

EUGENE SCHOOL DISTRICT 4J

COVID-19 COMMUNICABLE
DISEASE MANAGEMENT PLAN

2020–21

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I. PURPOSE AND SCOPE OF PLAN

The purpose of this plan is to provide guidance to district staff during the ~~2020~~ COVID-19 pandemic in order to meet the district’s obligation to provide high-quality, equitable education, nutrition, *and* health and social emotional supports during the 2020–21 school year. The district’s educational programming for 2020–21 is anticipated to consist of a combination of online distance learning and on-site face-to-face instruction as public health conditions permit.

It establishes the health and safety protocols and applies whenever staff, students or others are in schools or other district facilities. This includes community-based programs¹ located in a school building, as well as district-sponsored child care programs and early learning environments. See *Health and Safety Guidelines for Child Care and Early Education Operating During Covid-19*, August 14, 2020.

This plan addresses current and anticipated future operations for the 2020–21 school year in 4J schools ~~and is required by ODE Guidelines, Ready Schools, Safe Learners Guidance for School Year 2020–21~~. It supplements the district’s communicable diseases procedures in JHCC-AR and GBEB-AR by providing guidance specific to the COVID-19 pandemic *and meets the requirements of ODE’s [Ready Schools, Safe Learners Guidance for School Year 2020–21](#) and OSHA’s requirements for an infection control plan established in its [Temporary Rule Addressing COVID-19 Workplace Risks](#).*

II. COMMUNITY HEALTH METRICS

A. Criteria for *Returning to In-Person Instruction, Including in Hybrid Model*

The district has adopted the comprehensive distance learning model for all grades until *at least January 2021 ~~December 7~~*. Before opening schools to students for regular in-person instruction, including hybrid instruction when students are in the classroom for some of the time, the district will ensure that the *county and statewide metrics* to do so are met.

As provided by OHA and ODE in the [Ready Schools, Safe Learners Guidance](#), in order for the district to resume such instruction, *starting at the K–3 level, and adding additional grades thereafter*:

¹ “School-based, out-of-school time programs” is the term used by ODE to include community-based programs that are located in a school building, even if not district-sponsored. Examples in 4J include YMCA and Creative Care. For simplicity, the district uses the term “community-based programs.”

- ~~● Lane County may not be in a baseline phase, and~~
- ~~● For three weeks in a row:~~
 - The COVID-19 case rate in Lane County must not exceed ~~10~~ 100 cases per 100,000 population in the preceding ~~week~~ 14-day period
 - Test positivity rate in Lane County must not exceed 5 8% in the preceding ~~week~~ 14-day period
 - ~~○ Test positivity in the State of Oregon must not exceed 5% in the preceding week~~

Additional requirements apply for resuming on-site instruction in a hybrid model for middle and high school grades.

~~The district intends to provide three weeks' advance notice to families and staff before starting hybrid instruction (whether on December 7 or a later point), and to start hybrid instruction only at the beginning or mid-point of the trimester schedule. As allowed by the state, the district may resume in-person education for students in grades K–3 when certain metrics are met, but it will not do so prior to December 7 at the earliest.~~

B. Criteria for Limited In-Person Instruction (Applies During CDL Only)

As provided in ODE's [Guidance for Limited-In-Person Instruction During Comprehensive Distance Learning guidance](#), the district may provide limited in-person instruction to meet the educational, relational and/or assessment needs of specific groups of students. Student participation in limited in-person instruction is voluntary, and not intended to replace the requirements of CDL. Examples include:

- Addressing connectivity issues
- Academic support
- **Accessing assessment**
- Social, emotional, or mental health support
- Educator-student relationship building
- Supporting live peer-to-peer interaction
- Supporting ongoing engagement and attendance
- Building school community and culture
- Ensuring culturally relevant and sustaining pedagogy
- Preparing for a return to in-person instruction
- Providing voluntary supplemental supports
- Facilitating learning and assessment experiences not easily replicated online such as the use of equipment in CTE programs or evaluating a student for special education

~~Before providing limited in-person instruction during CDL, there must have been no confirmed cases of COVID-19 among the school's staff or students in the past 14 days.~~ When providing limited in-person instruction for specific groups, schools must comply with ODE limitations on cohort sizes, time and more.

Each school will designate a staff member to provide the school’s information each week regarding current instructional models and student counts and reports to ODE via [ODE’s COVID-19 Weekly School Status system](#).

III. PUBLIC HEALTH PROTOCOLS — MITIGATION AND PREVENTION

It is critical that staff, students and families adhere to the [key practices for reducing the spread of COVID-19](#) in schools, to ensure that our schools can open with safe protocols and remain open with stability. As required by ODE guidelines, the following protocols are addressed in this section:

- Cleaning, disinfection and ventilation
- Face coverings, personal protective equipment (PPE)
- Entry, screening, dismissal, contact tracing logs
- Physical distancing and personal hygiene
- Cohorting students
- Designation of physical distancing manager and site coordinator (PDM, PDSC)
- Visitors and volunteers
- Isolation measures/ restriction of ill or exposed persons
- Contact tracing
- Public health communications – staff and families

A. Cleaning, Disinfection and Ventilation

As required by ODE’s Ready Schools Safe Learners guidance, this section addresses systematic cleaning and disinfection of classrooms, work spaces, bathrooms, and activity areas. It is intended to address preventive and routine measures. It also addresses expectations about ventilation. For information about disinfection following a confirmed case of COVID-19, see Section V of this document, Response to Confirmed Cases and/or Outbreak.

1. *Cleaning products*

Only district-provided cleaning and disinfecting products will be used. These products will be selected from the [EPA List N](#) to reduce the risk of asthma.

Staff training and product use information will be provided. Product safety data sheets (SDS) are logged in the district SDS database.

Disinfectants will be applied safely and correctly following the manufacturer’s labeled directions. Disinfectant products will be kept away from students.

2. *Custodial staff*

Custodial staff will have primary responsibility for daily cleaning and disinfection as outlined in Appendix 1 – [COVID-19 Cleaning & Disinfection Protocol](#).

Custodial staff will, not less than once per day, perform cleaning and disinfecting of all high touchpoints throughout the buildings, including but not limited to restrooms, common areas, door knobs, light switches, and student desks throughout the building. Daytime custodial staff will continue performing disinfecting of common touchpoints throughout the day, *to the extent possible*.

Any cleaning and disinfecting needs based on known or suspected illness or when bodily fluids are present, will be addressed only by trained custodial personnel.

3. All staff

All frequently touched surfaces (such as door handles and sink handles) and shared objects (such as toys, games, and art supplies) must be cleaned, sanitized and disinfected between uses multiple times a day. Cleaning and disinfecting will be done in accordance with [CDC guidance](#).

Playground equipment will be cleaned and disinfected at least once a day, or between use as much as possible, in accordance with CDC guidance.

All staff will have a role in supporting cleaning and disinfection of classrooms, offices, bathrooms, activity areas and frequently touched surfaces. For example, teachers and educational assistants may be assigned to clean high touchpoint areas and shared objects within the classroom or other school setting. Employees will be required to clean their personal workspaces and points of contact after use, including spraying disinfectant on restroom sinks, meeting tables, or other areas of shared furnishings or equipment (e.g. laminators, copy machines).

Disinfectant spray and towels or disinfectant wipes, with use instructions, will be made available in each classroom for staff use to periodically disinfect common touchpoints within the classroom. All staff-designated areas will be supplied with disinfectant spray and towels or wipes to be used throughout the day as needed/desired.

4. Students

Disinfectant products shall not be used by students, and should be stored in a manner where students do not have ready access to them.

5. Schools

Schools will develop and use sanitizing protocols for all equipment used by more than one individual (students and staff), or, alternatively, purchase equipment for individual use.

6. Technology devices

a) Distribution of devices

- Device will be prepped by staff wearing PPE
- Devices may be wiped down using a technology-compatible wipe as necessary
- Device will be placed in a container for distribution to student
- Device is assigned to student and to be used as their personal device for the school year

b) Technology brought into the building

Technology-compatible wipes will be available in classrooms and in front offices. These may be used by staff (not students) to wipe down technology as needed.

c) Device returned / requiring repair

The device will be placed in a container, and subsequently prepped and cleaned by staff wearing PPE. Staff will clean the device pre- and post-prep and before returning it to the student or loaner pool.

d) COWs / loaner technology

Teachers or other classroom staff will wipe down a device before returning the device to the loaner pool.

7. Ventilation

Air circulation and filtration are helpful factors in reducing airborne viruses.

The district and its schools will operate ventilation systems properly and will consider and implement ways to increase circulation of outdoor air as much as possible, by setting ventilation systems to increase air exchanges and increase the amount of outside air where possible, and/or by opening windows and doors while keeping student safety and school security in mind. Schools will minimize recirculation of indoor air (and maximize the circulation of fresh outdoor air) as much as possible.

Fans can be an effective way to increase the circulation of outdoor air, but fans should not be used when doors and windows are closed and the fans are recirculating the classroom air. Consideration will be given to using fans or box fans positioned in open windows to draw fresh outdoor air into the classroom via one window, and flush indoor air out of the classroom via another window. Fans will not be used in rooms with closed windows and doors, as this does not allow for fresh air to circulate. Fans will not be used if it is determined that they pose a safety or health risk, such as increasing exposure to pollen or other allergens or exacerbating asthma symptoms.

The district will consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments.

Ventilation systems will be checked and maintained by maintenance staff on a regular basis. The district will consider modifications or enhancements of building ventilation and filtration systems where feasible, following current guidance.

