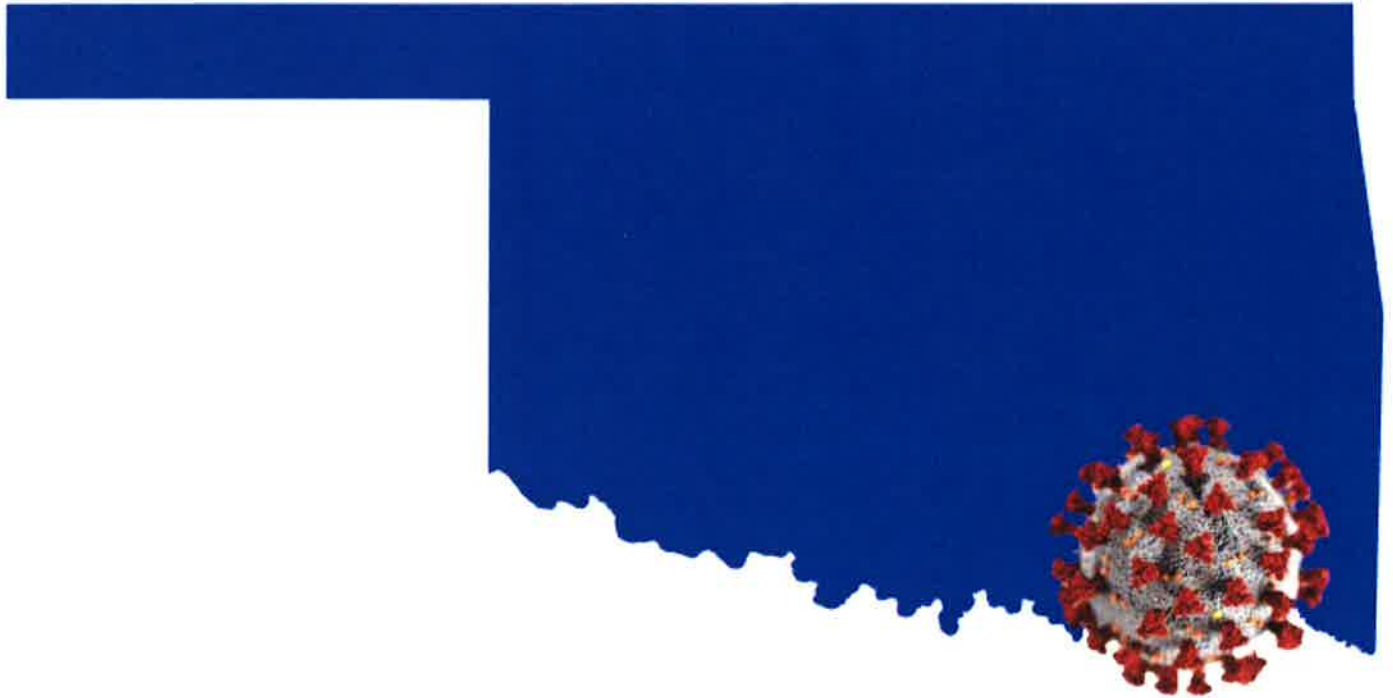


# COVID-19



## Southeast Oklahoma Area Schools Response Guide

*What constitutes a school closure?*

# COVID-19 PROTOCOL FOR AREA SCHOOLS

Bryan, Marshall, Johnston and Atoka Counties

## DAILY SCREENING

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1. Parents screening of their student(s) using provided checklist: It is the parent's responsibility to do the daily screening that will be relied upon by the school district. If a parent sends their child to school, the parent is certifying that they have screened their child that day. *Some smaller schools may check temperature at the door.*
2. Staff: It is the staff member's responsibility to do the self-screening each day prior to coming to work. By coming to work the staff member is certifying that he/she has self-screened that day and understands that the school district will rely upon the staff member's self-screening.
  - Checklist attached: At Home Checklist for Students and for Faculty/Staff
  - Communication to parents attached

## AT SCHOOL PROCEDURES

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**Isolation Room:** Any student or staff member who exhibits a fever of 100 degrees will be instantly isolated in a predetermined isolation room and immediately sent home.

