

Gaston School District Communicable Disease Management and Pandemic Response Plan



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Definition

A communicable disease is an infectious disease that can be spread from person to person by various routes such as contact with infected individuals or their bodily discharges or fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, breathing in airborne viruses or by direct or indirect contact with disease vectors.

There are many infectious diseases regularly circulating in the school setting. Due to the various nature, contagiousness and mode of transmission of different communicable diseases, Oregon laws and the Oregon Health Authority has exclusion from school criteria for restrictable diseases and certain excludible symptoms. See the Oregon Department of Education and Oregon Health Authority's [Communicable Disease Guidance](#) for an up-to-date list of restrictable diseases and excludible symptoms.

Communicable Disease Prevention





Everyday measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health service plan. These measures include, but are not limited to:

- Washing hands with soap and water for 20 seconds
- Effectively cover your coughs and sneezes
- Routine sanitizing
- Stay home when you're sick
- Maintain social distancing
- Personal protective equipment





Other control measures include:

- Vaccines
- Food safety
- Proper school policies and training for staff
- Educating students and families on illness prevention and management

EVERYDAY PREVENTIVE ACTIONS
Everyone should always practice good personal health habits to help prevent flu.

-  **Stay home when you are sick.** Stay home for at least 24 hours after you no longer have a fever or signs of a fever without the use of fever-reducing medicines.
-  **Cover your coughs and sneezes with a tissue.**
-  **Wash your hands often with soap and water for at least 20 seconds.** Use at least a 60% alcohol-based hand sanitizer if soap and water are not available.
-  **Clean frequently touched surfaces and objects.**

NPIs RESERVED FOR A FLU PANDEMIC
*Educators should be prepared to take these additional actions, if recommended by public health officials.**

-  **Be prepared to allow your staff and students to stay home if someone in their house is sick.**
-  **Increase space between people at school to at least 3 feet, as much as possible.**
-  **Modify, postpone, or cancel large school events.**
-  **Temporarily dismiss students attending childcare facilities, K-12 schools, or institutions of higher education.**

*These additional actions may be recommended for severe, very severe, or extreme flu pandemics.

Environmental Surface Cleaning

Clean schools contribute to healthy environments and minimize the risk of communicable disease transmission. Some of the important concepts associated with 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 and ensuring any classrooms with pets have a cleaning plan in place to minimize odors or contamination. While environmental cleaning is largely governed by facilities management and custodial services, there are certain classroom measures that can be practiced to improve cleanliness and reduce the risk of illness transmission during peak illness such as increasing access to sanitizing wipes, tissue and hand sanitizer.

Vaccines

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 state that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school maintains records of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases. Vaccine process is in accordance with Oregon Health Authority regulations, Washington County Public Health guidance, and Gaston SD board policy.

The district maintains appropriate records of each student's vaccination record, including medical and non-medical exemptions. These are reported annually to the Washington County Public Health Department. Students who do not have the appropriate vaccinations or exemptions will be excluded from school per Public Health procedures and Oregon State Laws.

In coordination with the district nurse:

- When a vaccine-preventable disease (pertussis, varicella) is identified in the school setting, designated staff should run immunization reports to identify unvaccinated students in the school setting who may have been exposed.
- When the circulation of a vaccine-preventable disease (measles) is increasing in incident in the community, identification of students and staff who are not fully immunized is important.

Communicable Disease Exclusion

Oregon public health law requires individuals who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until they are no longer contagious. However, a physician confirmed diagnosis is not always possible and schools may need to make exclusion decisions based on clearly identifiable signs and/or symptoms. The Oregon Health Authority and Oregon Department of Education’s Exclusion Guidelines are an easy reference for staff and parents. Consult a school nurse as needed.

PLEASE KEEP ILL STUDENTS OUT OF SCHOOL

The list below gives school instructions, not medical advice. Please contact your health care provider with health concerns. During 2020-2021, anyone exposed to COVID-19 must stay home for 14 days.

| SYMPTOMS OF ILLNESS | THE STUDENT MAY RETURN AFTER... |
|--|---|
|  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. |

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 Washington County Public Health. The local health department typically notifies school health services. Although, there are occasions when the parent will notify the school first.

Students with diagnoses of disease restrictable by Washington County Public Health under Oregon Administrative Rule (OAR) 333-019-0010 should return to school when documentation is obtained from the local health department (LHD) indicating they are no longer communicable including:

- Diphtheria
- Measles
- Salmonella
- Typhi infection
- Shigellosis
- Shiga-toxigenic Escherichia coli (STEC) infection
- Hepatitis A

- Tuberculosis
- Pertussis
- Rubella
- Acute Hepatitis B
- COVID-19 is also declared a restrictable condition under OAR 333-018-0900

If a report is made to the school office, administration or other school staff in regards to any communicable disease diagnosis in students or staff, this should immediately be referred to the School Nurse.