When feasible, bus windows will be kept open in order to improve air ventilation. Even partially opened windows will improve fresh air circulation on the bus.

B. Face Coverings, Personal Protective Equipment

Face coverings decrease the spread of COVID-19 as “source control” of a contagious person’s respiratory secretions. It is now established that *asymptomatic* people *without symptoms* can spread the virus that causes COVID-19, and this is a significant contributor to person-to-person spread. In addition, emerging evidence suggests that airborne transmission may play a role in the spread of COVID-19, via exposure to small droplets that contain the virus and can linger in the air for minutes to hours. Face coverings reduce the spread of respiratory droplets.

1. *Face coverings required*

Face coverings are required for all staff and for all students in grades kindergarten and up. Face coverings must be worn properly, covering the nose, mouth and chin. Face coverings must be worn both indoors and outdoors, including during outdoor recess.

“Face covering” means a cloth, polypropylene, paper or other face covering that covers the nose and the mouth and that rests snugly above the nose, below the mouth, and on the sides of the face. Face coverings with valves and “gaiter” type face coverings are not permitted.

Clear face shields with hooded enclosures are an acceptable alternative to regular face coverings under limited circumstances where and when appropriate.

The district will provide face coverings to staff and to students if needed.

Use of face coverings does not change physical distancing requirements.

2. 1. Staff

- a) **Face coverings:** Face coverings ~~or other CDC-approved alternatives are required for~~ shall be worn by all staff, contractors, other service providers, visitors or volunteers following CDC guidelines for face coverings ~~and must be worn when in common areas, when moving about the building, when interacting with students or the public, and in other circumstances when they may not be able to maintain 6 feet of distance from other people.~~ Staff Individuals may remove their face coverings while working alone in a private ~~offices~~ individual workspace not shared with other people, ~~or when meeting with others when stationary and 6 feet of distance may be maintained.~~ Face coverings must be worn both indoors and outdoors, including during outdoor recess. Employees should use a cleanly washed face covering each day.
- b) **Face shields:** The district will work with staff requiring an alternative to a regular face covering to provide a face shield with additional protections, such as side pieces or hoods. Clear face shields with hooded enclosures are an acceptable alternative when a person has a medical condition that prevents them from wearing a cloth face covering, when an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible, or when people need to see mouth and tongue motions in order to communicate.

Clear face shields with hooded enclosures ~~plastic masks~~ may be preferred and may be appropriate in place of face coverings in some instances because they enable students to see whole faces. This avoids potential barriers to phonological instruction and reinforces social emotional cues. ~~Staff who may prefer clear masks include~~ This type of face shield may be appropriate for use by staff such as:

- Speech language pathologists, SLP assistants, or other staff ~~adults~~ engaged in providing articulation therapy
- ~~Front office staff~~
- K–1 classroom teachers engaged in phonological instruction or instruction where viewing the mouth of the staff member is optimal.

Clear plastic face shields ~~without~~ hooded enclosures may be worn *in addition to* the normally required face covering. The district will provide a clear plastic face shield to an employee upon request, to be worn over a face covering. The face covering under the shield may be lowered only momentarily to show the user’s mouth where there is a specific, limited need to do so.

Face shields without hooded enclosures may not be used instead of a face covering. Use of an unenclosed face shield alone is not permitted because wearing a face shield alone without a face covering or mask increases the potential for transmission of viruses to those in the same room as the individual without the face covering or mask.

- c) **Face masks:** Medical-grade face masks ~~are required to be available when appropriate for~~ will be provided and must be worn by ~~school~~ district nurses, ~~licensed practical nurses;~~ athletic trainers, health assistants and other personnel ~~when assigned to~~ providing direct ~~close contact and~~ patient care or in-person monitoring ~~(within 6 feet)~~ of students (or staff) displaying symptoms of COVID-19.
- d) **ADA accommodations:** A staff member requiring accommodation for the face covering requirement should contact the district's ADA coordinator at hr_ada@4j.lane.edu. ~~If a staff member requires an accommodation for the face covering requirement, the district will work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.~~
- e) **Provision of face coverings:** The district will provide ~~one~~ two cloth face coverings to an employee upon request to the employee's supervisor, ~~at no cost to the employee.~~ ~~Employees are otherwise expected to provide their own workplace appropriate cloth face coverings.~~ The district will also supply disposable face coverings for use by essential visitors and ~~for~~ employees who have left their face covering at home. ~~Employees are encouraged to use a cleanly washed face covering each day. Some staff may be required to wear clear plastic face covering, or due to disability, may be unable to wear a cloth face covering; if required for either of these reasons;~~ In cases where a clear plastic face shield is needed, as identified above, the district will provide the employee with one upon an employee's request.
- f) **Clear plastic barriers:** Clear plastic barriers may be used as an additional measure in some limited circumstances. Examples of where barriers could be used include the library check-out station, cafeteria check-out, or front office. ~~Face coverings must be worn even when staff are behind plexiglass barriers.~~
- g) **Childcare and early childhood education:** Early childhood and childcare staff who engage in health and safety checks are required to wear a clean, outer layer of clothing (e.g., a larger size, long sleeve button-down shirt, a smock, an apron or scrubs) during the daily health checks. Adults interacting with multiple, stable groups in such programs, such as early interventionists and other itinerant or rotating staff, will wear a clean, outer layer of clothing when moving to a new group. Adults feeding infants must tie back long hair and wear a clean outer layer of clothing (e.g., a larger size, long sleeve button-down shirt or a long-sleeved smock, or a sheet, scrubs, blanket, etc.).

Early childhood and childcare staff providing direct contact care and monitoring of children or other staff displaying COVID-19 symptoms, prior to their exclusion from the childcare setting, shall maintain 6 feet of physical distancing and wear a medical grade face covering.

- h) All staff and students are required to change clothing after being soiled by bodily fluids.

3. ~~2~~ Students

- a) Face coverings are required for all students in grades kindergarten and up and recommended for pre-kindergarten children age 2 and up.
- b) Students must wear face coverings at all times when at school, on school-provided transportation, or participating in school activities. **Face coverings must be worn both indoors and outdoors, including during recess.**
- c) **“Mask breaks” for a group or a full classroom are not allowed.**
- d) ~~f~~ If a student removes a face covering, or demonstrates a need to remove the face covering for a short period of time, the school/team must:
- Provide space away from peers while the face covering is removed. In the classroom setting, an example could be in a designated chair where a student can sit and take a 15 minute “sensory break.” Students **must should** not be left alone or unsupervised. The designated area or location **must should** be appropriately distanced from other students and of a material that is easily wiped down for disinfection after each use.
 - Provide additional instructional supports to effectively wear a face covering
 - Provide students adequate support to re-engage in safely wearing a face covering
 - Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day.
- ~~e~~ Students who **choose not do not wish** to wear a face covering during on-site instruction **will be provided with access to may elect** all-online instruction. Additional provisions apply to students protected under ADA and IDEA. **Refer to the [Face Coverings and FAPE supplemental guidance](#) for additional information.**
- e) ~~e~~ Student athletes participating in indoor athletic activities are required to wear face coverings at all times. ~~e~~ Student athletes participating in outdoor athletic activities are required to wear face coverings when not able to maintain 6 feet of physical distancing.

4. ~~3~~ Students with disabilities and face coverings

- a) **Determining relationship to disability or medical circumstance**

In general, every student is expected to wear a face covering or face shield when accessing in-person instruction. When a student chooses to not wear a face covering, and that choice is not related to a disability or medical circumstance, the student will be given access to instruction through an all online option; however, where a student is not wearing a face covering or face shield due to disability or medical circumstances, then the IEP team must ensure that the student is not excluded because of their disability or condition; determine how a free and appropriate education (FAPE) can be provided safely; and ensure that any changes needing to be made to the student’s educational program are made. To determine if a student is unable to wear a face covering or face shield because of their disability, the district, the parent and other relevant members of the IEP team will use the manifestation determination review process. See [ODE's Face Coverings and FAPE Guidance](#).

b)  Students needing accommodations for face coverings

If any student requires an accommodation to meet the requirement for face coverings, districts and schools **must *should*** work to limit the student’s proximity to students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include:

- Offering different types of face coverings or CDC-approved alternatives that may meet the needs of the student
- Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised
- Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease
- Additional instructional supports to effectively wear a face covering

c)  Students with medical conditions

The district must not deny access to on-site instruction for students with existing medical conditions **and** doctor’s orders to not wear face coverings, or other health-related concerns.

d)  IEP and 504 compliance

- Schools and districts must comply with the IEP/504 plan established prior to the closure of in-person instruction in March 2020, or the current plan in effect for the student if developed after that point.
- If students eligible for or receiving services under a 504 Plan or IEP cannot wear a face covering due to the nature of their disability, the school must review the IEP or 504 plan and take the additional steps outlined in ODE Guidelines *Ready Schools Safe Learners* Section 1h.
- Staff must consider child find implications for students who are not currently eligible for or receiving services under 504 or IDEA who demonstrate an ongoing inability to

consistently wear a face covering as required. Ongoing inability to meet this requirement may be evidence of the need for an evaluation to determine eligibility for support under IDEA or Section 504. Teachers should alert the school psychologist and school administrator in such cases.

C. Contact Tracing

Staff will maintain contact tracing logs of all visitors, students, employees, contractors and others, entering a facility at any time, or engaged in 4J sponsored activities on district premises. The records will be maintained for a minimum of two months in a secure and confidential location. The Health Services Administrator will promptly submit all tracking information and forms to and by Lane County Public Health. The district will follow the lead of Lane County Public Health in contact tracing.

