

School District: Winston-Dillard School District #116

Superintendent: Kevin Miller

Consulting RN, School Nurse, or Medical Professional: Evergreen Family Medicine

Updates and Review:

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

Plan Component	Required	Recommendations and Considerations
 A protocol to notify the local public health authority (LPHA) of 1. Any confirmed COVID-19 case(s) among students or staff. 2. Any cluster of illness among students or staff (2 or more). 	When cases of communicable diseases occur in the school population, the principal or designated school staff will collaborate with the local public health authority regarding when to report clusters of disease or disease outbreaks to the local public health authority, and what (if any) communication should go out to the school community. If the principal is not available, another school staff member will be designated to contact the local health department for reporting concerns or questions.	If anyone who has entered school is diagnosed with COVID-19, report to and consult with the LPHA regarding cleaning and possible classroom or program closure (LPHA directory). Douglas Public Health Network: https://douglaspublichealthnetwork.org/covid-19/
	Notices intended to educate parents and the community of the importance of reporting COVID-19 cases and outbreaks are posted on the district Facebook page and website.	



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	The building principals are responsible for notification of district and Douglas Public Health, and the OHA. The reporting hotline is: (541)464-6550	
	The OHA reporting portal is at: https://epiweb.oha.state.or.us/fmi/webd/k12%20Reporting%20Portal?homeurl=https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/COVID-19-Reporting.aspx	
Protocol for screening students and staff upon entry to school each day.	WDSD follows the Communicable Disease Guidance for Schools for screening protocols and other measures to keep students and staff safe. Primary Symptoms of Concern for screening:	Schools may consider collecting information about existing conditions that cause coughing on intake forms. Involve school nurses and School Based Health Centers (SBHCs) in development of protocols and assessment of symptoms when available. Consider connecting with School Nurses and other contracted RNs where available. Screening protocol must recognize that students and staff who have conditions that cause chronic symptoms (e.g., asthma, allergies, etc.) should not be automatically excluded from school. Cough is an exception: Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.



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	Student or staff with any of the above symptoms will be sent home or isolated until they can go home. Review isolation procedures HERE (pg.22)	For students or staff with other symptoms, see guidance from the Oregon Department of Education and the Oregon Health Authority.
	COVID-19 symptoms may also include the following, but these are less specific and not recommended as criteria for exclusion from school alone: new loss of taste or smell, headache, muscle or body aches, nausea or vomiting†, diarrhea†, fatigue, congestion or runny nose.	
	† Note that vomiting and diarrhea are listed in OAR 333-019-0010 as conditions for restriction from school, independent of COVID-19.	
Communication protocol for COVID-19 cases.	Reporting Flowchart shows how reports get to the proper authorities. Click here. Building principals post information on positive cases and/or quarantines on Facebook and the school webpage. The principal or designated staff is responsible for contacting families of affected students.	Parents of all students who were exposed to a person diagnosed with COVID-19, and all exposed adults, should be notified within 24 hours and advised to quarantine at home for 14 days following exposure and to seek testing should symptoms develop, or as directed by public health. Consult with LPHA officials on what constitutes "exposure".
Daily logs for each stable group or each individual student to support contact tracing of cases if necessary.	The staff is trained in the importance and requirement of daily logs.	Record keeping protocol for daily logs are used in contact tracing to assist the LPHA as needed



each school building is responsible for contact logs and screening forms. or individual students or cohorts:
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Plan Component	Required	Recommendations and Considerations
	Maintain log for a minimum of 4 weeks after completion of the term.	

Isolation Measures

Plan Component	Required	Recommendations and Considerations
Protocol to restrict any potentially sick persons from physical contact with others.	 Adequate supply of face coverings, including location. Designated space to isolate student or staff members who develop COVID-19 symptoms. Isolate students and staff who report or develop symptoms, with staff supervision and symptom monitoring by a school nurse or other school-based health care provider, until they are able to go home. While waiting to go home, people displaying symptoms should wear a face covering, as should supervising staff. *If students are nauseous, struggling breathing, or in distress, they should not wear any face covering while waiting to go home. Designated space for students to receive non-COVID-19 health services that is separate from COVID-19 isolation space. 	Anyone developing cough, fever, chills, shortness of breath, difficulty breathing, or sore throat while at school must be given a face covering to wear, isolated from others immediately; and sent home as soon as possible. Anyone with these symptoms must remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. Alternatively, a person may return to school after receiving two negative COVID-19 molecular tests (PCR) at least 24 hours apart. Involve school nurses and school-based health centers (SBHCs) in development of protocols and assessment of symptoms, when available.



