School-Level Communicable Disease Management Plan

School Year 2023-2024



School/District/Program Information

District or Education Service District Name and ID: <u>La Grande School District / 2212</u>

School or Program Name: La Grande High School

Contact Name and Title: Chelsea Hurliman, Principal or Darren Goodman, COVID Coordinator

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Table 1.



Policies, protocols, procedures and plans already in place

Provide hyperlinks to any documents or other resources currently utilized in your school/district. Consider adding a brief description about how each is used within your school.

Plan Types	Hyperlinks and Descriptions
School District Communicable Disease Management Plan OAR 581-022-2220	https://www.lagrandesd.org/page/covid-response-plan The LGSD Communicable Disease Management Plan is used as the core document that we update and review regularly with local public health agencies to manage COVID impacts within our district. The plan includes information on communicable diseases, mitigation strategies, and protocols when students, staff, or sites are impacted.
Exclusion Measures Exclusion of students and staff who are diagnosed with certain communicable diseases. OAR 333-019-0010	https://www.lagrandesd.org/page/covid-response-plan Exclusion protocol is described in detail on pages 19-23 of the LGSD Communicable Disease Management Plan. Additional resources are included in the Appendix. As stated in the plan, Isolation Protocols apply equally to all students and staff. Protocols were developed by a representative Design Team that used the LGSD Equity Lens throughout their work.
Isolation Space Requires a prevention-oriented health services program including a dedicated space to isolate sick students and to provide services for students with special health care needs. OAR 581-022-2220	https://www.lagrandesd.org/page/covid-response-plan Exclusion protocol is described in detail on pages 18-19 of the LGSD Communicable Disease Management Plan. Additional resources are included in the Appendix. Protocols for isolation spaces are in alignment with CDC direction for school health spaces. Isolation spaces are accessible to all students regardless of disability to provide universal access and benefit.

Plan Types	Hyperlinks and Descriptions
Emergency Plan or Emergency Operations Plan OAR 581-022-2225	https://www.lagrandesd.org/page/covid-response-plan The LGSD Emergency Operations Plan was recently updated in partnership with safety specialists contracted with Oregon Department of Education, has been reviewed with local emergency responders, and is the subject of annual training we provide staff regarding emergency procedures.
Additional documents reference here:	



SECTION 1. Clarifying Roles and Responsibilities

Identifying roles central to communicable disease management. Clarifying responsibilities related to communicable disease response is a first step in keeping communities healthy and safe. In general, decisions of school health and safety reside with school and district officials. Together with local public health officials, school/district administrators should consult a variety of individuals when making decisions about health and safety in school.

Table 2. Roles and Responsibilities

School planning team members	Responsibilities:	Primary Contact (Name/Title):	Alternative Contact:
Building Lead / Administrator	 Educates staff, families, and students on policies regarding visitors and volunteers, ensuring health and safety are being maintained. In consultation with district leadership and LPHA staff, determines the level and type of response that is required/necessary. 	Darren Goodman, COVID Coordinator	

School planning team members	Responsibilities:	Primary Contact (Name/Title):	Alternative Contact:
	 Acts as key spokesperson to communicate health-related matters within school community members, health partners, and other local partners. 		
School Safety Team Representative (or staff member knowledgeable about risks within a school, emergency response, or operations planning)	 Trains staff at the start of the academic year and at periodic intervals on communicable disease management procedures. Leads debrief of communicable disease event, informing continuous improvement of the planning, prevention, response, and recovery system. 	Darren Goodman, COVID Coordinator Steve Leavitt, Head Custodian	
Health Representative (health aid, administrator, school/district nurse, ESD support)	 Supports building lead/administrator in determining the level and type of response that is necessary. Reports to the LPHA any cluster of illness among staff or students. Provides requested logs and information to the LPHA in a timely manner. 	Amy Pennington Jacey Teeter School Nurses	
School Support Staff as needed (transportation, food service, maintenance/custodial)	Advises on prevention/response procedures that are required to maintain student services.	Steave Leavitt, Head Custodian Kristie Richie, Lead Cook	