D. Entry, Screening, Dismissal, Contact Tracing Logs

All schools and facilities shall have procedures to ensure screening before students and staff enter school. Any person exhibiting primary symptoms of COVID-19 shall not be admitted to campus. Staff should refer to ODE’s [Exclusion Summary Chart](#) to support compliance with these requirements.

1. Staff

- a) Employees are expected to conduct a self-check of health and potential exposure before entering sites, and to answer the following questions on a sign-in sheet:
- Have you had close contact with, or do you live with anyone currently ill and diagnosed with COVID-19?
 - Are you currently sick or are you experiencing any COVID-19 related symptoms? (see chart from OHA)
 - Do you have a fever?

If the answer is “yes” to any of the above questions, the employee is to stay home or go home.

- b) Employees are expected to ask the following self-check questions if returning to work after being ill or symptomatic:
- Are you well enough to work?
 - Have you been fever free for 72 hours without the use of fever-reducing medications?

If the answer is “no” to either of these questions, the employee is to stay home or go home.

- Have you had a cough (persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider), or shortness of breath (not explained by a situation such as exercise) in the last 72 hours?
- Have you had diarrhea or vomiting within the last 48 hours?

If the answer is “yes” to either of these questions, the employee is to remain home and not come to work/school.

- c) Itinerant staff and all district staff who move between buildings (including but not limited to maintenance, facilities, delivery, nutrition and administrative staff) will keep a log or calendar with a running two-month history of their time in each school building which will include the following:
- Which building they were at
 - When they were at the building
 - Where they went within the building
 - Which students, staff or cohorts they interacted with

2. Students

- a) Students shall be directed to stay home if they, or anyone in their home or living spaces, has **primary** COVID-19 symptoms, or other signs of infectious diseases.
- Primary symptoms of concern: cough, fever (**temperature of 100°F or higher**), ~~or~~ chills, shortness of breath, ~~or~~ difficulty breathing, **or new loss of taste or smell**.
 - Note that muscle pain, headache, sore throat, ~~new loss of taste or smell~~, diarrhea, nausea, vomiting, **new** nasal congestion, and runny nose are also symptoms often associated with COVID-19. More information about COVID-19 symptoms is available from the [CDC](#).
 - Students also should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9–~~11~~ ~~12~~ of [OHA/ODE Communicable Disease Guidance](#).

- b) Students and/or cohorts of students will be assigned to an entrance, and staff will be assigned to entrance(s) to conduct visual screenings of students.
- c) Students will be visually screened upon entry to bus or school facilities every day. Once inside the facility, they **may will** be asked a series of screening questions, generally by the classroom teacher. Additional screening may be necessary should a student indicate they are not feeling well or have been around symptomatic close contacts.
 - Anyone displaying or reporting the primary symptoms of concern (see primary symptoms list above) must be isolated and sent home as soon as possible.
 - If they do not undergo COVID-19 testing, the person should remain at home for 10 days and until 24 hours after fever is gone, without use of fever-reducing medicine, and other symptoms are improving.

3. Known exposures

*According to the CDC, A known exposure is defined as **someone** an individual who **was** has had close contact (within 6 feet) **of an infected** with a person who has COVID-19 for **at least** more than 15 cumulative minutes in a 24-hour period, starting from 2 days before the onset of illness **onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.***

If a student or staff member is diagnosed with COVID-19, the district will consult with Lane County Public Health to review the situation and will use the [Planning for COVID-19 Scenarios in Schools](#) document when considering our response to known exposures and staff and students who become ill. The district will follow the advice of Lane County Public Health on **excluding restricting** any students or staff known to have been exposed to COVID-19 within the preceding 14 calendar days.

Under current guidelines, the district will direct any person who has been in close contact with a person with a confirmed COVID-19 case to isolate at home and away from other non-quarantined individuals until 14 symptom-free days have passed since they were last exposed.² Decisions regarding return-to-work after an employee participates in COVID-19 quarantine or isolation activities must be made in accordance with applicable public health guidance and must otherwise be consistent with guidance from the employee’s medical provider.

If a school cannot confirm that 6-foot distancing was consistently maintained during the school day, all members of a stable cohort group will need to quarantine until the contact tracing process is completed.

² Whenever an employee participates in quarantine or isolation for COVID-19, the district will allow the employee to work at home if suitable work is available and the employee’s condition does not prevent it. Employees participating in quarantine or isolation as a result of the requirements of this plan will be entitled to return to their prior job duties if still available and without any adverse action as a result of participation in quarantine or isolation activities.

Employees other than the designated point of contact with LCPH shall direct questions as follows:

- Staff with questions about employee exposures shall direct questions to their administrator. Administrators with questions shall contact Human Resources Administrator Dawn Strong.
- Staff with questions about restricting students shall direct questions to their administrator. Administrators with questions about the exclusion of students shall direct questions to Health Services Administrator Joyce Smith-Johnson.

4. Baseline / chronic coughs

Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication must 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.). Parents will document a student’s pre-existing chronic condition in the student health history form.

5. Hand hygiene upon entry

Students and staff are expected, upon entry to school or worksite, to wash their hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60–95% alcohol.

Hand sanitizer dispensers will be placed near all entry doors and other high-traffic areas.

6. Other requirements for arrival and dismissal

- a) Staff shall maintain, and shall ensure students maintain, physical distancing during arrival and dismissal. Scheduling adjustments may be necessary to accommodate this requirement. For example, schools will work with Transportation so that buses arrive a few minutes apart.
- b) During periods of Comprehensive Distance Learning all sites will utilize a limited number of entry points to facilitate contact tracing.
- c) All students, staff and others entering the building will sign in and sign out to help facilitate contact tracing. Sufficient pens will be provided to eliminate sharing pens.
- d) Caregiver drop-off and pick-up will take place outside the building. Schools will establish and clearly communicate procedures for keeping drop-off and pick-up as brief as possible and maintaining physical distancing.

7. Student and cohort tracing logs

Cohort contact tracing logs will be at each entry and exit point. The tracing logs will contain the student’s name, drop off and pick-up time, which will later be linked to parent/guardian name and emergency contact information, and student ID numbers. All staff names and phone numbers who interact with a stable cohort or individual student will be included in cohort tracing logs. Where possible, a scanning or roster system will be implemented.

If a student is part of a stable cohort, then a daily log may be maintained for the cohort. If a student is not part of a stable cohort, then an individual student log must be maintained.

At the beginning of each day, the previous day's contact logs will be moved to a central location where they will be securely stored for a minimum of two months. The storage location will be communicated to the Human Resources Administrator (Dawn Strong) and the Health Services Administrator (Joyce Smith-Johnson). No original contact logs may leave the building or facility.

8. Daily health screening in early childhood and childcare programs

- a) In early childhood and childcare programs, designated staff will be required to take the temperature of all entering children and other individuals coming into contact with a stable group. If they have a temperature of 100-~~4~~° Fahrenheit or over, they must be excluded. Staff shall ~~may~~ self-screen and attest to their temperature on a daily basis.
- b) In early childhood and childcare programs, staff will ask all entering adults and children (or, if the child is not able to reliably answer, ask the adults who are dropping off the child) the following:
 - (1) Has the adult or child been exposed to a person with a positive case of COVID-19 in the past 14 days?
 - (2) Has the adult or child been exposed to a person with a presumptive case of COVID-19 in the past 14 days?
 - A “presumptive” case means the person was exposed to someone with COVID-19 and ~~the presumptive adult or child~~ showed symptoms in the past 10 days.
 - If they answer yes to either question 1 or 2, the child or adult must quarantine for 14 days.
 - The 14-day quarantine starts on the day that child or adult last had contact with the COVID-19 case.
 - The 14-day quarantine cannot be shortened by getting a negative COVID-19 test, or by getting a note from a medical professional.
 - (3) Is the adult or child experiencing an unusual cough, shortness of breath, or fever?
 - “Unusual cough” means something not normal for this person (e.g., allergies, asthma). If yes to question 3, that person must be excluded from the program for 10 days, and 24 hours symptom-free.
 - If they answer yes to question 3:
 - Anyone with a fever of 100-~~4~~° Fahrenheit is excluded.

- With regard to cough and shortness of breath only, if the person has been checked by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional.
- See additional information on exclusion and return to care under direction of a medical professional in the section “Responding to Possible and Confirmed Cases of COVID-19.”

E. Physical Distancing and Personal Hygiene

1. *Employees, visitors and volunteers must:*

- a) Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60–95% alcohol on entry to school or work site every day.
- b) Maintain a distance of at least 6 feet from others, unless job requirements necessitate closer physical proximity
- c) Use appropriate PPE if a distance of 6 feet from others is not possible
- d) Support respiratory etiquette and hand hygiene for students, employees, vendors, volunteers, and worksite visitors
- e) Clean hands frequently **with handwashing or hand sanitizer**, and avoid touching eyes, nose, or mouth with gloves or unwashed hands. Key times to clean hands include:
 - After blowing one’s nose, coughing, or sneezing
 - After using the restroom
 - After assisting others with toileting or using the restroom
 - Before and after eating, preparing food, or bottle preparation
 - Before and after diapering
 - After coming in from outside
 - Upon entering or leaving childcare or early childhood facilities
- f) Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.
- g) Staff must maintain physical distancing during all staff meetings, professional development activities, and conferences. Schools may consider virtual meetings or a combined in-person and virtual meeting.

