption.

Respiratory Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet, reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like doorknobs or desks. Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are essential components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that will be taught, practiced, and role modeled to prevent the spread of disease.

Cough Protocols

- Cover your mouth and nose with a paper tissue when you cough or sneeze
- If you do not have a tissue – cough into your sleeve
- Dispose of tissue in waste basket
- Wash/ sanitize hands immediately

Hand Hygiene

Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Handwashing practices are demonstrated and practiced. Hand sanitizer will be available for times that handwashing is not available. Hand sanitizers are available through out the school and in each classroom

Students and staff will wash their hands when:

- 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 (CDC, 2020)

SECONDARY PREVENTION

Communicable diseases are transmitted from person to person by various routes. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Students who show any symptoms of illness should

- **Stay home when ill** - An important element of prevention is the policy and practice of staying home when ill with symptom or conditions that are excludable. Annual reminders to students and staff regarding when to stay home is an important element of prevention. As well, additional communication can be endorsed during peak illness seasons.
- **Symptom Based Exclusion**- Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms. [The Oregon Department of Education Communicable Disease Guidance Document - Communicable Disease Guidance \(oregon.gov\)](#) details both symptom based and disease specific exclusion guidelines. The following exclusion criteria and actions extracted from the ODE Guidance Document to abbreviate symptom-based exclusion.

Restrictable Diseases- Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Restrictable diseases are reportable to the local health department (LHD). The local health department typically notifies school health services of a diagnosis in students or staff. Although there are occasions when the parent will notify the school first and in such cases the RN should notify the LHD. Students with diagnoses of disease restrictable by the local public health authority (LPHA) under Oregon Administrative Rule (OAR) 333-019-0010 will return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including

- Diphtheria,
- Shigellosis,
- Rubella
- Hand foot and Mouth
- Measles,
- Hepatitis A,
- Acute Hepatitis B
- Shiga-toxigenic Escherichia coli (STEC) infection
- Salmonella
- Tuberculosis,
- COVID 19
- Typhi infection
- Pertussis,

If a report is made to the school office, administration, or other school staff in regard to any communicable disease diagnosis in students or staff, this will immediately be referred to our school RN immediately. This is to be regarded as an urgent referral to the RN if the disease is a restrictable condition. The school RN and administrators will identify the need for communication, surveillance or control measures. The interventions and communication are driven by multiple factors, including the diagnosis, student health status, risk of exposure number of individuals infected, and risk to cohort or specific students. School staff receiving reports will not inform any other students, staff, or parents of the report. This is a privacy violation.

Isolation Spaces As per OAR 581-022-2220, The school district is required to maintain a prevention-oriented program which included a health care space that is appropriately supervised and adequately equipped for first aid and isolation of ill or injured child from the student body

When students are identified with restrictable diseases or excludable symptoms, students will be isolated in an appropriate space until they can be dismissed to home. This space should be in close proximity to adult supervision and should be cleaned regularly

Mitigation prevention

Mitigation prevention measures are those implemented when a disease has already occurred, in the context of the school setting this may be relative to identification of outbreaks or clusters and specific mitigation measures used to prevent additional morbidity.

Outbreaks & Clusters **Outbreaks** are most often defined as multiple infections within the same group, setting or event.

The attention to outbreaks/ cluster events, interventions, and resources are highly dependent on the severity or communicability of the syndrome or pathogen identified. Outbreak response including surveillance, infection control measures, and potentially exclusion are also diagnosing specific and may be indicated when:

- A single significant infectious diagnosis is confirmed in the school setting.

- Clusters of compatible syndromes or diagnoses associated with an infectious condition are identified within the school setting.
- Significant absenteeism is identified to be associated with compatible syndromes.
 - Community transmission of an infectious disease is significant in the community and the Local Public Health Authority (LPHA) or the RN has deemed increased surveillance or response to outbreak a necessary measure.

Outbreak investigations will be facilitated through the school RN in collaboration with administration and the local health department with the use of Oregon Health Authority Outbreak Toolkits for Schools.