School planning team members	Responsibilities:	Primary Contact (Name/Title):	Alternative Contact:
Communications Lead (staff member responsible for ensuring internal/external messaging is completed)	 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. Shares communications in all languages relevant to school community. 	Darren Goodman, COVID Coordinator Holli Needham, Head Secretary	
District Level Leadership Support (staff member in which to consult surrounding a communicable disease event)	 Has responsibility over communicable disease response during periods of high transmission in community at large. May act as school level support to Building lead/Administrator activating a scaled response. Responds to media inquiries during the communicable disease event and ensures that those responsible for communication are designated speakers. 	George Mendoza, Superintendent Scott Carpenter, A. Sup.	541-663-3201 george.mendoza@lagrandesd.org 541-663-3203 scott.carpenter@lagrandesd.org
Main Contact within Local Public Health Authority (LPHA)	 Notifies Building Lead/Administrator of communicable disease outbreak and offers recommendations for appropriate response. Key spokesperson to communicate on health-related matters with community members, health facility staff, and other local community partners. 	Carrie Brogoitti, LPHA	541-962-8800 cbrogoitti@chdinc.org
Others as identified by team			



Section 2. Equity and Continuity of Education

Preparing a plan that centers equity and supports mental health

Preparing a school to manage a communicable disease case or event requires an inclusive and holistic approach to protect access to in-person learning for all students. In this section suggested resources are offered to help prepare for communicable disease management while centering an equitable and caring response.

Centering Equity

Identify existing district or school plans and tools that can be utilized when centering equity in prevention, response, and recovery from incidents of outbreaks (e.g., district or school equity plans/stances/lenses/decision tools, Equity Committee or Team protocols, district or school systems for including student voice, existing agreements or community engagement or consultation models, Tribal Consultation¹, etc.)

- La Grande School District Equity Lens
- Equity Decision Tools for School Leaders
- Oregon Data for Decisions Guide
- Oregon COVID-19 Data Dashboards by Oregon Health Authority
- Data for Decisions Dashboard
- <u>Planning for COVID-19 Scenarios in Schools</u> by Oregon Department of Education and Oregon Health Authority
- Tribal Consultation Toolkit



Suggested Resources:

- 1. Equity Decision Tools for School Leaders
- 2. Community Engagement Toolkit

¹ Tribal Consultation is a separate process from stakeholder engagement; consultation recognizes and affirms tribal rights of self-government and tribal sovereignty, and mandates state government to work with American Indian nations on a government-to-government basis.

3. <u>Tribal Consultation Toolkit</u>

Table 3.

Centering Educational Equity

OHA/ODE Recommendation(s)	Response:	
Describe how you will ensure continuity of instruction for students who may miss school due to illness.	Teachers will continue to provide instruction through google classroom and daily communication with students and families.	
Describe how you identify those in your school setting that are disproportionately impacted by communicable disease and which students and families may need differentiated or additional support.	 Student experiencing poverty and/or homelessness: These students may lack adequate access to direct parent support, medical care, or other health care services and as a result may experience increased infection rate, increased length/duration of symptoms, and decreased access to vaccination, and increased exposure to others that may be symptomatic due to lack of adequate child care services. Students will likely need to access more educational services from their home or other alternative locations during repeated isolation periods. Students with disabilities (specifically those with immunocompromised health conditions): These students will likely experience a higher rate of infection, increased length/duration and strength of symptoms, and increased mortality rate. LGSD district administration, building administration, and special education staff will work directly with families to provide services and supports as needed in a collaborative approach when their a needs due to isolation needs or requirements. 	
Describe the process by which the school will implement a differentiated plan for those that are disproportionately impacted, historically underserved or at higher risk of negative impacts or complications related to communicable disease.	 LGSD will continue to train teachers and educational staff on needs of students and technology to provide distance learning LGSD will provide technology, accounts, access to Google Classroom and other distance learning apps, etc. LGSD admin/staff will communicate with students and families that are impacted by COVID-19 and develop individualized plans for providing access to learning. LGSD admin/staff will monitor student progress and provide opportunities to communicate regularly with teachers for support. 	

OHA/ODE Recommendation(s) Response: 1. Technology training for staff 2. Training on individualized support/services/plans for students experiencing COVID-19 3. Appropriate staffing and resources to provide supports as needed during distance learning monitored successfully.