2. *Students are expected to:*

- a) Maintain a distance of at least 6 feet from others, unless activity requirements necessitate closer physical proximity
- b) Use respiratory etiquette and hand hygiene. Respiratory etiquette means covering coughs and sneezes with an elbow or tissue. Tissues should be disposed of in a garbage can, then hands washed or sanitized.

3. *Schools will:*

- a) Establish a minimum of 35 square feet per person when determining room capacity, calculating only usable classroom space, understanding that desks and room setup will require use of all space in the calculation. This also applies for professional development and staff gatherings.
- b) Support physical distancing in all daily activities and instruction, maintaining at least 6 feet between individuals to the maximum extent possible. For example, desks will be rearranged to at least 6 feet apart. Students should be assigned a single seat to use consistently throughout the day and every day. *Supervisors will ensure that work activities and workflow are designed to eliminate the need for any employee to be within 6 feet of another individual unless the supervisor determines and can demonstrate that such physical distancing is not feasible for certain activities.*
- c) Minimize time standing in lines and take steps to ensure that 6 feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc.
- d) Modify or stagger schedules to limit the number of students in spaces or arriving at the same time to avoid crowding or gathering — for example, recess schedules.
- e) Limit transitions to the extent possible during the student day, and create hallway procedures to promote physical distancing and to minimize gatherings.
- f) Plan for students who will need additional support in learning how to maintain physical distancing requirements. Reinforce physical distancing expectations through positive behavior support and instruction; refrain from punitive discipline.
- g) Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, schoolwide parent meetings and other large gatherings to meet requirements for physical distancing.
- h) Advise and encourage all people on campus to wash their hands *or use hand sanitizer* frequently.
- i) Use signage and regular reminders to encourage students and staff to adhere to requirements for hand hygiene and respiratory etiquette.
- j) Provide the district-established instruction minutes to students by level.

4. Schools are encouraged to:

- a) Consider using outdoor spaces and common spaces.
- b) Consider ways to reduce mixing among cohorts of students.
- c) Design daily activities that support physical distancing.

5. Sharing of materials:

Schools and childcare and early childhood programs will:

- a) Establish and communicate expectations to staff, students and families to limit and store personal property brought to school. Students' personal property should be labeled prior to entering school. Students shall be instructed to not share their personal property with others in order to limit the spread of disease.
- b) Expect and teach students to avoid sharing community supplies, and to segregate items that have been used from clean items.
- c) Limit sharing materials and toys between children during activities.
- d) If sharing occurs, ensure students wash their hands with soap and water or use hand sanitizer at the end of the activity and before starting a new activity.
- e) Discontinue the use of classroom areas or materials where children must interact with common materials while engaging, such as shared sand and water tables, or outdoor sandboxes.
- f) For students in childcare and early childhood programs, maintain at least 36 inches between mats, beds, or cots and sleep head-to-toe (children are arranged so that the head of a person in one bed is at the opposite end of the head of the person in the next bed) during naptime and overnight care.
- g) Take-home items such as library books, adaptive equipment, technology devices, and musical instruments will be quarantined upon return for 72 hours before being checked in and returned to circulation. Staff assisting with the return of shared materials will use appropriate PPE including gloves and containers for storage and quarantine of the items. Distribution and return of items will be contactless, with no direct handoff from person to person. Direct handling of returned items will be limited to the greatest extent possible.

F. Physical Distancing Manager and Site Coordinators

Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. As schools reopen, spatial measures must be taken to ensure physical distance between individuals. Generally speaking, this is 6 feet between individuals since respiratory droplets often spread between 3 and 6 feet (CDC, 2020).

As required by ODE guidelines, the superintendent has appointed a district physical distancing manager (PDM). The PDM is responsible to establish, implement, and enforce physical

distancing policies, consistent with guidelines from Oregon Department of Education and Oregon Health Authority.

Each site has a physical distancing site coordinator (PDSC) who will work with the PDM to establish building and/or department practices for physical distancing. The site’s PDSC is also responsible for serving as a resource to employees with concerns about health and safety protocols, and where indicated, to investigate and follow up on those concerns. The PDSCs for each site are as follows:

- Elementary Schools, Fox Hollow and ECCO — School Principal
- Middle Schools — Assistant Principal
- High Schools — Assistant Principal to be appointed by school principal
- Education Center — Karen Hardin
- Transportation — Nathan Misner
- Facilities — Dexter Rummel
- Athletics — High School Athletic Directors
- Connections — Site Coordinator for Churchill High School
- Community Living Programs — Site Coordinator for Sheldon High School
- Eugene Online Academy, GED and Reconnections — Paula Nolan
- Bailey Hill — Brenda Brainard
- ECCO Childcare — Paula Nolan, Jill Johnson

G. Cohorting Students

A key strategy in reducing the spread of disease is establishing stable cohort groups in schools. A cohort is a consistent group of students that stays together for the duration of the school day or part of the day.

Schools will establish stable cohorts to the extent feasible, limit cohort sizes and the number of cohorts each student is in, to allow for efficient contact tracing and minimize risk for exposure. The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases.

1. *Limitations on cohorting during CDL for limited in-person instruction*

When providing limited in-person instruction (during CDL), cohort groups may have no more than 20 ~~10~~ students at a given time, and students cannot be part of more than two cohorts (including transportation) in any given week. A staff member (even in multiple roles) may not interact with more than three cohorts in a given day and five in a week. A student or student cohort of any size may not spend more than two continuous hours in a school building on a given day. *The absolute number of students who can come to a school building is limited to 250 per week, and may be further limited if childcare is offered at the facility.*

[Ready Schools, Safe Learners](#) defines a stable cohort as “a group of students that are consistently in contact with each other or in multiple cohort groups.” One student working with a teacher, by definition, does not constitute a cohort. If staff are involved in individual one-to-one interactions and not cohorts of multiple students, they should limit interactions to no more than 60 total students a day.

Per ODE’s [Guidance for Limited In-Person Instruction During Comprehensive Distance Learning](#), if an educator is administering special education assessments or evaluations and is working only with individual students, not cohorts, each assessment can be thought of more as total contacts. The upper limit for any staff would be 30 individual students or three cohorts (of 10 or fewer students) in a week. They should account for that while keeping distance and facial coverings. Family never needs to be closer than 6 feet for any evaluation except ages 0-3.

2. Limitations on cohorting during hybrid instruction

When schools reopen for on-site instruction in a hybrid model, students will attend school on-site in alternating weeks. Each student’s total combined cohort over the course of the week will be no more than 100 students and staff. Students may be part of a single cohort, or part of multiple cohorts, so long as the combined cohort does not exceed a total of 100 people within the educational week. Lunch and recess cohorts will be counted toward the maximum limit of 100 individuals in the combined cohort. Transportation and extracurricular activities should establish their own stable cohorts to the extent feasible; these do not count toward the 100 person limit.

Cohorts must be designed such that all students (including those with 504 and IEP plans) maintain access to general education, grade level learning standards, and peers as appropriate. A cohort within a classroom should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff.

- **Elementary school** student cohorts will be established with half of each grade level attending school on-site in alternating weeks. Elementary student cohorts will be organized by classrooms within one or two grade-level bands. No more than 16 people will be in a classroom at one time based on the square footage of the space. Grade level cohorts will have specific restrooms assigned for their use. Students will eat meals in their classrooms. Students will participate in recess breaks with the same cohort.
- **Middle school** student cohorts will be established with half of each grade level attending school on-site in alternating weeks. Middle school students will be cohorted in core content groups by grade level for the majority of the day, meaning that students will be in the same cohort of students in English language arts, math, science and social studies. Some students may participate in advanced math or other interventions or supports with a different cohort. Students will participate in grade

level electives with an additional cohort that may overlap with the core content cohort. Grade level cohorts will have specific restrooms assigned for their use. Meals will be delivered to classrooms and consumed in the cohort or delivered at the end of the day in a grab-and-go format.

- **High school** student cohorts will be established with half of the school’s students attending school on-site in alternating weeks. Students will be cohorted and assigned to classes in such a way that each student’s total combined cohort over the course of the week will be no more than 100 students and staff. Where feasible, cohorts will be assigned to areas of the school where classes will be held and restrooms assigned. Grab-and-go meals will be available for students at the end of the instructional day.

3. Generally applicable rules for cohorts

- a) Where feasible, schools will establish designated bathrooms for stable cohorts. Frequent cleaning of student and staff bathrooms will occur throughout the day.
- b) Schools will minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Schools will continue to provide access to all-gender/ single-occupant restrooms.
- c) Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.
- d) Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.
- e) Using available district resources, each school will implement a system for daily logs to ensure contact tracing among the cohort. See additional information about student/ cohort logs in Sections III-C and III-I of this document.

4. Cohorting in on-site community-based childcare programs

The goal of effective cohorting is to limit disruption to quality learning experiences, while maximizing safety and efficiency in contact tracing. All district and community-based childcare or early learning programs will follow all applicable cohorting and safety regulations.

Community-based childcare programs will follow the cohorting guidelines established by the Early Learning Division of the Oregon Department of Education as part of their [Health and Safety Guidelines for Child Care and Early Education Operating in COVID-19](#). On-site, community-based programs will provide copies of the contact-tracing logs upon request to the district Health Services Administrator. Other limitations apply.

H. Visitors and Volunteers

At this time all volunteers are restricted from school buildings during the school day. Non-essential visitors are also restricted from school buildings. Examples of essential visitors include DHS child protective services and law enforcement. Examples of non-essential visitors include parents (note exception for preschool or early childhood programs), **parent groups**, and classroom volunteers.