The School Nurse and Administration will identify the need for communication, surveillance or control measures, including potential communication with Washington County Public Health.

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.

In compliance with FERPA and HIPPA, school staff receiving reports *should not* inform any other students, staff or parents of the report.

Outbreak

When to call Washington County Public Health for School Outbreaks

- Unusually high absenteeism in students or staff with vomiting and/or diarrhea in the same classroom or across the school within a two-week period
- Evidence of severe illness (i.e. multiple students or staff hospitalized with similar symptoms)
- Unusually high absenteeism in students or staff with fever and cough and/or sore throat
 - 10 or more people or 20% or more of facility, absence is prolonged 3 or more days
 - In school, 40% or more of students in any one classroom absent

For further guidance on specific outbreaks including respiratory and gastrointestinal disease outbreaks, consult the district nurse, Washington County Public Health and utilize the Oregon Health Authority [Outbreak Toolkits](#).

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

There are several viruses that routinely circulate in the community to cause upper respiratory illnesses. The "common cold" is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these viruses may vary in severity but include cough, low-grade fever, runny nose and sore throat.

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza viruses: Types A and B. The flu A and B viruses that routinely spread in people are responsible for seasonal flu epidemics each year. The flu can cause mild to severe illness. Serious cases of the flu can result in hospitalization or even death. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue and sometimes vomiting.

Pandemic Specific Response Plan

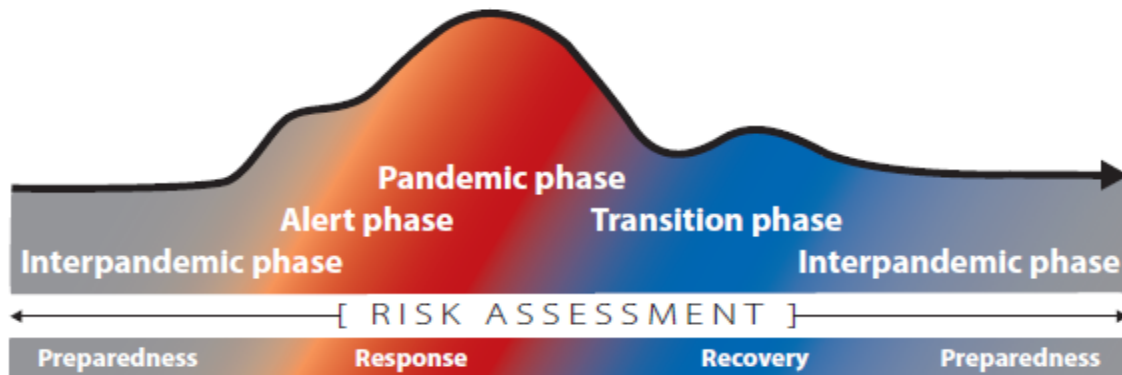
Novel, Variant, and Pandemic Viruses

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 (COVID-19). 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 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. Because these are new viruses, a vaccine may not be available right away. A pandemic, therefore, could overwhelm normal operation worldwide.

Purpose

The purpose of this document is to provide a process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help slow the spread of respiratory illnesses such as pandemic flu or novel coronaviruses. NPIs, specifically in regards to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community.

This document should be used as a contingency plan that is modified with a response planning team based on the current level of pandemic threat .



^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Control Measures

Prophylactic vaccines and antiviral medications are appropriate interventions in some viral respiratory conditions such as seasonal influenza, they are not always accessible for novel strains. NPIs are essential and can aid in the reductions of disease transmission. It is important to note that a disease that is widely spread in the community has many options for transmission beyond a school setting. A school district can only account for NPIs in a school setting and at school-sponsored events.

Measures associated with novel or variant viruses are based on the severity of the virus. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified.

Everyday measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health service plan. These measures include, but are not limited to:

- Washing hands with soap and water for 20 seconds or using approved alcohol based hand sanitizer when hand washing is not available
- Effectively cover your coughs and sneezes and throw the tissue in the garbage after each use
- Routine sanitizing with EPA approved disinfectant (list of [effective disinfectants against COVID-19](#))
- Stay home when you're sick
- Maintain social distancing
- Personal protective equipment