Section 3. Communicable Disease Outbreak Prevention and Response:

Implementing mitigation activities, responding to periods of increased transmission, resuming baseline level mitigation, and debriefing actions to improve the process

Planning for and implementing proactive health and safety mitigation measures assists schools in reducing communicable disease transmission within the school environment for students, staff, and community members. Communicable disease, including norovirus, flu and COVID-19, will continue to circulate in our communities and our schools. Schools will utilize different mitigation measures based on local data, and observation of what is happening in their schools (e.g., transmission within their facilities and communities.) In the following section, teams will document their school's approach to the CDC, OHA and ODE advised health and safety measures at baseline, during increased transmission.



Suggested Resources:

- LGSD Communicable Disease Plan (pages 34-36)
- LGSD Counseling and Mental Health Resources Website
- LGSD Suicide Prevention, Intervention and Postvention

- LGSD Suicide Risk Assessment Process Flow Chart
- LGSD Crises Procedures Flow Chart
- Back to School: Getting Ahead of Bullying
- Cyberbullying a Growing Concern
- LGBTQ2SIA+ Student Success Plan (ODE)
- Creating a Safe and Supportive School Environment for Transgender Students (ODE)
- Suicide Statistics (OPR Institute)
- Warning Signs, Risk and Protective Factors for Suicide What to Do
- ODE Mental Health Toolkit
- Oregon Health Authority Youth Suicide Prevention

Table 4.

Communicable Disease Mitigation Measures

OHA/ODE Recommendation(s) Layered Health and Safety Measures	Describe what mitigating measures the school will implement to reduce and respond to the spread of communicable disease and protect in-person instruction?	
Immunizations	District communication will be consistent across the district COVID RISK LEVELS. Regardless or LOW or HIGH RISK LEVEL, district student, staff, and community members will be encouraged to be vaccinated. The district will continue to follow appropriate laws, mandates, or regulations regarding vaccination in the 23/24 school year. Community information and updates will be shared via the district website, Facebook, and other social media outlets.	
Face Coverings	 LOW and MODERATE RISK: Face coverings will be optional but strongly advised when the district/school is in LOW or MODERATE RISK levels regardless of vaccination status. Student and staff who wish to wear face coverings, masks, or face shields will not be punished for their decision to maintain masking. Schools will work to promote a positive and inclusive environment where all students free safe and invited regardless of their choice to wear or not wear a face covering. Students with IEP/504 accommodations will be actively supported in this decision-making process and provided supports or accommodations based on students' needs and medical recommendations through established IEP/504 processes HIGH RISK: All students and staff would be required to wear an appropriate face covering, mask, of face shield if/when the district entered HIGH RISK based on local context and metrics. 	
Isolation	All RISK Levels: Protocol Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields. School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space. After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol. If able to do so safely, a symptomatic individual should wear a face covering. To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing. Establish procedures for safely transporting anyone who is sick to their home or to a health care facility. Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms. Refer to table in the following document. https://www.oregon.gov/ode/student-and-famtly/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenerios%20Schools.pdf Involve school nurses, School Based Health Centers, or staff with related experience (Occupational or Physical Therapists) in development of protocols and assessment of symptoms (where staffing exists).	

OHA/ODE Recommendation(s) Layered Health and Safety Measures	Describe what mitigating measures the school will implement to reduce and respond to the spread of communicable disease and protect in-person instruction?		
	Record and monitor the students and staff being isolated or sent home for the LPHA review.		
	There is currently no requirement for close contacts to a positive or presumptive case to quarantine.		
	AT HOME SCREENING PROCESS Parents will be asked to screen their students daily before allowing them to attend school. All staff assigned to work onsite at an LGSD building should also self-monitor.		
	Questions to use for screening/monitoring		
	1. Do I have any of the following symptoms that are new or I cannot explain:		
Symptom Screening	Primary COVID-19 Symptoms		
, p	Y/ Temp of 100.4F degrees of higher N		
	Y/ Shortness of breath or difficulty breathing		
	Y/ Cough N		
	Y/ New loss of taste or smell		
	0. Has a member of my household (or another family member for whom I am providing direct care) been diagnosed with COVID-19, or been directed to self-quarantine due to symptoms of COVID-19?		