1. Entry of visitors

In the event of a situation requiring a visitor’s presence in an indoor public space for more than a minute (as for delivery of a single package to the front office), the visitor must:

- Be visually screened for symptoms upon entry
- Sign the contact tracing log
- Wash or sanitize their hands upon entry and exit
- Maintain 6 feet of physical distance between people
- Wear a face covering or CDC-approved alternative. The district will provide disposable face coverings for visitors in need
- Be restricted from district property if they are known to have been in close contact with someone who has COVID-19, within 6 feet for at least 15 **cumulative minutes in a 24-hour period**, within the preceding 14 calendar days.

2. Parents & caregivers of students in preschool or early childhood programs

Parents and caregivers of students in preschool or early childhood programs may enter schools under specific circumstances. For example, the programs will ensure breastfeeding parents, or parents or caregivers whose children have special feeding needs and who choose to come to the program to feed their child, are provided access to the facility and an appropriate space where other children are not present. The space will be cleaned and sanitized between visits.

To the greatest extent possible, students in preschool or early childhood programs will be dropped off outside the building and brought to an outside pickup area when a parent arrives to pick them up. However, family members will be permitted to enter the facility if there is a concern for the health and safety of their child. Family members entering the facility must follow requirements for adults in the facility.

Families seeking enrollment will be permitted to visit the facility only when children are not present. Only one family may visit the facility at a time and the family must comply with daily health check and recordkeeping requirements, wear a face covering, and maintain physical distancing.

I. Isolation Measures / Restriction of Ill or Exposed Persons

Eugene School District 4J has established guidelines related to restrictions of students and staff for communicable diseases. COVID-19 has been declared a restrictable disease. The district will exclude students and staff as provided by OHA guidelines and by Board Policy and Administrative Rule JHCC and JHCC-AR Communicable Diseases – Students, and GBEB and GBEB-AR Communicable Diseases – Staff. Health Services staff will follow Oregon Health Authority’s current [Investigative Guidelines](#) when assessing students for COVID-19.

1. Isolation and monitoring

Staff who report or develop symptoms will report such to their supervisor and leave the school or worksite immediately.

Students 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 other school staff.

If two students present COVID-19 symptoms at the same time, they must be isolated at once. Every effort will be made to isolate them in two separate spaces. If separate rooms are not available, ensure that 6 feet distance is maintained. Do not assume they have the same illness.

The school nurse should be contacted immediately, whether they are on site or not. The student’s parent/guardian should be contacted immediately to come pick them up.

If able to do so safely, a symptomatic student should wear a face covering.

School nurses, health staff and any other staff *Anyone* providing supervision and *symptom monitoring of symptomatic students will be provided and* must wear *an appropriate face covering or CDC approved alternative. School nurses and health staff in close contact with symptomatic students (less than 6 feet) shall wear* a medical-grade face mask. Other personal protective equipment (PPE) may be needed depending on symptoms and care provided.

A non-medically trained staff member (i.e., a staff member other than a school nurse or member of the health services staff), when moving a student into isolation, will maintain at least 6 feet of distance from the student, unless impossible, and will wear a face covering or CDC-approved alternative.

Any PPE used during care of a symptomatic individual shall be properly removed, and cleaned or 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.

To reduce fear, anxiety, or shame related to a student’s isolation, staff should provide a clear explanation of procedures, including use of PPE and handwashing.

Students will remain in the isolation area until a parent, guardian or emergency contact arrives to take them home.

2. Cleaning

All areas where a symptomatic student or staff member was working prior to isolation or exiting the facility should be thoroughly cleaned and sanitized. Upon vacating a student from the designated isolation area, a custodian will be contacted to provide appropriate cleaning and sanitization of the space prior to being used again.

3. Isolation and exclusion of symptomatic students and staff

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. Symptomatic staff or students should be evaluated and seek COVID-19 testing from their regular healthcare provider or through the local public health authority.

If a student or staff member has a positive COVID-19 test result or a presumptive case of COVID-19 (defined by OHA as a person with at least two COVID symptoms and known close contact with a positive case), the person may not be present on school or district property and should remain home for at least 10 days after illness onset and 24 hours after fever is gone, without use of fever-reducing medicine, and other symptoms are improving.

Employees required to isolate or quarantine must have clearance from the Human Resources Administrator for COVID-19 (Dawn Strong) or designee before returning to work. Students required to isolate or quarantine must receive clearance from a school nurse or the Health Services Administrator before returning to campus.

if they have a negative COVID-19 viral test (and if they have multiple tests, all tests are negative), they should remain home until 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.

if a clear alternative diagnosis is identified as the cause of the person's illness (e.g., a positive strep throat test), then usual disease-specific return-to-school guidance should be followed and the person should be fever-free for 24 hours, without use of fever-reducing medicine. A note from a health-care provider is required to return to school, to ensure that the person is not contagious. Families unable to access a private health care provider should contact a 4J school-based health center.

if they do not undergo COVID-19 testing, the person should remain at home for 10 days and until 24 hours after fever is gone, without use of fever-reducing medicine, and other symptoms are improving.

This guidance does not cover all possible scenarios and actions to take. The district will follow the guidelines of [Planning for COVID-19 Scenarios in Schools](#).

4. *Emergency Care*

COVID-19 is known to require emergency care in some cases. Emergency signs requiring immediate medical attention include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to awaken
- Bluish lips or face
- Other severe symptoms

Staff will call 911 for emergency services should they see a student or staff member exhibiting emergency signs of COVID-19.

J. Public Health Communications

This section addresses public health communications between the district and staff members and the district and families. Communications with Lane County Public Health are described elsewhere in this document, Board Policies GBEB and JHCC, and Administrative Rules GBEB-AR and JHCC-AR.

The district will strive to provide accurate, consistent and timely communications with staff, students, and parents to instill and maintain public confidence in our schools. The district will coordinate with Lane County Public Health to disseminate critical information from the health department, to develop and deliver common health messages, and to ensure and demonstrate that the district is taking reasonable action to preserve the safety and health of our staff and students. Communications will be provided in languages and formats accessible to the school community.

This comprehensive disease management plan will be posted on the district website.

1. *Information to staff*

The district will communicate to staff at the start of their work year and at periodic intervals, explaining infection control measures that are being implemented to prevent spread of disease. Buildings will ensure that the [OSHA COVID-19 Hazards Poster](#) is posted in a conspicuous manner in a central location, such as the location where employees report each day. Employees working remotely will be provided with a copy of the poster through electronic means.

2. *Information to families*

The district will communicate to families at the start of the school year and at periodic intervals, explaining infection control measures that are being implemented to prevent spread of disease.

3. Confirmed cases

When an individual in the school community is confirmed to have COVID-19, the district will coordinate with Lane County Public Health regarding communication.

The district will promptly notify students, families and staff who are known to have come into close contact with a confirmed case of the fact of a potential exposure. The CDC has defined “close contact” with someone who has COVID-19 as being within 6 feet for at least 15 cumulative minutes in a 24-hour period within the preceding 14 days.

The district will communicate to staff and (if during on-site instruction) to families of the impacted school or program that a case of COVID-19 has been identified in a person who has been on-site, including a description of how the school/district is responding, as required by ODE and OHA [Ready Schools, Safe Learners](#) guidelines.

The notifications required in this section will be made within 24 hours of the district being made aware that an individual with COVID-19 was present at a school or other district workplace while infectious or otherwise may have had work-related contact with district staff while infectious.

4. Privacy

As required by privacy laws, such communications will not identify a particular student or staff member as having COVID-19, or disclose other personally identifiable information about that person, without prior written consent. The district will make a reasonable determination that the communication will not cause the individual to be personally identifiable, taking into account other reasonably available information.

In rare instances, the district may determine, in conjunction with Lane County Public Health, that disclosure of identifiable information about a student with COVID-19 to the parent of another student is necessary in order to enable that family to take precautions or other actions to ensure the health or safety of their child or themselves, especially if their child or they have a higher risk of developing severe complications from COVID-19. The determination of whether disclosure of an individual’s name is absolutely necessary to protect the health or safety of others will be on a case-by-case basis.

Similarly, information about an employee’s illness with COVID-19 will be stored in a confidential medical file and maintained in confidence, except that supervisors must notify the administrator in Human Resources who is a designated point of contact with Lane County Public Health, and who shall notify Lane County Public Health. District employees are expected to make every effort to limit the number of employees with knowledge of the infected employee’s name. In addition, when the district learns that an employee has been confirmed to have COVID-19, or is a presumed positive, the district will follow the guidance of Lane County Public Health to determine which other persons may have been exposed to the virus.

When notifying others about their possible exposure, the district will maintain the infected employee’s name in confidence. Nothing in this section will prohibit the district from following the most current guidance from LCPH and OHA regarding COVID-19.

IV. FACILITIES AND SCHOOL OPERATIONS

A. Playgrounds, Fields, Recess, Break Rooms, and Restrooms

1. Recess, playgrounds, fields and shared equipment

While at recess or when using playgrounds and fields, students are to maintain physical distancing requirements, stable cohorts, and square footage requirements. Schools will design recess activities that allow for physical distancing and maintenance of stable cohorts.

Playgrounds, fields and shared equipment will be designated solely for the use of one cohort at a time. Where field or playground size permits, these areas may be subdivided for use by more than one cohort, provided the cohort is restricted to a single subdivision of the playground or field.

Before and after using playground equipment, students must wash their hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60–95% alcohol.