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

Indicators to report to a school RN include:

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

Norovirus Outbreak Detection and Management

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/OUTBREAKS/GASTROENTERITIS/Documents/Noro-Outbreak-Detection-Mgmt-Tool-Schools.pdf>

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

The following indicators will be reported to a school RN in regard to respiratory illness:

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

Indicators of unusual respiratory illness due to frequency, severity or incidence should be referred to the RN Immediately.

Influenza Outbreak Toolkit [Oregon Health Authority : Resources for Schools and Day Care Centers : Acute and Communicable Disease : State of Oregon](#)

In the event of respiratory illnesses related to novel viruses, the Pandemic Plan or State issued disease specific protocols or guidelines will be deferred to. Most respiratory illnesses that have major interventions or mitigation measures associated fall under the Vaccine Preventable Disease (VPD) category.

Indicators for VPD reports include:

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

When a VPD is identified in the school setting, under coordination and direction from administration or nursing staff:

- Immunization reports should be run to identify susceptible students in the school community
- When prescribed by public health vaccine information will be collected for staff members
- Individuals not who are unvaccinated or who have insufficient vaccination may be excluded for a maximum incubation period for the disease to which they were exposed for certain conditions.
 - o COVID-19: 14 days
 - o Varicella (chicken pox) : 21 Days
 - o Measles: 21 days

- Other conditions may require coordination of antibiotic or immunization prophylaxis with the LPHA: Meningococcal or Pertussis

Other Circumstances

Less commonly outbreaks of skin infections, novel diseases, or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions, and coordination with appropriate stakeholders, these other situations will be referred to the school nurse immediately. These circumstances will be handled on a case-by-case basis. Examples of these circumstances may include:

- More than two students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva, or feces from a non-domestic animal in the school setting.
- Any student or staff coming into contact with blood that is not their own.
- Any combination of illness, symptoms, severity, duration, or frequency that seems unusual as compared to routine seasonal illness.
 - o The school nurse may decide that additional control measures or data collection is necessary and will consult with administration and LHD as needed, in regard to determined outbreaks or novel diagnoses.

- o The school RN will always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak in collaboration with the administrator.
- o Any reports of these circumstances or similar will not be communicated by school staff to students and families.
- o Any presentation of illness or combination of illnesses as described above will be reported to a school RN and administrator.

Classification of Roles and Responsibilities

- **Building Administration – Bridget McMillen/ John Seidel – Principal**
 - o Ensures that school staff have practiced and are prepared to respond to, manage, and recover from cases or outbreaks of communicable disease, including COVID-19.
 - o Educates staff, families, and students on policies regarding visitors and volunteers, ensuring health and safety are being maintained.
 - o In consultation with district leadership and LPHA staff, determines the level and type of response that is required/necessary.
 - o Acts as key spokesperson to communicate health related matters within school community members, health partners, and other local partners
 - o rains staff at the start of the academic year and at periodic intervals on communicable disease management procedures.
 - o Leads debrief of communicable disease event, informing continuous improvement of the planning, prevention, response, and recovery system.
 - o Advises on prevention/response procedures that are required to maintain student services.
- **ESD RN**
 - o Supports building lead/administrator in determining the level and type of response that is necessary.
 - o Reports to the LPHA any cluster of illness among staff or students.
 - o Provides requested logs and information to the LPHA in a timely manner.
- **Communication – Office Managers**
 - o Ensures accurate, clear, and timely information is communicated including those who may have been exposed, a description of how the school is responding, and action community members can take to protect their health.
 - o Shares communications in all languages relevant to school community.
- **Superintendent**
 - o Has responsibility over COVID-19 response during periods of high transmission. May act as school level support to Building lead/Administrator activating a scaled response.
 - o Responds to media inquiries during the communicable disease event and ensures that those responsible for communication are designated speakers.
- **Local Health Authority**
 - o Notifies Building Lead/Administrator of communicable disease outbreak and offers recommendations for appropriate response.
 - o Key spokesperson to communicate on health-related matters with community members, health facility staff, and other local community partners

Emergency plan

Glendale Emergency – Health and Safety Plan [Glendale School District ODE approved HASS plan \(1\)](#)

Equity and Mental Health

Equity: Identify those in your school setting that are disproportionately impacted by COVID-19 and which students and families may need differentiated or additional support.