Identified Novel Viruses Cases

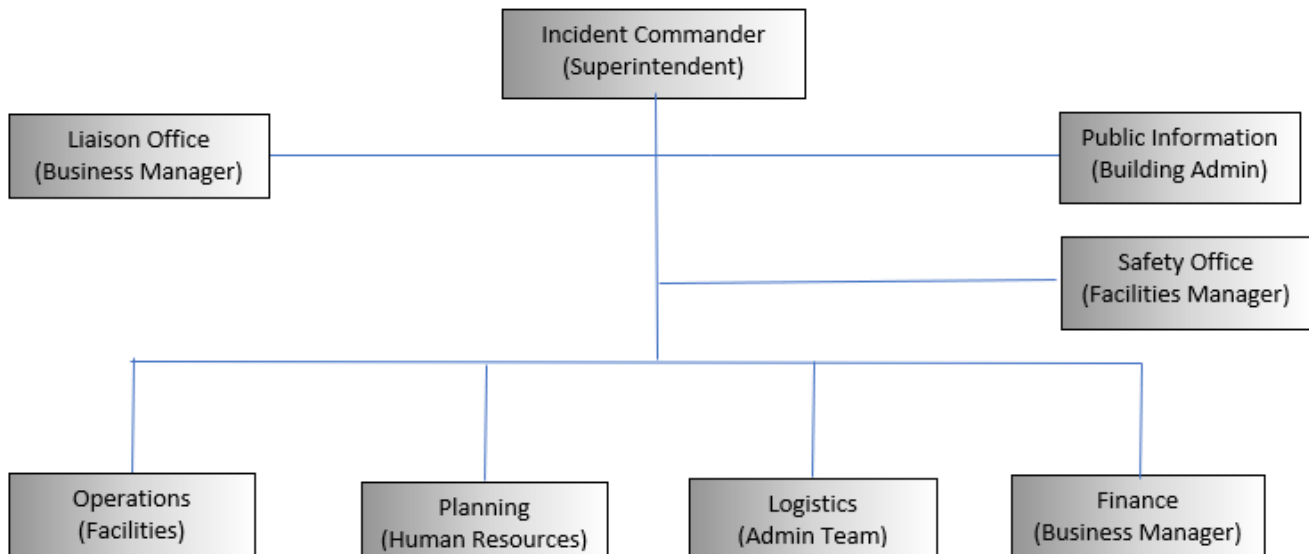
When a novel disease is identified, it is the responsibility of school health service personnel and school administration to pay close attention to trends. An identified individual that is part of the district's Response Team will be subscribed to OHA's alerts specific to pandemic content.

It is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will send out guidance. When novel viruses emerge in the state, Oregon Health Authority (OHA) will provide direct guidance.

CDC to update community levels by county weekly [COVID-19 Community Levels | CDC Oregon Data for Decisions](#)

Response Team

Gaston School District has organized a Response Team that consists of individuals who can fulfill roles in district policy, clinical information, human resources, administration and facilities.



Gaston School District's Response Team will assume the following roles:

- Develop capabilities to implement non-pharmaceutical measures (NPI) to decrease the spread of disease throughout the school community as guided by the epidemiology of the pandemic and the Washington County Public Health Department.

- Develop and implement pandemic preparedness activities and a business continuity plan aimed at maintaining the provision of educational services and limiting the spread of disease throughout the duration of the pandemic.
- Communicate with and educate the school community about approved public health practices and what each person can do to prepare or respond to minimize health risks.
- Consult with Oregon Health Authority (OHA) and Washington County Department of Health and Human Services (WCDHHS) to implement a plan.
- Develop and implement educational support plans for students who are isolated or quarantined. Coordinate these plans with support plans developed by the WCDHHS and Oregon Department of Education (ODE).
- Develop and/or review a recovery plan that provides educational support and emotional support for staff and students.

When public health has deemed a novel virus a pandemic threat, defer to the [CDC checklist for schools](#) (appendix B) in order to establish a specific emergency response framework with key stakeholders. During this time, planning will need to be initiated on the continuity of education in the event of school closures.

Actions

LEVEL ONE ACTION: VIRUS DETECTED IN THE REGION - PREVENTION FOCUSED

| Personal NPIs | Community NPIs | Environmental NPIs | Communication |
|--|---|---|---|
| <ul style="list-style-type: none"> • Increase routine hand hygiene. • Use alcohol-based hand sanitizer. • Cover coughs/sneezes effectively. Wash hands. • Stay home when sick for at least 24 hours after fever free without use of a fever reducer. | <ul style="list-style-type: none"> • Identify baseline absenteeism rates to determine if rates increase by more than 20%. • Increase communication and education on respiratory etiquette and hand hygiene in schools. • Teachers provide age-appropriate education. • Communicable Disease surveillance monitoring and student illness reporting. • Social distance in the classrooms. • Instruct students in small cohorts. | <ul style="list-style-type: none"> • Increase sanitizing of shared surfaces. • Devise prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school until parents can pick-up. • Discourage the use of shared utensils in the classroom. | <ul style="list-style-type: none"> • Provide communication to families based on the current situation, general information, and public health guidance. • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal providers for recommendations. |

When novel viruses are identified in the community but not in a student or staff, the district will defer to local public health guidance. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school sponsored events. Private clubs, organizations, or faith communities are not part of the school district.