Cleaning requirements must be maintained per Section 2j of the [Ready Schools, Safe Learners](#) guidance. *Shared equipment (balls, jump ropes, etc.) will be cleaned and disinfected at least daily or between use as much as possible in accordance with CDC guidance. Outdoor playground structures require normal routine cleaning of visibly soiled equipment and do not require routine disinfection. ~~Playgrounds and shared equipment will be cleaned and disinfected at least daily or between use as much as possible in accordance with CDC guidance.~~*

Schools will provide signage and restrict access to outdoor equipment (including sports equipment, etc.) to support cleaning and disinfecting routines and the maintenance of stable cohorts.

2. Restrooms

After using the restroom students and staff must wash their hands with soap and water for 20 seconds. Custodial staff will ensure soap is available.

3. Staff rooms

Limit staff rooms, common staff lunch areas, and workspaces to maintain 6 feet of distance between adults. In smaller spaces this may limit use to a single person at a time.

4. Playgrounds — Closures to general public

School playgrounds will be closed to the general public when community park playgrounds are closed due to coronavirus. In closing and reopening playgrounds to the general public, the district will rely on Oregon Health Authority's [guidance applicable to outdoor recreation](#) based on the phase Lane County is in.

B. Meal Service and Nutrition

Meals will be eaten in classrooms or taken off-site at the end of the day. Desks or surfaces where meals are consumed will be cleaned and disinfected between meal periods. All meals will be served with non-reusable utensils and packaging.

Students will receive a bagged meal after washing or sanitizing hands, and will be instructed to wash or sanitize their hands after eating.

Self-service buffet-style meals are prohibited. Students will not share utensils or serving items. In the event that communal dishes are served in lieu of bagged meals, a staff member will serve all students from the communal dish. Students may not serve food.

Students and staff may not share food and drinks. Staff will closely supervise all meal times, including infant feeding and toddler meals, to prevent children from sharing and/or touching each other's food.

When pin pads are in use, student numbers will be entered using a non-reusable item (e.g. a Q-Tip) or a student-retained item (e.g. their own pencil eraser). Where possible, a scanning or roster system will be implemented.

Staff will appropriately clean carts, cafeteria tables, and any counter surface between uses. Meal touchpoints and meal counting systems will be cleaned and sanitized between stable cohorts. Any meal items such as plates, utensils, and transport items used in classrooms where meals are consumed will be cleaned on a daily basis.

All kitchen staff and school staff assisting with meal service **must will** wear a face covering when **preparing food** ~~servicing students, interacting with students;~~ or **in the presence of any students or staff** ~~interacting with staff or unable to maintain 6 or more feet of distance from any other person.~~ All staff will wash hands for at least 20 seconds before and after eating, preparing food, and/or **preparing bottles** ~~preparation.~~

At designated meal or snack times, students may remove their face coverings to eat or drink but must maintain 6 feet of physical distance from others, and must put face coverings back on after finishing the meal or snack.

Since staff must remove their face coverings during eating and drinking, staff **must are** ~~encouraged to~~ eat snacks and meals independently, and not in staff rooms when other people are present. Schools may consider staggering times for staff breaks, to prevent congregation in shared spaces.

Nutrition staff will be included in planning for school reentry.

C. Transportation

1. Students

Students in kindergarten and up will be required to wear face coverings while in transportation settings. If a student boards the bus without their face covering, the bus driver will provide them with a disposable face covering. See guidance on face coverings in Section III-B.

While at bus stops and on the bus, students will be expected to maintain physical distancing. During loading and unloading, visual cues will be present such as tape and number stickers for each seat to maintain consistency for the contact tracing log.

Students will be visually screened as provided in Section III-D. If a student is at a bus stop with their parent/guardian and shows signs of illness as they board the bus, the bus driver will explain that the student will not be able to attend school that day and ask the parent/guardian to return the student home. If the student displays symptoms when boarding the bus at school to return home, the bus driver will ask school staff to move the student to the school's isolation room and contact parents/guardians to pick up the student.

The front passenger seat will be reserved on all bus routes to be used as an isolation seat for students showing signs of illness. If a student displays symptoms in screening while boarding at their bus stop, or if a student begins to display symptoms after boarding the bus, the driver will assign the student to the isolation seat at the front of the bus, notify the dispatcher immediately, open multiple windows for fresh air circulation if feasible, and continue transporting the student. The symptomatic student *should will* leave the bus first. After all students exit the bus, the seat and surrounding surfaces *should must* be cleaned and disinfected.

Students experiencing disabilities may require additional support to participate in school transportation. Transportation and Student Services staff will work with parents/guardians of students to form a reasonable plan to appropriately provide service which may include accommodations the student needs to access transportation safely. Health Services will analyze the appropriate PPE required for the transportation team to adequately support each student requiring accommodations.

Staff should avoid physical contact if possible if helping children on and off the vehicle. If physical contact is necessary, staff must use hand sanitizer in between helping each child. Gloves are not recommended; hand sanitizer is strongly preferred. If hand sanitizer is not available, disposable gloves can be used and must be changed to a new pair before helping each child.

2. Staff

Drivers ~~will be provided and required to~~ must wear a face covering when not actively driving and operating the bus, including while students are entering or exiting the vehicle.

Drivers must wear face coverings while driving. If the mask or face covering interferes with the driver's vision (such as fogging of eyeglasses), the driver should talk with their supervisor about alternative face coverings.

Each driver will maintain contact tracing logs for each student and cohort. Transportation routes will include a permanent seating assignment/chart to facilitate contact tracing. Contact tracing logs will be stored in files in dispatch for efficient access and maintained for two months.

Staff will disinfect touchpoints and seats between each run/group of students during the morning, midday, and afternoon routes on the buses. Disinfectant will be a no-wipe/residue antiviral spray.

3. Training and communication

Transportation department staff will receive ongoing professional training regarding daily practices, safety protocols, expectations for students, and procedural and cleaning updates as they are adopted. The department will work with a district nurse to provide regular training on visually screening students for health.

The communications department will work with the transportation department to communicate to parents and guardians about basic changes to the district's transportation services (such as physical distancing at bus stops and while loading and unloading, face coverings, sanitizing practices, and the potential for increased route times). Drivers will reinforce expectations for students on each rider's first day and will provide daily reminders.

The district will establish school bell times and transportation schedules that permit adequate time to transport morning, midday, and afternoon routes, disinfect between cohorts, and permit break and meal periods required by the 4J/OSEA collective bargaining agreement.

D Health Services

All schools, facilities, and district locations will establish an appropriate isolation area for students when experiencing illness. The isolation area may also be used by staff experiencing illness when they are unable to immediately leave the building. These designated spaces will include access to restrooms that are reserved for symptomatic individuals and shall not be used by asymptomatic students and staff until thoroughly prepared by custodial staff.

School nurses will engage families of students identified as medically fragile, medically complex, and nursing dependent to support plans for students' online learning as well as for

their return to school when on-site instruction may begin. Health Services will analyze the appropriate PPE required for the school-based team to support each student with significant medical needs. This process will be ongoing and interactive with an emphasis on both student and staff safety. High-risk individuals may meet criteria for exclusion during a local health crisis.

[Additional guidance for nurses and health staff for providing care to students with complex needs is available as an extension to the \[Ready Schools, Safe Learners 2020–21 Guidance document\]\(#\).](#)

E. Student Mental Health Support

Schools will address the social, emotional, and mental health needs of students through class meetings, advisory sessions, and curriculum. School counselors, school social workers, school psychologists, and school nurses have a role in providing direct services to students and/or referring students to community-based services.

F. Emergency Drills

In accordance with ORS 336.071 and OAR 581-022-2225 all schools (including those operating a Comprehensive Distance Learning model) are required to instruct students on emergency procedures. When operating in a hybrid or fully on-site model, schools must also practice drills on emergency procedures so that students and staff can respond to emergencies.

While operating in a hybrid model, schools will provide at least 30 minutes of instruction to students each month on the emergency procedures for fires, earthquakes, and safety threats. Instruction and drills will be conducted multiple times to ensure that all cohorts of students have opportunities to participate.

Fire drills must be conducted monthly. Earthquake drills must be conducted two times a year. Safety threats, including procedures related to lockdown, lockout, shelter in place and evacuation and other appropriate actions to take when there is a threat to safety, must be conducted two times a year.

Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol after a drill is complete.

Drills can and should be carried out as close as possible to the procedures that would be used in an actual emergency. For example, a fire drill **must *should*** be carried out with the same alerts and same routes as normal. Drills **must *should*** not be practiced unless they can be practiced correctly.

COVID-19 physical distancing measures can be implemented if appropriate and practicable, but only if they do not compromise the drill. When or if physical distancing must be compromised, drills must be completed in less than 15 minutes.

District staff will work with local emergency personnel to review evacuation routes and class evacuation spots to ensure as much physical distancing as possible. This may include identifying additional routes to allow social distancing between cohorts of students during an evacuation.

Staff will be trained on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement.

Staff will pay close attention to the social-emotional impact of safety drills, talk to students ahead of time and debrief afterwards. Staff will communicate with families about upcoming safety drills (without giving specific times and dates) and after the safety drill so that families can prepare for, process, and review drills at home.

G. Supporting Dysregulated or Escalated Students

1. Planning and prevention

Schools and educators will proactively plan for when students have difficulty regulating themselves or are dysregulated or escalated. Examples include:

- Taking proactive and preventative steps to reduce antecedent events and triggers within the school environment.
- Planning for known behavioral escalations, and adjusting antecedents where possible to minimize student and staff dysregulation, recognizing that there could be new and different antecedents and setting events during the 2020-21 school year.
- Establishing a proactive plan for daily routines designed to build self-regulation skills; Short self-regulation skill-building sessions (5–10 minutes) will take place at times when the student is regulated and/or is not demonstrating challenging behaviors.
- Ensuring that all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion.
- Ensuring that staff are trained in effective, evidence-based methods for developing and maintaining their own level of self-regulation and resilience to enable them to remain calm and able to support struggling students as well as colleagues.