After being sent home, the student or staff member cannot return to school until one of the following criteria is met:

- Without COVID-19 testing, the student or staff member must not be present at school for 10 days from symptom onset, but may return on 11<sup>th</sup> day if symptoms have resolved.
- After a negative COVID-19 test, the student or staff member can return to physical school after 3 days of being fever free with no fever reducing medication.
- The student will become a distance learner at home until he/she can return to school.
- The student will be counted as present because distance learning will be provided.
- The student will be entered into a database accessible only to necessary school personnel.

## POSITIVE CASE – ELEMENTARY CAMPUS

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1. Contact the county Health Department to assure the Health Department begins contact tracing.
2. Communicate to staff (*sample email/letter attached*).
3. Communicate to applicable parents depending on classroom arrangement (*letters attached*).
4. Thoroughly sanitize classroom.
5. Positive case classroom goes to distance learning for 14 days while those students are quarantined. If the student has siblings, the siblings will be quarantined.
6. If the attendance of campus learners at the site and/or district where the positive case occurs reaches a 35% absenteeism rate, the site and/or district (dependent on school size and

structure) will go to distance learning for 14 days. The count starts on the first day of distance learning.

7. Grab and Go meals will be provided starting on Day 1 of distance learning. Delivery schedule will be dictated by the district's Child Nutrition capabilities.
  - Letters to communicate a positive with staff, parents, and site about positive cases attached
  - Ensure communication regarding absences

### **POSITIVE CASE – SECONDARY LEVEL CAMPUS**

1. Contact the county Health Department to assure the Health Department begins contact tracing.
2. Communicate to staff (*sample email/letter attached*).
3. Communicate to parents at site about positive case (*letter attached*).
4. County health departments will decide which students will have to be quarantined and go to distance learning dependent on exposure level as determined by the county health officials.
5. If the attendance at the site and/or district where the positive case occurs reaches a 35% absenteeism rate, the site and/or district (dependent on school size and structure) will go to distance learning for 14 days. The count starts on the first day of distance learning.
6. Grab and Go meals will be provided starting on Day 1 of distance learning. Delivery schedule will be dictated by the Child Nutrition capabilities.

### **REQUIREMENTS FOR ALL ELEMENTARY AND SECONDARY TEACHERS**

1. Maximize classroom space (remove reading nooks, center areas, etc.).
2. One directional seating (for all classrooms that don't have round tables).
3. Seating charts (required by all teachers for all classes).

### **BUS TRANSPORTATION**

1. Recommend alternate transportation, if possible, for all bus riders.
2. Maximize air flow.
3. Seating chart required. (*template attached*)
4. Additional bus routes (district decision)
  - Letter to parents about alternate transportation attached

*Place on School Letterhead*

Date

Dear Parents,

The safety of your child and our students and staff is of utmost importance as we return to school. During this school year, it is your responsibility to do the daily screening that will be relied upon by your child's school. Below is a checklist of statements you may use as a reference. **If your child exhibits any of the following signs, indicating by answering yes to the questions below, do not send your child to school. Please keep them at home and contact your healthcare provider.** This checklist must be used separately for each child attending school from your household. You can print the At Home Screening Form Daily Log to assist you from our website at *(enter website here)*.

1. Are you (or your child) experiencing a new cough that you cannot attribute to another health condition? YES / NO
2. Are you (or your child) experiencing shortness of breath that you cannot attribute to another health condition? YES / NO
3. Are you (or your child) experiencing a sore throat that you cannot attribute to another health condition? YES / NO
4. Are you (or your child) experiencing a loss of smell or taste that you cannot attribute to another health condition? YES / NO
5. Do you (or your child) have a temperature at or above 100 degrees or the sense of having a fever? YES / NO
6. Within the last 14 days, have you (or has your child) had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19? YES / NO

*(Note: Close contact is defined as within 6 feet for more than 15 consecutive minutes.)*

By sending your child(ren) to school, you are certifying you have screened your child that day and the answer to each of the questions above is "No."

Thank you,

School Principal

**STUDENT NAME:**

ANY STUDENT ANSWERING YES TO ANY QUESTION OR RECORDING A TEMPERATURE OF 100° OR ABOVE MUST STAY AT HOME.

[illegible]

This form is for personal use only. Not for school use.

**Signature:**

**ANY FACULTY/STAFF MEMBER ANSWERING YES TO ANY QUESTION OR RECORDING A TEMPERATURE OF 100° OR ABOVE MUST STAY AT HOME.**

[illegible]

**This form is for personal use only. Not for school use.**