When local transmission is detected, planning for dismissal and academic continuity should be prioritized. Prolonged absence of staff should also be prioritized.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED (INCLUDES LEVEL ONE ACTIONS)

| Personal NPIs | Community NPIs | Environmental NPIs | Communication |
|---|---|--|--|
| <ul style="list-style-type: none"> • Defer to public health specific guidance. • Prepare for staff and students to stay home if someone in their household becomes ill. | <ul style="list-style-type: none"> • Defer to public health guidance. • Social distance at school as much as possible. • Dismiss students temporarily. Staff still report to work. | <ul style="list-style-type: none"> • Defer to public health guidance. • Modify, postpone, or cancel large school events. | <ul style="list-style-type: none"> • Use guidance from local health departments to establish communication with staff and families. • Communicate with staff regarding sick time and to stay home when sick. • Ask parents to report symptoms when calling students in sick as part of communicable disease surveillance. |

When novel viruses are identified in the school setting and the incidence is low, the local health department will provide direct guidance to district admin/school nurse on the diagnosed case. The local health department may impose strict restrictions on contacts.

LEVEL THREE ACTIONS: RESPONSE FOCUSED (INCLUDES LEVEL ONE & TWO ACTIONS)

| Personal NPIs | Community NPIs | Environmental NPIs | Communication |
|---|---|--|--|
| <ul style="list-style-type: none"> Follow public health direction. | <ul style="list-style-type: none"> Follow exclusion guidance from the local health department, which may include student dismissal. Appendix A | <ul style="list-style-type: none"> Follow local public health direction on environmental cleaning/sanitizing, which may include school closure and canceling major school events. | <ul style="list-style-type: none"> Coordinate communication with the local health authority. Identify possible impacted student populations such as Seniors. |


POST EVENT

| Personal NPIs | Community NPIs | Environmental NPIs | Communication |
|--|---|---|---|
| <ul style="list-style-type: none"> Routine hand hygiene and respiratory etiquette. Stay home when sick until 24 hours fever free without using fever reducing medications. | <ul style="list-style-type: none"> Maintain routine exclusion when local health department deems processes may return to baseline. | <ul style="list-style-type: none"> Maintain routine sanitizing procedures. | <ul style="list-style-type: none"> Routine seasonal illness prevention and exclusion communication with staff and families. Evaluate post-event procedures to determine what worked in our response plan and what needs revised. Determine the plans needed to make up for lost academic time. |


COVID-19 Specific Management Plan

KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS


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




Physical Distancing — At least six feet with other people.




Isolation & Quarantine — Isolation separates sick people from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.




Hand Hygiene — Frequent washing with soap and water or using hand sanitizer.




Contact Tracing — Identification of persons who may have come into contact with an infected person to help stop chain of disease transmission.




Cohorts — Conducting all activities in small groups that remain together over time with minimal mixing of groups.




Protective Equipment — Use of face shields, face coverings, and barriers.



Airflow & Ventilation — Outdoor activities are safer than indoor activities; maximize airflow in closed spaces.



Environmental Cleaning & Disinfection — Especially of high-touch surfaces.



Communication — Follow clear protocols for sharing information.

Screening

All students, parents/guardians and staff will be receiving frequent reminders in various communication formats such as notes sent home, emails, flyers, and social media to stay home when sick, report any COVID-19 symptoms or known exposure. The district will follow the OHA/ODE School Exclusion Guidelines as well as the return to school guidelines in the Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year from ODE. See Appendix D for example checklist for parents to use daily in deciding if it is safe to send their child to school.

Students or staff will not be excluded from school for a cough that is a chronic condition or not new and is not worsening (i.e. asthma, allergies, etc). Parents/guardians may provide information regarding existing conditions that cause coughing that are not new onset and not worsening for screening purposes and will not be excluded. Information will be documented.

Student Screening

Staff with morning supervision duties will welcome students, encourage social distancing, and visually screen students for symptoms. Any student or staff displaying symptoms are required further screening, including a temperature check. Any individual displaying any of the [primary COVID-19 symptoms](#) (fever of 100.4 or higher, cough, chills, new loss of taste or smell, or difficulty breathing or shortness of breath) will remain in the isolation room with trained staff until parent/guardian comes and picks up the student. Students and staff will wash their hands per CDC guidelines or use alcohol based sanitizer upon entry into class every day.

Staff Screening

All staff are required to self-screen everyday before reporting for work. All staff are required to report any primary symptoms associated with COVID-19. Staff members will not be responsible for screening or reporting other staff members symptoms.