- Planning for how behaviors and behavior strategies impact public health and safety requirements. (See examples at page 50–51 of Ready Schools Safe Learners [guidance](#)).
- Ensuring that spaces that are unexpectedly used to de-escalate behaviors are appropriately cleaned and sanitized after use before the introduction of other stable cohorts to that space.

2. Protective physical intervention

The following guidelines should be used in conjunction with regulations for restraint outlined in OAR 581-021-0556. Use a positive student-centered approach and only utilize restraint if the student’s behavior imposes a reasonable risk of imminent and substantial physical or bodily injury to the student or others and less restrictive interventions would not be effective. Be mindful that seeing staff put on protective equipment or staff wearing protective equipment can further escalate a situation.

- It is critical that physical restraint is kept to the minimum necessary. Managing acute disturbance in the context of COVID-19 infection risk is underpinned by ensuring it is the least restrictive, that it is trauma informed, and does not create difficulties and or flashpoints that could otherwise have been avoided.
- Reusable personal protective equipment (PPE) must be cleaned/sanitized [following the manufacturer’s recommendation](#), after every episode of physical intervention. [Single-use disposable PPE may not be re-used on multiple days, and must be discarded at the end of the day or after exposure to a person with symptoms of illness.](#)
- Staff regularly assigned to work with students with a history of requiring protective physical interventions will be encouraged to bring a second set of clothing [to work to facilitate changing into items not in contact with others](#) and should change into clean clothing after close contact with a student.
- Staff regularly assigned to work on our Fox Hollow Campus which supports students with intensive behavioral needs will be provided with two sets of alternative work apparel (medical scrubs).

V. RESPONSE TO CONFIRMED CASES AND/OR OUTBREAK

A. Prevention and Planning

During the COVID-19 pandemic, the district has worked and will continue to work with Lane County Public Health (LCPH) frequently, including attending regular update meetings and contacting LCPH with questions. LCPH has received a copy of this plan, and has provided input

on various aspects of district operations, communication and response in the context of COVID.

LCPH has provided the district with a point of contact and has indicated that it will exchange information only with designated district personnel. The district’s designated personnel are Joyce Smith-Johnson, Health Services Administrator, and Dawn Strong, Human Resources Administrator.

B. Determination of Outbreak

The CDC defines an outbreak as a higher-than-expected number of occurrences of disease in a specific location and time. Outbreaks are determined by the state and local public health authorities, not by schools or school districts. *The district plays a key role in reporting confirmed cases, but does not determine whether there is an “outbreak.”* For the purposes of this document, an outbreak is two or more COVID-19 cases occurring in the same cohort (linked by time and place) in people from different households, suggesting viral spread within the cohort.

C. Notification and Communication — Confirmed Case

District employees must notify their supervisor if they have a confirmed or presumptive diagnosis of COVID-19, have been exposed to a person with COVID-19, or are being tested for COVID-19 due to symptoms or exposure concerns. The employee’s supervisor will notify the designated Human Resources Administrator (Dawn Strong).

If an employee, student or campus visitor self-discloses a confirmed or presumptive diagnosis of COVID-19:

- a) The staff member receiving the report shall notify (a) the Health Services Administrator (Joyce Smith-Johnson) in the event of a student *confirmed* case, or (b) the designated Human Resources Administrator (Dawn Strong) in the event of an employee *confirmed* case. *The Health Services and Human Resources administrators will cross-report to each other.*
- b) The designated Human Resources or Health Services Administrator will notify Lane County Public Health, as required by law.
- c) Health Services or HR will notify the Chief of Staff or, if the Chief of Staff is not available, the Executive Assistant to the Superintendent, who will notify the Superintendent, that there has been a confirmed case.
- d) Health Services and Communications will follow the guidelines in Section II-J (Public Health Communications) above. Health Services will implement the [Ready Schools, Safe Learners](#) guidance related to communication, isolation, and quarantine, in consultation with Lane County Public Health.

D. Cleaning and Disinfection – Following Suspected or Confirmed COVID-19 Case

District staff will use the following cleaning and disinfection process when staff or students present symptoms consistent with COVID-19 and have been in a district facility.

When building, site, or health services staff identify a person who has concerning symptoms, the individual will be evaluated and relocated to the designated isolation area. Custodial staff will be notified and will initiate cleaning procedures outlined in Appendix 2 - [Cleaning and Disinfecting Protocols For a Known or Suspected Case of COVID-19](#). Spaces where the individual was within the facility will remain unoccupied for 2 hours when possible. Appropriate personal protective equipment (PPE) and hand hygiene will be required when cleaning all impacted spaces.

1. *Damage to PPE*

Custodial and health services staff shall immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor. Such staff must also immediately notify their supervisor and complete the [Employee Incident Report](#) form by the end of their shift.

2. *Hygiene practices*

Custodial staff shall clean hands often before, during and after cleaning. Custodial staff will be instructed if it is advisable to remove and clean all clothing worn while cleaning as soon as practical. Staff are encouraged to bring a spare change of clothing to work.

3. *Training*

The Custodial Services Supervisor or their designee will:

- Assign the cleaning personnel and train them on the cleaning protocol.
 - Training should include when to use PPE, what PPE is necessary, how to properly put on, use, and take off PPE, and how to properly dispose of PPE.
- Ensure all needed and approved PPE and supplies are available at the location prior to initiating the cleaning protocol.

E. School, Department or Location Closure for an Outbreak

1. *Closure of all schools for in-person instruction*

The COVID-19 pandemic creates the possibility of districtwide school closures to in-person instruction and mid-year transitions between in-person instruction and comprehensive distance learning.

To support public health and prevent the spread of disease, the Oregon Health Authority and Oregon Department of Education have established [public health metrics](#) that measure the spread of COVID-19 within the county *and state*, and *establish requirements for when schools* ~~*When the metrics are met, the district*~~ may reopen *its schools* to in-person instruction and *when they* ~~*When not, district schools*~~ must close to in-person instruction and return to comprehensive distance learning, subject to the exceptions identified in the metrics.

The district will monitor and adhere to these requirements, and create a transition plan to ensure effective transitions between in-person instruction and comprehensive distance learning. *See [Community COVID-19 Metrics](#).*

2. Closure of individual classrooms, schools or buildings

The COVID-19 pandemic creates the possibility of temporary closures where there are clusters of illness or in other circumstances. The superintendent or designee, in consultation with Lane County Public Health, may temporarily close a classroom, school, department or other location.

A closure decision will trigger these additional actions:

- Access to the impacted area will be secured and restricted by the Facilities Department.
- The Safety Officer will be notified.
- Signage will be attached to all exterior doors stating that the building or other location is closed, listing the name and phone number of the individual(s) authorized by the Superintendent or designee to grant entry.
- The Custodial Services Supervisor will determine the specific areas that require additional cleaning. If specific area(s) cannot be identified as impacted, the entire building will be considered exposed.
- An authorized person will grant entry only for the purpose of investigation or cleaning.
- The authorized person will close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Outside doors and windows will be opened to increase air circulation in the area. When there is a suspected outbreak impacting a whole school or building, staff will wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff will clean and disinfect all identified areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.

- The communications department will provide communications to the impacted school community, including staff.
- When the cleaning is completed and ready for occupancy/use, the Custodial Supervisor will be notified. The Custodial Supervisor will notify the Chief Operations Officer, who will notify the Superintendent, Chief of Staff, and Safety Officer.
- The district will follow health authority guidance to begin bringing students back into on-site instruction, and may consider smaller groups, cohorts and rotating schedules to allow for safe return to schools. The Superintendent or designee will authorize the removal of all exterior signage of closure; authorize the Facilities Department to return the access control system to normal operation; and notify appropriate district staff to return the facility to usual operations.

3. *Programs and activities during temporary closure*

- a) School events may be modified, postponed or canceled based on feedback from LCPH.
- b) Comprehensive distance learning will be implemented during any short-term school closure, and shall be designed to support all learners.
- c) Schools will continue to provide meals, and may provide other services depending on the circumstances.
- d) The district will communicate with families about options and efforts to support returning to on-site instruction.

VI. TRAINING AND COMMUNICATION

The district will communicate to staff and parents at the start of the school year / work year and at periodic intervals, explaining infection control measures that are being implemented to prevent spread of disease.

The district will coordinate with Lane County Public Health to disseminate critical information from the health department, to develop and deliver common health messages.

District staff will receive ongoing professional training regarding daily cleaning and disinfection of personal workspace and commonly used spaces, safety protocols, expectations for staff and students, and procedural and cleaning updates as they are adopted.

Prior to the start of in-person instruction, and then periodically, the district will communicate with families regarding critical health and safety information including expectations regarding

when to keep students home, physical distancing expectations, expectations for dropoff and pickup of students, and health and safety measures being taken by the district to ensure the health of our 4J community.

All childcare and early childhood staff shall review this COVID-19 Communicable Disease Management Plan and the current version of the ODE ELD Health & Safety Guidelines for Child Care and Early Education Operating During COVID-19 before their first day of work or during employee orientation. All necessary early childhood staff will have first aid and CPR training.

VII. BACKGROUND SITUATION

Coronavirus disease 2019 (COVID-19) is a respiratory illness that is spreading from person to person in Lane County, Oregon, and elsewhere in the world.