Glendale School District will utilize registration information and previous academic records to identify students who experience barriers to their education or who are disproportionately impacted by COVID-19 (e.g., students at increased risk of severe COVID-19 illness due to cognitive or developmental function, students at increased risk of negative impact/complications related to immunocompromised health status, etc.). Teachers will be asked to identify additional students in their classroom who may be disproportionately impacted.

The school administration will use the records review to design strategies that will remove barriers and provide additional support to students identified as needing additional support.

Differentiated plan for those that are disproportionately impacted, historically underserved or at higher risk of negative impacts or complications related to COVID-19.

-At the beginning of the school year Teachers will reach out to students' family to begin the process of identifying barriers and developing a plan. For students who are identified later in the process, teachers will connect with families during conferences or by special appointment.

Each quarter (Oct. 7, Jan. 13, & April 7) one professional development opportunity will be dedicated to professional development that focuses on a specific educational barrier and best practice strategies for our historically underserved populations.

In partnership with the teacher the intervention team will review the progress of identified students once a quarter to ensure the implemented support is achieving the desired result.

All academic and social/ emotional evaluations will be shared with students and families.

Mental Health Supports The school commits to creating learning opportunities that foster creative expression, make space for reflection and connection, and center on the needs of the whole child by:

Host a “Back to school event” for students and parents in the first month of school.

Provide opportunities for registration and counseling when starting school

Family support nights hosted by Administrators, counselors, and specialists

KG and Pre K will have a soft start to school – the first week of instruction.

Dedicate the first week of school to care and connection, with appropriate social-emotional learning tools to create relationships. This will mean that academic demands are intentionally reduced to ensure that reconnecting with peers and teachers are at the forefront.

Purchase / Implement new social-emotional curriculum, which provides quality learning experiences, creating deep interpersonal relationships that focus on inclusion.

- Glendale Schools will partner with the district/ ESD to leverage community partnerships for mental health services, medical services, food, and shelter to assist students and their families.
- Glendale staff will complete training for suicide prevention and student support

Section 3. COVID-19 Outbreak Prevention, Response & Recovery COVID-19 Mitigating Measures

Vaccination:

Teachers and school staff, volunteers and contractors are required to be fully vaccinated or have provided documentation of a medical or religious exception to the school district before they are able to teach, work, learn, study, assist, observe, or volunteer at this school (OAR 333-019-1030). All district staff submit COVID-19 vaccine information by September 1, 2022. Those requesting an exception to OAR 333-019-1030 need to submit this district form. Approval of the exception and the reasonable steps to ensure that unvaccinated teachers, school staff and volunteers are protected from contracting and spreading COVID-19 are issued by the district.

CDC, OHA, and ODE recommend COVID-19 vaccination for all eligible individuals.

- By Aug. 15, 2022, the school will provide vaccination information about the COVID-19 vaccine to families encouraging evidence-based information, trust and confidence in vaccines.
- Glendale School District will provide information regarding local and regional vaccine clinics
In the Fall of 2022 Glendale will host the medical bus – in conjunction with the Douglas County ESD- in August to provide opportunities for vaccination and medical physicals for students.

As the school transitions out of periods of high transmission slowly returning to baseline:

- After the outbreak subsides or the COVID-19 Community Level is categorized as low, the district will provide information informing families of where they can get vaccinated or boosted in Douglas County.

