



OREGON DEPARTMENT OF EDUCATION

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OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 8/17/2020

Under ODE's **Ready Schools, Safe Learners** guidance, each school¹ has been directed to submit a plan to the district² in order to provide on-site and/or hybrid instruction. Districts must submit each school's plan to the local school board and make the plans available to the public. This form is to be used to document a district's, school's or program's plan to ensure students can return for the 2020-21 school year, in some form, in accordance with Executive Order 20-25(10). Schools must use the [Ready Schools, Safe Learners guidance](#) document as they complete their Operational Blueprint for Reentry. ODE recommends plan development be inclusive of, but not limited to school-based administrators, teachers and school staff, health and nursing staff, association leadership, nutrition services, transportation services, tribal consultation,³ parents and others for purposes of providing expertise, developing broad understanding of the health protocols and carrying out plan implementation.

1. Please fill out information:

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	Knappa School District #4
Key Contact Person for this Plan	William Fritz, Ph.D.
Phone Number of this Person	503 -458-5993
Email Address of this Person	fritzw@knappak12.org
Sectors and position titles of those who informed the plan	April Fresh, Business Manager Paulette Johnson, Superintendent (2019-20) Laurel Smalley, Principal Leila Collier, Principal Tammy McMullen, Principal A committee of 30 individuals including teachers, support staff, community members, and school nurse.
Local public health office(s) or officer(s)	Michael McNickle, Director, Clatsop County Public Health
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	William Fritz, Ph.D.
Intended Effective Dates for this Plan	July 1, 2020-November 6, 2020
ESD Region	Northwest Regional ESD

2. Please list efforts you have made to engage your community (public health information sharing, taking feedback on planning, etc.) in preparing for school in 2020 -21. Include information on engagement with communities often underserved and marginalized and those communities disproportionately impacted by COVID-19.

¹ For the purposes of this guidance: "school" refers to all public schools, including public charter schools, public virtual charter schools, alternative education programs, private schools and the Oregon School for the Deaf. For ease of readability, "school" will be used inclusively to reference all of these settings.

² For the purposes of this guidance: "district" refers to a school district, education service district, public charter school sponsoring district, virtual public charter school sponsoring district, state sponsored public charter school, alternative education programs, private schools, and the Oregon School for the Deaf.

³ Tribal Consultation is a separate process from stakeholder engagement; consultation recognizes and affirms tribal rights of self-government and tribal sovereignty, and mandates state government to work with American Indian nations on a [government-to-government](#) basis.

A committee of 30 individuals from the school community were involved in creating the plan. This committee included internal and community stakeholders. Additionally, two surveys were made available to all parents of the community and they were informed about the survey via telephone call. The communication was available to all, including diverse individuals. Respondents to the surveys represent over 30% of families. The Knappa School District worked closely with the Northwest Regional ESD, the Clatsop County Public Health Department, and the other four county school districts on the development of the plan.

3. Indicate which instructional model will be used.

Select One:

On-Site Learning

Hybrid Learning

Comprehensive Distance Learning
The District will offer both hybrid learning and comprehensive distance learning, given that some students live with vulnerable individuals and community

4. If you selected Comprehensive Distance Learning, you only have to fill out the green portion of the Operational Blueprint for Reentry (i.e., page 2 in the initial template).

5. If you selected On-Site Learning or Hybrid Learning, you have to fill out the blue portion of the Operational Blueprint for Reentry (i.e., pages 3-15 in the initial template) and [submit online](https://app.smartsheet.com/b/form/a4dedb5185d94966bldffc75e4874c8a). (<https://app.smartsheet.com/b/form/a4dedb5185d94966bldffc75e4874c8a>) by August 15, 2020 or prior to the beginning of the 2020-21 school year.

* **Note:** Private schools are required to comply with only sections 1-3 of the **Ready Schools, Safe learners** guidance.

REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT

This section must be completed by any school that is seeking to provide instruction through Comprehensive Distance Learning.

Schools providing On-Site or Hybrid Instructional Models do not need to complete this section.

Describe why you are selecting Comprehensive Distance Learning as the school's Instructional Model for the effective dates of this plan.

Based on community feedback up to 10% of the student population is indicating that they WILL NOT return to school if hybrid or face-to-face learning are the only options available due to safety concerns. Accordingly, distance learning is an option to keep these students in school until confidence in the safety of the "brick and mortar" environment can be reestablished.