A. Transmission Process

The CDC has provided the following information on the transmission of COVID-19:

COVID-19 is thought to spread mainly through close contact from person to person. Some People ~~without~~ who are infected but do not show symptoms ~~may be able to can~~ also spread the virus to others. Cases of reinfection with COVID-19 have been reported but are rare. We are still learning about how the virus spreads and the severity of illness it causes.

Person-to-person spread

The virus ~~is thought to spread mainly from person-to-person:~~ most commonly spreads during close contact:

- *~~Between~~ People who are ~~in close contact with one another~~ physically near (within about 6 feet) ~~for at least 15 minutes~~ a person with COVID-19 or have direct contact with that person are at greatest risk of infection.*
- *~~Through respiratory droplets produced~~ When ~~an infected person~~ people with COVID-19 coughs, sneezes, sing, talks or breathe, they produce **respiratory droplets**. These droplets can range in size from larger droplets (some of which are visible) to smaller droplets. Small droplets can also form particles when they dry very quickly in the airstream.*
- *Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19. ~~These~~ Respiratory droplets can cause infection when they are inhaled or deposited on mucous membranes,*

such as those that line the inside of the nose and mouth ~~land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.~~

- *As the respiratory droplets travel further from the person with COVID-19, the concentration of these droplets decreases. Larger droplets fall out of the air due to gravity. Smaller droplets and particles spread apart in the air. With passing time, the amount of infectious virus in respiratory droplets also decreases.*
- ~~COVID-19 may be spread by people who are not showing symptoms.~~

COVID-19 *The virus spreads very easily from person to person between people*

How easily a virus spreads from person to person can vary. ~~Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping. The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus appears to spreading more efficiently than influenza but not as efficiently as measles, which is highly among the most contagious viruses known to affect people. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.~~

The virus may *COVID-19 can sometimes be spread by airborne transmission in other ways*

- *Some infections can be spread by exposure to virus in small droplets and particles that can linger in the air for minutes to hours. These viruses may be able to infect people who are further than 6 feet away from the person who is infected or after that person has left the space.*
- *This kind of spread is referred to as airborne transmission and is an important way that infections like tuberculosis, measles, and chickenpox are spread.*
- *There is evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising.*
 - *Under these circumstances, scientists believe that the amount of infectious smaller droplets and particles produced by the people with COVID-19 became concentrated enough to spread the virus to other people. The people who were infected were in the same space during the same time or shortly after the person with COVID-19 had left.*

- Available data indicate that it is much more common for the virus that causes COVID-19 to spread through close contact with a person who has COVID-19 than through airborne transmission.

COVID-19 spreads less commonly through contact with contaminated surfaces

- Respiratory droplets can also land on surfaces and objects. It ~~can~~ *may-be* is possible that a person ~~can~~ could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or *possibly their eyes*.
- Spread from touching surfaces *This is not thought to be the-main a common way the virus that COVID-19 spreads, but we are still learning more about how this virus spreads.*

Source: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

B. Symptoms

The CDC reports the following about COVID-19 symptoms:

What you need to know

- Anyone can have mild to severe symptoms.
- Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with COVID-19 may have these symptoms:

- *Fever or chills*
- *Cough*
- *Shortness of breath or difficulty breathing*
- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *New loss of taste or smell*
- *Sore throat*
- *Congestion or runny nose*
- *Nausea or vomiting*
- *Diarrhea*

This list does not include all possible symptoms. The CDC will continue to update this list as they learn more about COVID-19.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

VIII. ASSUMPTIONS

COVID-19 has been declared a pandemic. The following assumptions apply to this situation:

- It is imperative that the district work through the challenges to providing an equitable and high quality education to district students and to plan for the safe reentry of staff and students to school.
- The district may be required to close school sites for days, weeks, or months, but will continue to deliver educational and related services as required by ODE guidelines and the district’s operational blueprint.
- Buildings and buses will need to be cleaned and/or sanitized.
- Staff may be restricted from coming to work and students restricted from coming to school buildings.
- All staff are expected to work unless on an approved leave; the district will comply with applicable leave and disability laws.
- Absenteeism of staff and/or students may affect district operations.
- Consumer demands for resources and other factors could create supply shortages and interrupt delivery of resources without advance warning, which could result in a temporary school closure.
- Regular coordination with public health agencies is required.
- Applicable executive orders and guidelines from Oregon Health Authority and Oregon Department of Education are subject to change. The most recent applicable guidelines are available online.

IX. OPERATIONS MANAGEMENT

Employees Anyone with concerns about how this plan is being implemented at a particular building should *be* addressed *their concerns* first to the site physical distancing coordinator, or,

if there is a conflict, then to the site administrator or the district-level physical distancing manager.

All employees have a role to play in promoting a healthy and safe working and learning environment.

The superintendent has assigned roles and responsibilities to the following personnel:

- Primary point of contact with Lane County Public Health – Joyce Smith-Johnson, Health Services Administrator, and Dawn Strong, Human Resources Administrator
- Physical Distancing Manager (PDM) – Dawn Strong, Human Resources Administrator
- Physical Distancing Site Coordinators (PDSC) – see list at page 17
- Teaching and learning – Charis McGaughy, Assistant Superintendent for Instruction
- High schools – Andy Dey, Director of High Schools
- Middle schools – Jeff Johnson, Director of PreK–8 Education
- Elementary schools – Brooke Wagner, Director of PreK–8 Education
- Special education – Kat Lange, Director of Student Services
- Afterschool programs and childcare – Brooke Wagner, Director of PreK–8 Education
- Athletics – Andy Dey, Director of High Schools
- Health services – Joyce Smith-Johnson, Health Services Administrator
- Food service – Holly Langan, Director of Nutrition Services
- Technology – Steve Menachemson, Director of Technology Services
- Employment issues – Karen Hardin, Director of Human Resources
- Communications and community engagement – Kerry Delf, Chief of Staff

X. COOPERATING AND COORDINATING AGENCIES

Local and state health departments will provide guidance and assistance to the district to confirm and identify cases, document and count cases, identify and eliminate transmission sources, and institute control measures. Lane County Public Health has supported the district in reviewing its system for maintaining daily logs for students and cohorts of students for purposes of contact tracing.

XI. PLAN DEVELOPMENT AND FUTURE UPDATES

This plan was developed in alignment with guidance from the Oregon Department of Education and Oregon Health Authority, and in consultation with district nurses and other licensed, classified and administrative staff.

Consulting medical professionals included 4J nurses Joy Maxwell, RN, Kim Roellig, RN and Eden Van Bloem, RN. Additional input was provided by Lane County Public Health staff including Dr. Patrick Luedtke, M.D., MPH and Jacqueline Moreno, MPH. The plan has been submitted to Lane County Public Health.

The district intends to form a plan review team to review, maintain and update this plan on at least a monthly basis, and update it as needed, throughout the duration of the pandemic.

Comments and suggestions on this plan may be sent to healthservices@4j.lane.edu.

XII. STATE AND FEDERAL GUIDANCE³

- CDC, [How Coronavirus Spreads](#) (October 28, 2020)
- Governor’s Executive Order 20-29, Ready Schools Safe Learners (June 24, 2020)
- ODE/OHA, [Communicable Disease Guidance](#) (April 21, 2020)
- ODE/OHA, [Ready Schools Safe Learners, Version 4.0.0](#) (October 30, 2020)
- ODE/OHA, [Planning for COVID-19 Scenarios in Schools](#) (September 14, 2020)
- ODE/OHA, [COVID-19 Metrics Explainer](#) (October 28, 2020)
- ODE, [Comprehensive Distance Learning](#) (October 30, 2020)
- ODE, [COVID-19 Exclusion Summary Guidance for Schools](#) (October 28, 2020)
- ODE, [Guidance for Decision Making Concerning Student Use of Face Coverings and Face Shields](#) (October, 2020)
- ODE, [Guidance for Limited In-Person Instruction During Comprehensive Distance Learning](#) (October 30, 2020)
- ODE, [Ensuring Equity and Access](#) (October 30, 2020)
- ODE, [Staff Working with Students with Complex Needs and Populations Needing Close Contact: Additional Considerations](#) (2020)
- OHA, [Statewide Mask, Face Shield, Face Covering Guidance](#) (October 19, 2020)
- OHA, [Oregon General Guidance for Employers on COVID-19](#) (August 18, 2020)
- OHA, [Reopening Guidance for the Public](#) (September 16, 2020)
- OHA, [Interim Investigative Guidelines – COVID-19](#) (September 18, 2020)
- OSAA, [Media Release: New 2020–21 School Activities Calendar](#) (August 5, 2020)
- ODE ELD/OHA, [Health and Safety Guidelines for Childcare and Early Education Operating During COVID-19](#) (August 14, 2020)
- OSHA, [Temporary Rule Addressing COVID-19 Workplace Risks](#) (November 6, 2020)

³ OHA: Oregon Health Authority. ODE: Oregon Department of Education. ELD: Early Learning Division. OSAA: Oregon School Activities Association.

XIII. 4J POLICY AND GUIDANCE

- [Board Policy JHCC](#) and [Administrative Rule JHCC-AR](#), Communicable Diseases—Students
- [Board Policy GBEB](#) and [Administrative Rule GBEB-AR](#), Communicable Diseases—Staff
- [Board Policy EBC/EBCA](#), Emergency Procedures and Disaster Plan
- [4J Cleaning and Disinfecting Protocols For a Known or Suspected Case of COVID-19](#)
- [4J Infection Prevention Cleaning and Disinfecting Protocols for COVID-19](#)