Meals

Students must wash/sanitize hands before and after eating.

Breakfast:

- Will be available for all students as a grab and go option.
- Students will eat in classrooms, gymnasiums, multi-purpose rooms, and/or outside..

Lunch:

- Elementary: Students will eat in classrooms, the multi-purpose room, or covered-play area, in stable cohorts.
- Jr/Sr HS: will eat in the cafeteria and either the gym or outdoors depending on weather.

Snacks:

- Preschool only

Isolation

If a student displays or reports any of the primary symptoms of COVID-19 (cough, temperature of 100.4 or higher or chills, shortness of breath or difficulty breathing, or new loss of taste or smell), the student will be escorted to the Isolation Room by trained staff member for further screening. If it is determined after further

screening that the student has any excludable symptoms, they will remain in the Isolation Room with trained staff member until a parent/guardian can pick them up. If it is determined that the student does not have any excludable symptoms, they may remain at school if appropriate.

If any ill staff or student develops any of the emergency warning signs for COVID-19, (trouble breathing, constant pain or pressure in chest, bluish lips or face, sudden new onset confusion or inability to wake or stay awake), supervising staff will call 911. Staff and students with known or suspected COVID-19 cannot remain at school. See Appendix D.

They may return when:

- At least 5 days since illness onset **AND**
- Is fever free for at least 24 hours without the use fever reducing medication **AND**
- Other symptoms are resolved or improving
- If a clear alternative diagnosis is identified as the cause for the individual's illness (e.g. a positive strep throat test) then disease-specific return-to-school guidance should be followed and the individual shall be fever-free for at least 24 hours without the use of fever reducing medications. A physician's note is required to return to school to verify that the individual is not contagious.
- If they do not undergo COVID-19 viral PCR testing, they shall remain at home for at least 5 days and have been without fever for at least 24 hours and other symptoms are improving.

The assigned isolation room will be exclusively used for ill staff and students. There will be an on-call trained staff member to supervise and monitor any symptomatic student/staff until they can safely leave school. A telephone and sink are available in the isolation room and will only be used during times of ill students/staff in the room. If the isolated student needs to use the restroom, they will use a designated restroom located near the isolation room. The trained isolation room staff will ensure that the bathroom is vacant before sending the isolated student in. Once the isolated student is done, the trained staff will sanitize the affected areas of the bathroom.

Trained staff will keep 6 feet distance from ill students/staff whenever possible. A medical grade face mask, gloves and any other necessary protective equipment will be worn by all staff while in contact with an ill student/staff in the isolation room. If it is safe to do so, the ill student will wear a mask until they leave campus with a parent/guardian. If students are nauseous, struggling to breathe, or in distress, they should **NOT** wear any face covering and remain 6 feet from others while waiting to go home. An adequate supply of masks/face coverings will be available for symptomatic students or staff while waiting in the isolation room to go home. They will be securely kept in the isolation room. Supervising staff will maintain a calm demeanor and explain all actions being taken, including the use of PPE to students in the isolation room so as to not cause student/family fear or anxiety. Staff will always maintain student confidentiality as is appropriate and required by law. Staff will properly fill out the isolation room log and keep on file for at least 4 weeks for contact tracing purposes.

Health Room

The health room may still be utilized for routine health issues such as medication administration, asthma students, diabetic student care, injuries, etc. Any student with COVID-19 symptoms of illness shall **NOT** go to the building health room or office. They must be escorted directly to the isolation room. This eliminates unnecessary potential exposure.

Quarantine Guidance

Paused under current LPHA guidance.

Daily Logs

Staff will be trained and reminded on the importance of recording and maintaining tracking logs.

Tracking logs must be maintained for any of the following:

- Name of student or staff that are sent home for illness, symptoms present, onset of symptoms, name and phone number of staff member that monitored and recorded the symptomatic student/staff.
- Name of student and symptoms present that visit the health room, whether they are sent home from school or not, as per routine health logs.
- Anyone entering the building that is not already being logged on a daily cohort or individual log

This information will be maintained and kept for at least 4 weeks after completion of the term for reporting necessary information to the LPHA.

Testing

Gaston School District will utilize the Abbot BinaxNOW free COVID-19 Diagnostic Testing Program for staff and students through the OHA. Free testing will be offered to symptomatic staff and students if prior consent is obtained. Staff may give verbal consent, but written signed consent by parent is required to be on file prior to testing any student. Testing is an optional program and staff and students are not required to opt into the program in order to return to on-site learning.

Enhanced Exposure Testing as modified “Test to Stay” will also be offered for students or staff at increased risk of severe COVID-19, and at the direction of their LPHA, such as during an outbreak response.