Environmental Management

Plan Component	Required	Recommendations and Considerations
Ensure hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.	Each school has adjusted daily schedules to include hand washing routines at the beginning of the day and before meals.	
Hand washing is required before every meal and after restroom use.	The same routine is followed after coming in from recess or breaks.	
Appropriate cleaning and contingency plans for routine infection prevention, and for closing cohort, schools, or districts based on identified COVID-19 cases and in compliance with public health and CDC guidelines.	Each building follows the protocol for cleaning and disinfection for routine infection prevention. Administration works with the custodial staff to follow the protocol for cleaning and classroom closure in case of a COVID case in a single cohort and for cleaning after school-wide exposure.	Routine cleaning and disinfecting should follow <u>CDC cleaning and disinfecting guidance</u> , and includes cleaning classrooms between groups, playground equipment between groups, restroom door or faucet handles, etc.
	Each school is provided a dedicated storage location for cleaning supplies and the head custodian in each building is responsible for proper use and maintaining appropriate inventory.	



Physical Distancing and Protection

Plan Component	Required	Recommendations and Considerations
Maintain six feet of physical distance between people.	Where possible, a minimum of 35 square feet per person is available in classrooms, cafeteria, gyms, and other building locations. The schools work on minimizing interactions between cohorts and minimizing changes in stable cohorts while balancing educational needs for individual curricula. Teachers arrange seating in order to adhere to physical distancing requirements in classrooms. All staff monitor hallways, restrooms; arrival and dismissal, meal times, recess, and time between classes to ensure physical distancing rules are being followed.	Minimize time standing in hallways; consider marking spaces on floor, one-way travel in constrained spaces, staggered passing times, or other measures to prevent congregation and congestion in common spaces. Schedule modifications: consider ways to limit the number of students in the building (rotating cohorts by half days or full days). Consider usable classroom space in making calculations. Establish cohorts of students using the same classrooms with the same teachers each day. Students should remain in one classroom environment for the duration of the learning day, unless this would severely impact educational needs. Teachers of specific academic content areas may rotate through student cohorts where feasible. In high schools or other settings where cohorts must change to allow individual curricula, maintain physical distancing and disinfect desks and high-touch surfaces between groups.



Plan Component	Required	Recommendations and Considerations
		Restrict interaction between students cohorts; e.g. access to restrooms, activities, common areas.
Face coverings for staff and students.	The district maintains regular communication with staff,	See ODE/OHA guidance on face covering, shields, and masks.
coverings. Communications can be found at www.wdsd.org All communications will include statements that childred under age 12 and those who cannot reliably wear face covering without constant supervision (e.g., some study who experience disability) should not wear a face covering without constant supervision.	parents, families and students on appropriate use of face coverings.	Staff who interact with individual students in less than six feet must wear masks.
	Communications can be found at www.wdsd.org All communications will include statements that children	Staff who support personal care, feeding, and any 1:1 sustained contact with a student.
	under age 12 and those who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering or	Staff who interact with multiple cohorts should wear a face covering in accordance with CDC guidelines.
	other covering; face coverings must never be worn by	Students aged 5 years and over may wear face coverings if they are able to wear them appropriately (i.e., not touch the face covering, change it if visibly soiled, etc.). If face coverings are worn, they should be washed daily or a new covering worn daily.
		Note: Students who cannot reliably wear face covering without constant supervision (e.g., some students who experience disability) should not wear a face covering; face coverings must never be worn by children while sleeping.
		Provide disposable face coverings and instructions on appropriate face covering use to students, parents, families and staff (available on OHA website.)

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



This plan has been sent to Douglas County Health as well as the Cow Creek Band of Umpqua Indians. Their feedback will be welcomed.

Attestation to truthfulness of the plan: Kevin Miller