OHA/ODE Recommendation(s) Describe what mitigating measures the school will implement to reduce and respond to the spread of communicable disease and protect in-person instruction? Layered Health and Safety Measures Guidance if COVID-19 is suspected: Always make contact with family doctor and/or reach out to Health Department. If student has temperature over 100.4, keep student home until fever is gone for 24 hours without the use of fever-reducing medications and notify the school. If in a COVID-19 situation (household member with symptoms or positive test), notify the principal. Determination will be made for quarantine expectations. If diagnosed with COVID-19, isolate student for 5 days and notify the school. When in doubt, call your school principal and/or school nurse before coming to school. Staff screening When in Moderate, High, or Extreme Risk within school all staff assigned to work onsite at an LGSD building will screen daily upon entry. AT SCHOOL SCREENING PROCESS Screening of students or visitors may include: Staff will conduct visual screenings of students as they enter the building. They will be looking for symptoms listed above. If any symptoms are present, the staff may take the students temperature and start the isolation, quarantine, and notification process. Visitors will complete full screening process before accessing campus when the district is in Moderate or Risk Risk status. If any the person cannot answer all questions satisfactorily, they will not be allowed to access campus. If staff, students, or visitors display symptoms, follow communicable disease protocols, go home or go to sick room/isolation, get support from school nurse, and communicate with health agencies to evaluate symptoms and determine next steps. Student or visitor will not be allowed to enter general population if they do not pass the entire screening process or have a negative COVID-19 test. Student will either go home with parent or proceed to isolation room to await further instruction. Visitors will be instructed to leave. Diagnostic Testing for K–12 Students and Staff Using Abbott BinaxNOW rapid tests, this program is intended to test symptomatic and exposed students and staff. This essential access to free testing can help diagnose COVID-19 infection early. Nearly all schools registered and participated in this program last COVID-19 Diagnostic Testing year to great benefit. To participate this year, schools must register for each school year. To register or ask questions, please email schooltesting.COVID@DHSOHA.state.or.us. Screening Testing for Unvaccinated K–12 Teachers/Staff

OHA/ODE Recommendation(s) Layered Health and Safety Measures	Describe what mitigating measures the school will implement to reduce and respond to the spread of communicable disease and protect in-person instruction?	
	 Screening testing is for individuals without symptoms of COVID-19 or exposure to COVID-19. Because COVID-19 vaccines are very effective in reducing the risk of infection, the CDC recommends screening only in unvaccinated individuals. Staff need to sign up or opt-in to this weekly screening program where participation in the program and all results are confidential. However, positive COVID-19 results must be reported to Oregon Department of Education 17 the local public health authority. These tests are self-administered at home and sent to a regional laboratory for processing. School staff can apply independently using this enrollment form. For questions, please contact COVIDscreening. Schools@dhsoha.state.or.us. Screening Testing for Unvaccinated Students	
	 Screening testing is for individuals without symptoms of COVID-19 or exposure to COVID-19. Both schools and families need to sign up or opt-in for this weekly screening testing program performed in collaboration with a regional laboratory partner. Participation in the program and all results are confidential. However, positive COVID-19 results must be reported to the local public health authority. Program details vary by region and interested districts and schools may use this form for more information. For questions, please contact COVIDscreening.Schools@dhsoha.state.or.us. 	
Airflow and Circulation	LGSD will provide best airflow and circulation to students and staff based on system capabilities, sq. footage, student/staff/use, and comfort. LGSD Staff will work to maintain filters, systems, etc. to keep heating and cooling systems at best functioning level to serve our student, staff, and community.	
	Low Risk: School sites will not be required to minimize student interactions by creating stable cohorts. However, they will need to maintain accurate attendance records, and consider routines that may provide spacing when appropriate to minimize exposure or transmission.	
	When in MODERATE or HIGH RISK schools sites may institute Cohorting protocols to limit exposure and transmission per information below.	
Cohorting	La Grande School District will implement stable cohorts were reasonable within our programs. Where feasible, stable cohorts groups should be no larger than can be accommodated by the space available to provide 9 sq. ft. per person. Focus of cohort guidelines: Cohort students as often as possible to minimize exposure and allow for contact tracing. Maintaining stable cohorts that remove opportunities for students to mix and create "close contacts" that may result in exposure and illness.	
	 Stable Cohorts: Stable cohorts are defined as: a group of students that does not change location and population regularly throughout the day with individually identified students accessing same space and resources within a given day. The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a). 	