Testing will be performed by trained staff in the Isolation Room. Trained staff will wear appropriate PPE and follow testing protocols and procedures laid out in the [OHA K-12 Testing Guidelines](#).

iHealth testing kits are available for staff and students who may have been exposed and wish to test at home. Attestation forms to be distributed with testing kits and returned to the school as an attestation of results.

Protocol for Reporting

Parents and staff will be required to notify the school immediately upon identification of a positive COVID-19 case in a student or staff member.

There will be a designated staff member at Gaston Elementary and Gaston Jr/Sr High responsible for all confirmed COVID 19 positive cases in staff and students. When the district is notified of a confirmed positive COVID-19 case, either in a student or staff member, the school designated employee will immediately notify the school RN, the school Principal, and the Washington County Public Health Department (WCPH) (Communicable Disease Reporting line: 503-846-3594) (In accordance with *School Outbreak Guidance* (Appendix C).

Cohort Notifications: The school will notify risk of exposure (via email, letter or phone call) to class/cohort/team/staff if multiple positive COVID-19 cases within the same cohort within 14 days and with COVID-19 Support Hotline included for questions and to access support.

[School Related COVID-19 Positive Test or Exposure Questions?](#)

Provide cohort logs to WCPH (upon request).

Gaston SD will follow WCPH and the Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year on Exclusion from School for staff and students with a positive or presumptive positive COVID-19 case. See [Planning for COVID-19 Scenarios in Schools](#) supplemental document.

Face Coverings

Face coverings are currently optional and the student or staff's choice is to be respected. The district will continue to provide face coverings to those who wish to utilize them.

Face coverings should not be worn if:

- If they have a medical condition that makes it difficult for them to breathe with a face covering
- If they experience a disability that prevents them from wearing a face covering
- If they are unable to remove the face covering independently
- While sleeping.

Special considerations for nurses and health staff. [Additional Guidance](#)

Special Considerations

School Closures

If school closure is advised by the local public health department, consultation should occur between legal, union, and district administration.

Immunocompromised Staff/Students

Staff/students with immunocompromising health conditions and treatments may require exclusion from work/school outside of public health guidance. These staff/students should provide documentation from their health care provider.

Environmental Management

Hand Washing:

- Staff will be trained in communicable disease prevention measures, including hand washing routines.
- Staff will provide age appropriate hand washing education, define appropriate times to wash hands, and provide hand sanitizer when hand washing is not available.
- Hand washing sanitizing supplies:
 - Hand sanitizer will be placed at the entrance of each building and in each classroom
 - Hand soap and paper towels will be maintained in each classroom that has a sink
- All staff and students will wash their hands for 20+ seconds or use approved hand sanitizer:
 - Upon entrance of the building each day
 - Prior to breakfast and lunch
 - After breakfast and lunch
 - After using the restroom
 - Throughout the day

Protocol for disinfection procedures for prevention of spread:

All cleaning products will be distributed daily as needed to classrooms and refilled by Facilities staff as needed.

- Product use by staff will be trained by facilities staff for proper use.
- Atomizers will be limited use and specifically trained personnel selected by the Superintendent.
- Facilities may and will include all trained facilities staff and trained staff:
- The Facilities Director is responsible for training and direction of staff.

Cleaning supplies required for school wide exposure:

- Buckeye ECO E22 Hospital grade Virucide
- Buckeye ECO E32 PH Neutral disinfectant
- Buckeye Terminator for hard surface floors
- Extraction2 for carpet cleaning
- Clorox disinfecting wipes or compatible
- Wall mounted sanitizers are Buckeye foaming hand sanitizer minimum alcohol content no less than 70%
- Portable bottle sanitizers are minimum 70% alcohol

These supplies are in each Facilities storage rooms and in the Facilities maintenance shed

Protocol for sanitizing after classroom/school wide exposure:

With the continued spread of the COVID-19 outbreak, Gaston School District must anticipate and be prepared to respond to potential cases among students. The District will continue to rely upon information from licensed medical providers, local and state health officials, and information available through the Centers for Disease Control and Prevention (CDC) for expert guidance as well as work with LPHA on determining which areas need to be sanitized after a COVID-19 positive case is identified in the school. Facilities may and will include all trained facilities staff and trained staff. The Facilities Director is responsible for training and direction of staff.