Face Covering:

For all individuals, the use of face coverings is welcomed and encouraged in all Glendale School District property. People who are immunocompromised or at risk for getting very sick with COVID-19 should talk to their healthcare provider about the need to wear a mask and take other precautions (for example, avoiding high-risk activities)

- Glendale will create and post signage and place face coverings at the front door, creating an environment where face coverings are welcomed .
- We will identify designated health care spaces within the school and create and post signage alerting all students and staff that face coverings are required within the health care space per OAR 333-019-1011.

- Glendale School District will communicate to families that at some point during the school year the school may need to require masking, based on federal, state, or local laws and policies, or to ensure that students with immunocompromising conditions or other conditions that increase their risk for getting very sick with COVID-19 can access in-person learning. The communication will reiterate that students with immunocompromising conditions or other conditions or disabilities that increase risk for getting very sick with COVID-19 will not be placed into separate classrooms or otherwise segregated from other students.
- Within 24 hours of when our school-community or county experiences an increase in communicable disease or when the COVID-19 Community Level is medium, the district will send a communication to all families recommending the use of face coverings to reduce the risk of transmission
- All students and staff who return to work will be asked to use face coverings for 1 week post illness –
- All students and staff who show symptoms during school or work will be required to use face coverings pending testing to verify illness
- During High Transmission the District will send a message to families when the COVID-19 Community Level is high, or when our school experiences a large outbreak or high absenteeism. The message will ask school community members to wear masks or respirators (such as N95s or KN95s) while indoors to provide greater protection to all. Wearing a well-fitting mask consistently and correctly reduces the risk of spreading the virus that causes COVID-19.
- As the school transitions out of periods of high transmission slowly returning to baseline the schools will recommend the use of face covering indoors until the outbreak subsides- Signage will be posted and masks will be made available at the front door and in classrooms.
- Per OAR 333-019-1011 face coverings are required in health care spaces. These spaces within the school are designated by signage

Symptom Screening

In communication with families and regularly in our newsletter the school will include information to watch their student for symptoms of communicable disease, including COVID-19, influenza, respiratory syncytial virus (RSV), and gastrointestinal infections. If symptoms are present families are asked to keep their student home and get tested for COVID-19.

- Glendale School District will train school staff on the district's sick leave policies and practices, designed to encourage sick workers to stay home without fear of retaliation, loss of pay, loss of employment, or other negative impacts.
- We will train school staff on district policies related to excused absences for students who are sick, having adopted policies that allow flexible, non-punitive grading practices that support children who are learning at home due to illness. Teachers will work directly with parents to coordinate services and instruction for students who are not able to attend daily.
- During times of high transmission – parents will receive notification by letter or iris alert about active outbreaks. The family communications these messages will be reinforced:
 - Watch for symptoms of infectious disease, including COVID-19, influenza, respiratory syncytial virus (RSV), and gastrointestinal infections. If symptoms are present students should stay home and get tested for COVID-19.
 - Staying home when sick can lower the risk of spreading infectious diseases, including the virus that causes COVID-19, to other people.

The school has adopted flexible, non-punitive, and supportive policies and practices, designed to encourage sick individuals to stay home without negative impacts

Isolation

Per OAR 581-022-2220 schools must maintain supervised space to isolate the sick that is separate from the space where other health care tasks take place.

The district will identify designated isolation spaces for every school day and additional spaces in the event of a communicable disease outbreak.

In the Fall of 2022 the school staff will be trained in isolation protocols for sick students and staff identified at the time of arrival or during the school day according to the CDMP. Individuals with COVID-19 symptoms will be isolated, offered a test, and sent home.

During times of High Transmission additional locations for isolation will be identified.

Covid – 19 Testing

The Glendale Schools offers access to screening tests for those with symptoms or exposure to a person with confirmed COVID-19 in an indoor setting.

Testing at school is an opt-in and families will have the opportunity access this service on a case-by-case basis. Parents must give permission for each test for exposure. Tests will be offered to any student/ staff that demonstrates symptoms of or high exposure to current COVID – 19 virus.

In the fall of 2022 parents will be informed of access to testing, school protocols for isolation and exposure.