OHA/ODE Recommendation(s) Layered Health and Safety Measures	Describe what mitigating measures the school will implement to reduce and respond to the spread of communicable disease and protect in-person instruction?	
	 The district will provide access to appropriate restrooms. Cleaning and disinfecting surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade-level academic content standards, and peers. Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts. Staff will maintain contact tracing log regarding access to assigned classrooms daily. Upon request, school administration will provide Local Public Health (LPHA) access to contact tracing logs. School administration will provide LPHA directory access to all data systems to support identification, contact tracing, investigation, or response to COVID-19. School administration will provide student records to LPHA with support of parents or legal guardian. LPHA and school administration will work collaboratively to determine the best format to share/access records in accordance with state law. 	
	Low Risk: School sites will not be required to implement physical distancing standards to minimize student interactions. However, they will asked to consider routines that may provide physical distancing when appropriate to minimize exposure or transmission throughout the school day. When in MODERATE or HIGH RISK schools sites may institute Physical Distancing protocols to limit exposure and transmission per information below.	
Physical Distancing	Many students, like adults, love to embrace, give high-fives, fist bumps, and receive positive adult attention. When students falter in adhering to the new operating procedures, center grace and patience and reteach the expectation. Refrain from implementing consequences that deny access to instruction as a result of these challenges. Schools and teams should continually provide instruction and positive reinforcement to help all students adapt to the changes in school facilities while ensuring punitive measures are not the methodology to remind, motivate and reinforce healthy practices.	
	 OHA and ODE <i>strongly advise</i> 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. 	
	UNIVERSAL HAND-WASHING EXPECTATIONS All persons occupying district facilities will wash their hands with soap and water for twenty seconds once every two hours and/or at every transition. However, if for practical reasons, this is not possible hand sanitizer (consisting of at least 60% alcohol content) may be used until such time soap and water becomes practical. Key times to wash hands, in general, include but are not limited to the following:	

OHA/ODE Recommendation(s) Layered Health and Safety Measures	Describe what mitigating measures the school will implement to reduce and respond to the spread of communicable disease and protect in-person instruction?
Hand Washing	
	 Before, during and after preparing food Before and after eating food After using the toilet After blowing your nose, coughing or sneezing Before and after school/work shifts and/or breaks After touching frequently touched surfaces, such as seats and handrails After putting on, touching or removing cloth face coverings.
	Low Risk: School sites will not be required to implement normal daily cleaning standards to minimize the spread of COVID. Depending on the time of year or community risk level, school may increase cleaning of high touch surfaces to daily as directed.
	When in MODERATE or HIGH RISK schools sites may institute Cleaning protocols to limit exposure and transmission per information below.
Cleaning and Disinfection	 Cleaning and disinfecting is everyone's responsibility. The LGSD custodian crew has many years of experience and knowledge with continual training on cleaning and disinfecting procedures. The district will provide training as well as complete disinfecting and cleaning chemicals and other supplies. The district has new cleaning equipment to quickly and effectively take care of entire buildings. Routine and high-touch areas will be cleaned and disinfected often. Personal items will be cleaned and disinfected immediately after use by the user
Training and Public Health Education	Training and Public Health education of students, staff, and community stakeholders will happen on an as needed basis when the district receives updated information from the appropriate federal or state agencies. Student training on COVID health mitigations (i.e. hand washing, etc.) will happen regularly until protocols are well-established with regularly refreshers to maintain compliance.
PRACTICING PLAN TO BE	READY

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. Schools, districts, and ESDs should 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.

Plan is viewable to the public at: https://www.lagrandesd.org/page/covid-response-plan

Date Last Updated: August 21, 2023 Date Last Practiced: August 23, 2023