Cleaning supplies required for school wide exposure:

- Buckeye ECO E22 Hospital grade Virucide
- Buckeye ECO E32 PH Neutral disinfectant
- Buckeye Terminator for hard surface floors
- Extraction2 for carpet cleaning

These supplies are in each Facilities storage rooms and in the Facilities maintenance shed

In the event of a school wide exposure:

- ALL students and staff are directed to leave the facility
- Facilities members are to secure all doors and exits so no re entry is possible
- Facilities are to immediately turn off all HVAC equipment
- Facilities will immediately start an atomizer process through all building areas and surfaces with E22 product while in all protective PPE. This process will include all ceiling, wall, counter, desk, chair and floor surfaces
- Facilities will wash all touch surfaces with E22 and wipe with paper towel and air dry
- Carpets and floors will be cleaned with proper sanitizing agents
- Each room as finished will be locked and no re entry for a minimum of 24 hours
- Call for HVAC filter change and return hvac units once completed
- Facilities will remove PPE for either disposal or cleaning
- Facilities will leave campus after cleaning and shower and wash clothing.

Physical Distancing and Protection

OHA and ODE strongly advise that schools support and promote physical distancing as described below:

- Support physical distancing in all daily activities and instruction, maintaining at least 3 feet between students to the extent possible.
- Maintaining physical distancing should not preclude return to full-time, in-person instruction for all students.
- When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies, such as wearing face coverings.
- Consider physical distancing requirements when setting up learning and other spaces, arranging spaces and groups to allow and encourage at least 3 feet of physical distance.
- Minimize time standing in lines and take steps to ensure that required distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc.
- Staff must maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings.

- Busses
 - Students will be cohorted with assigned seats on buses. All students are required to wear a face covering while on the bus.
- Hallways
 - Marked with one-way directions and 6 ft markers to keep physical distancing
- Cafeteria
 - All meals will be grab and go
 - Students will eat in designated areas

- Recess
 - Recess will occur for the elementary school
 - The playground will be divided into “stations” that will contain one stable cohort at a time
 - Each cohort will have their own recess equipment and equipment will not be shared between cohorts.

Resources

Gaston Board Policies

Gaston School District Policy [JHCC](#) and [JHCC-AR](#) Communicable Disease- Students

Gaston School District Policy [GBEB](#) and [GBEB-AR](#) Communicable Disease- Staff

Oregon State Information

[Oregon Health Authority COVID-19 Information](#)

[Oregon Department of Education](#)

[Ready Schools Safe Learners](#)

[Oregon Communicable Disease Guidelines for School](#)

[COVID-19 Testing Site Locations](#)

Washington County

[Washington County Public Health Department](#)

National






[Centers for Disease Control](#)

Appendices

APPENDIX A

PLEASE KEEP ILL STUDENTS OUT OF SCHOOL

The list below gives school instructions, not medical advice. Please contact your health care provider with health concerns.

| 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 per guidance for primary COVID-19 symptoms. |
|  New cough illness OR New difficulty breathing | * Symptoms improving for 24 hours (no cough or cough is well-controlled) AND per guidance for primary COVID-19 symptoms. 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 differently 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, OR health condition requires more care than school staff can safely provide. | *After the school has orders from doctor to school nurse AND after measures are in place for the student's safety. Please work with school staff to address special health-care needs so the student may attend safely. |

SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST



Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district’s staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district’s pandemic influenza response plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | As part of the district’s crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district’s operational pandemic plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district’s pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district’s established ICS and the local/state health department’s and state education department’s ICS. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community’s pandemic plan as well as the state department of education’s plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Test the linkages between the district’s Incident Command System and the local/state health department’s and state education department’s Incident Command System. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Contribute to the local health department’s operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA’s healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Participate in exercises of the community’s pandemic plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic. |

1. Planning and Coordination (cont.):

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Implement an exercise/drill to test your pandemic plan and revise it periodically. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts. |

2. Continuity of Student Learning and Core Operations:

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents. |

3. Infection Control Policies and Procedures:

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish policies for transporting ill students. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan). |

4. Communications Planning:

| Completed | In Progress | Not Started | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities. |



School Outbreak Guidance Document



October 4, 2019

School Outbreak Guidance

When to call Washington County Public Health (available 24/7 at 503-846-3594):

- Unusually high absenteeism in students or staff with vomiting and/or diarrhea in the same classroom or across the school within a two-week period
- Students or staff ill with high fevers or bloody stool
- Evidence of severe illness (i.e. multiple students or staff hospitalized with similar symptoms)
- Unusually high absenteeism in students or staff with fever and cough and/or sore throat.
 - ≥ 10 people or $\geq 20\%$ of facility, absence is prolonged ≥ 3 days
 - In school, $\geq 40\%$ of students in any one classroom absent

What information to include in the initial report to Washington County Public Health:

- Total number of students, staff and food handlers in your school
- Total number of ill students, staff and food handlers and classrooms/grade levels affected
- General symptoms and when symptoms started
 - It is important to distinguish between gastroenteritis (i.e. nausea, vomiting, diarrhea) and respiratory (i.e. fever, cough, sneezing, sore throat) symptoms as early as possible
- Any lab-confirmed illnesses, hospitalizations or deaths
- Baseline absentee rates (the expected number of absent staff and/or students).