Describe how your school's model aligns to the Comprehensive Distance Learning Guidance. In completing this part of the Blueprint you are attesting that you have reviewed the Comprehensive Distance Learning Guidance. Please name any requirements you need ODE to review for any possible accommodations

The district has reviewed the Comprehensive Distance Learning Guidance and is committed to honoring all requirements. The District's application to offer distance learning at Knappa High School and Hilda Lahti Elementary School was submitted on July 15, 2020.

Describe the school's plan, including the anticipated timeline, for returning to Hybrid Learning or On-Site Learning consistent with the *Ready Schools, Safe learners* guidance

Hybrid Learning will be offered at the start of the school year. Students who are participating in distance learning can transition to hybrid learning (or on-site learning) on November 9, 2020 and again at the conclusion of subsequent quarters during the year.

The remainder of this operational blueprint is not applicable to schools operating a Comprehensive Distance Learning Model.

ESSENTIAL REQUIREMENTS FOR HYBRID/ ON-SITE OPERATIONAL BLUEPRINT

This section must be completed by any school that is providing instruction through On-Site or Hybrid Instructional Models. Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section.



1. Public Health Protocols

1 a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements

- 1:8:1 Implement measures to limit the spreads of COVID-19 within the school setting.
- 1:8:1 Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID -19.
- 1:8:1 Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with the *Ready Schools, Safe learners* guidance and other guidance from OHA.
- 1:8:1 Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan.
- 1:8:1 Process and procedures established to train all staff in sections 1-3 of the *Ready Schools, Safe learners* guidance. Consider conducting the training virtually, or, if in-person, ensure physical distancing is maintained to the maximum extent possible.
- 1:8:1 Protocol to notify the local public health authority ([LPHA Directory by County](#)) of any confirmed COVID-19 cases among students or staff.
- 1:8:1 Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas.
- 1:8:1 Process to report to the LPHA any cluster of any illness among staff or students.
- 1:8:1 Protocol to cooperate with the LPHA recommendations and provide all logs and information in a timely manner.
- 1:8:1 Protocol for screening students and staff for symptoms (see section 1f of the *Ready Schools, Safe learners* guidance).
- 1:8:1 Protocol to isolate any ill or exposed persons from physical contact with others.

Hybrid/Onsite Plan

The Knappa School District has updated its communicable disease plan including specific reference to COVID 19 (see *Appendix A*).

The principals will be the designees to establish, implement, and enforce physical distancing requirements.

The team from the Clatsop County Health Authority (Michael McNickle, Director) was involved in assisting with the plan through a cooperative effort arranged by the Northwest Regional ESD. Additionally, Tiffany Gertula, RN, (school nurse) was on the team to create the plan.

A virtual training session is prepared via Ready Schools to outline the Ready Schools, Safe Learners guidance. Staff will be required to participate and attest that they have done so and will abide by the protocols. On September 5, April Fresh will verify that all personnel have completed their training.

The cleaning schedule is noted in *Appendix 8*. Custodial employees will be trained on cleaning protocols via Ready Schools prior to student arrival, and the Maintenance Supervisor (Bob Brackey) is training the team on the schedule.

The protocol for communicating possible cases with the health department, families, the school community, and the media is noted in *Appendix D*.

OHA/ODE Requirements

- i:gJ Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the **Ready Schools, Safe Learners** guidance).
- i:gJ Create a system for maintaining daily logs for each student/cohort for the purposes of contact tracing. This system needs to be made in consultation with a school/district nurse or an LPHA official.
- If a student(s) is part of a stable cohort (a group of students that are consistently in contact with each other or in multiple cohort groups) that conform to the requirements of cohorting (see section 1d of the **Ready Schools, Safe Learners** guidance), the daily log may be maintained for the cohort.
 - If a student(s) is not part of a stable cohort, then an individual student log must be maintained.
- i:gJ Required components of individual daily student/cohort logs include :
- Child's name
 - Drop off/pick up time
 - Parent/guardian name and emergency contact information
 - All staff (including itinerant staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student
- i:gJ Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed.
- i:gJ Process to ensure that the school reports to and consults with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19.
- i:gJ Protocol to respond to potential outbreaks (see section 3 of the **Ready Schools, Safe Learners** guidance).