Screening testing will be available to individuals with symptoms or exposure to COVID-19

This includes a test to stay protocol for students or staff at increased risk of severe COVID-19 or at the direction of local public health, such as during an outbreak response. This essential access to free testing can help diagnose COVID-19 infection early.

Airflow and Circulation:

All classrooms have been equipped with Air Purification systems since fall of 2021. The High/ JR School and Elementary HVAC are currently being reviewed for upgrades and replacements in summer of 2023. All ventilation and HVAC systems will be monitored on a regular basis during all levels of exposure. During times of high exposure/ outbreak facilities use may be restricted as directed by the Glendale School Board. Schools would return to regular schedules once the threat of exposure is lowered.

Cohorting:

All Glendale Elementary students remain in cohort settings throughout the day during periods of high exposure , Classes will return to regular schedules and activities when return to baseline occurs.

At the Jr/ High School the counseling team will confirm students' schedules and classes and define cohorting groups each quarter. A student's assigned schedule will function as their cohort.

Every classroom is designed to support inclusion of English language learners, students with disabilities consistent with their Individualized Education Program (IEP) or 504 plans, and other students diverse by demographics.

All staff have been trained in cohorting and minimizing spread of COVID- 19 – a review will be presented at Fall Inservice and repeated after Winter break.

In case of exposure, outbreak of respiratory illness the team will respond utilizing district protocols for containment which could include classroom isolation, temporary closure of school site for decontamination or individual family/ student required to stay at home. Closures of the school will be presented to the School Board for approval.

Physical Distancing

- All teachers will have arranged learning and other spaces so at least 3 feet of distance exists between students to the extent possible to encourage distancing during all phases of exposure.
- During high exposure or transmission – small group instruction will be minimized to the extent possible.
- Teachers will be encouraged to minimize time standing in lines, including marking spaces on floor, or encouraging one-way traffic flow in constrained spaces.

Hand Washing

- During the first month, the school will teach and reinforce proper handwashing and covering coughs and sneezes to lower the risk of spreading viruses, including the virus that causes COVID-19.
- Throughout the year, the school staff will monitor and reinforce these behaviors.
- Handwashing will be done before and after meal or snack times and after using the bathroom.
- All supplies will be available when school starts in the fall of 2022.
- After an outbreak all teachers will re-teach handwashing expectations and protocols.
- Teachers and staff will maintain all supplies and resources for students to properly sanitize throughout the day.

Cleaning and Disinfection

- Within 24 hours of when a classroom has had a sick person or someone who tested positive for COVID-19, the space will be cleaned and disinfected.
 - Surfaces (e.g., door handles, sink handles, drinking fountains, transport vehicles) will be cleaned daily to reduce the risk of germs spreading by touching surfaces
- All rooms will be cleaned daily – with particular attention to sanitizing of high use surfaces

Training and Public Health Education

The school has a communication protocol that includes informing families of COVID-19 cases within the school community. These communications are meant to provide clarity and supporting materials to community members (in their preferred language) about the specific health and safety protocols in place at the school, and why these might differ from those of nearby schools or be different across school districts.

- The Superintendent will work with the school safety committee to ensure that staff have a safe place to bring implementation questions and suggestions forward.
- We will train staff on the district's health and safety protocols at the fall in-service
- Within the first month of school, teachers will introduce the district's health and safety protocols to students. This will be reviewed after each break of instruction lasting more than one week.

Practicing Plan to Improve Process

Training exercises are essential to preparedness ensuring individuals understand their role in a communicable disease event. Exercises can also help identify gaps in the planning, thereby building upon and strengthening the plan over time. Glendale School District will schedule to exercise this plan annually and when any revisions are made to update the plan. The plan, or component(s) of the plan, can be tested through conversations, practice exercises, or other activities.

Oregon School District COVID-19 Management Plan Website where this plan is available for public viewing.

Date Last Updated: August 9, 2022

Date Last Practiced: August 22, 2022