What to return to Washington County Public Health during an outbreak investigation:



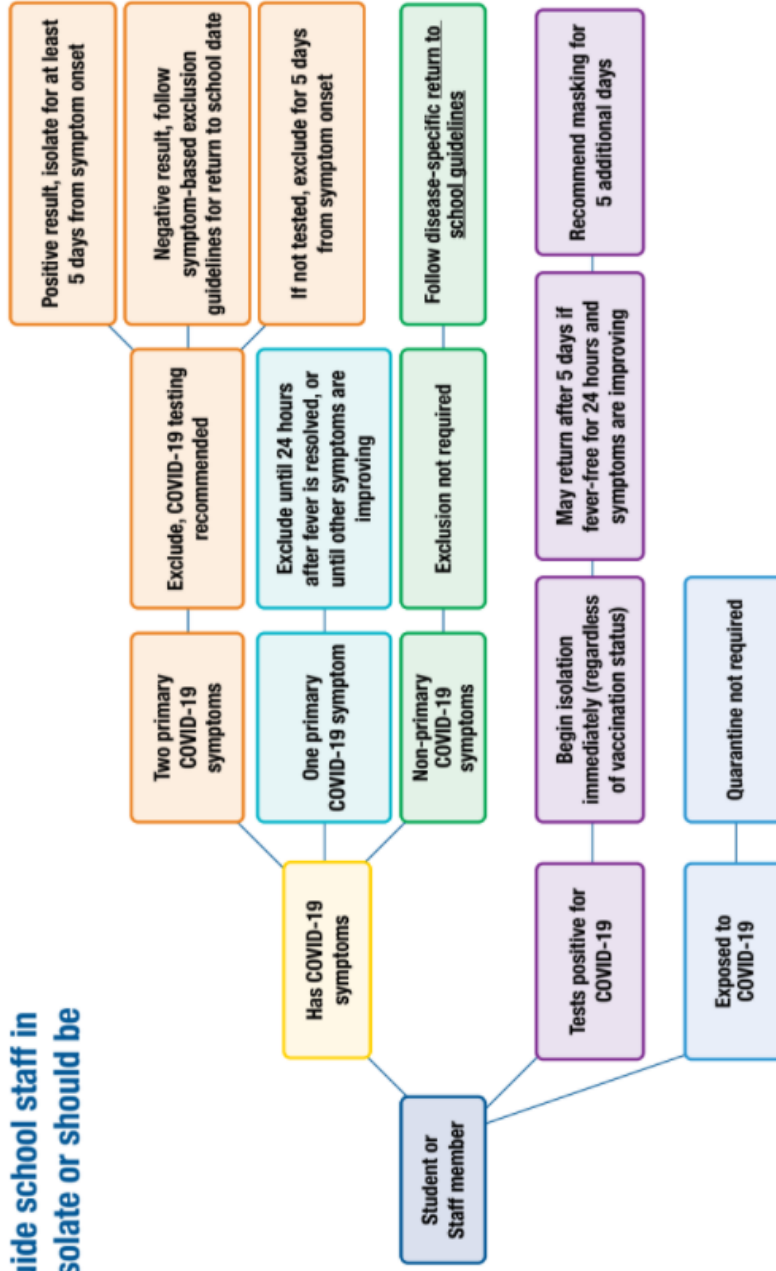
Isolation and Exclusion Guidelines for K-12 Settings

This decision tree is to help guide school staff in understanding who needs to isolate or should be excluded from school.

Isolation is at least a 5-day period for people who have tested positive or have two primary symptoms after being exposed to COVID-19. Individuals are recommended to mask for 5 additional days (day 6 through day 10) after the end of their 5-day isolation period. An individual should continue isolation if symptoms are not improving by day 5.

Exclusion means keeping a student or staff member out of a school setting if they exhibit symptoms of communicable disease.

Enhanced exposure testing may be offered by schools to cohorts which include individuals at increased risk of severe disease (e.g., individuals with underlying medical conditions or immunocompromised status, individuals age 65 and older, and those who live with individuals at increased risk).



Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@dhsosha.state.or.us. We accept all relay calls or you can dial 711TTY or [COVID19.LanguageAccess@dhsosha.state.or.us](https://www.oregon.gov/dhsosha/COVID19/LanguageAccess@dhsosha.state.or.us).



OREGON
DEPARTMENT OF
EDUCATION
OHA 4022A (03/14/2022)

Can my child go to school today?

Start with the 3 questions below

Then follow the arrows based on your answer