Hybrid/Onsite Plan

The ODE provided cohort tracing log will be used to record contact tracing. This is predominantly applicable to classroom cohorts and transportation where students are present for long periods of time.

Specialist employees who see individual or small groups out of the cohort group (i.e. special education) shall maintain separate logs.

Cohort tracing logs will be housed in the school office for the required four week period of time.

I b. HIGH-RISK POPULATIONS

OHA/ODE Requirements

- i:gJ Serve students in high-risk population(s) whether learning is happening through On-Site, Hybrid (partially On-Site and partially Comprehensive Distance Learning models), or Comprehensive Distance Learning models.

Medically Fragile, Complex and Nursing-Dependent Student Requirements

- i:gJ All districts must account for students who have health conditions that require additional nursing services. Oregon law ([ORS 336.201](#)) defines three levels of severity related to required nursing services:
1. Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services.
 2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services.
 3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.
- i:gJ Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:
- Communicate with parents and health care providers to determine return to school status and current needs of the student.

Hybrid/Onsite Plan

All students who qualify for special education will receive services consistent with their IEP's.

All students who qualify for ESOL services will receive services consistent with their needs.

Student S04 plans will be honored.

TAG students will continue to receive services.

Consistent with Comprehensive Distance Learning requirements, the above services shall, whenever possible, be delivered synchronously or while at school.

Visitors/Volunteers will be unable to work in schools, or complete other volunteer activities that require in person interaction, at this time. Adults in schools are limited to essential personnel only.

OHA/ODE Requirements

- Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services.
- Modify Health Management Plans, Care Plans, IEP s, or 504 or other student-level medical plans, as indicated , to address current health care considerations.
- The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association.
- Service provision should consider health and safety as well as legal standards.
- Work with an interdisciplinary team to meet requirements of ADA and FAPE.
- High-risk individuals may meet criteria for exclusion during a local health crisis.
- Refer to updated state and national guidance and resources such as:
 - U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020.
 - ODE guidance updates for Special Education. Example from March 11, 2020.
 - OAR 581-015-2000 Special Education, requires districts to provide 'school health services and school nurse services' as part of the 'related services' in order 'to assist a child with a disability to benefit from special education.'
 - OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion.

Hybrid/Onsite Plan

I e. PHYSICAL DISTANCING

OHA/ODE Requirements

- 1:8:J Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation.
- 1:8:J Support physical distancing in all daily activities and instruction, maintaining at least six feet between individuals to the maximum extent possible.
- 1:8:J Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc.
- 1:8:J Schedule modifications to limit the number of students in the building (e.g. , rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering).
- 1:8:J Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline.

Hybrid/Onsite Plan

All classrooms have been measured to identify square footage and student capacity (See **Appendix C**). The current daily instruction plan (grades K-2 or K-3 if possible) and hybrid cohort plan (with two cohorts) allow capacity for social distancing. Note: currently the students in 6th, 7th, and 8th grade cannot all be accommodated in their classrooms at the same time which is a reason to maintain alternating smaller cohorts. This must be considered if a daily instructional model is later needed for these students.

Floors will be marked with arrows, Bulldog prints (elementary) and lines to denote distancing needs.

The high school and middle school programs will operate on an alternating schedule with longer periods to allow for a) smaller cohorts, and b) increased class time when students are on premises (through elimination of some passing time)

Id. COHORTING

OHA/ODE Requirements

- 1:8:J Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff.

Hybrid/Onsite Plan

The hybrid model limits class sizes to less than 15 students per class. This model splits classes in half and students in the two halves of the

OHA/ODE Requirements

- The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases.
- [ZI] Each school must have a system for daily logs to ensure contact tracing among the cohort (see section Ia of the *Ready Schools, Safe Learners* guidance).
- [8J] Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms.
- [ZI] Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.
- [ZI] Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade level learning standards, and peers.
- [ZI] Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.

Hybrid/Onsite Plan

class do not mix. Between groups (on Wednesdays and on Fridays) custodial staff will provide deep cleaning of classrooms.

Lunch will frequently occur in classrooms, but when students gather in the cafeteria, tables will be arranged such that there is physical distancing between cohorts. Only three cohorts will be scheduled in the cafeteria simultaneously.

Seating charts will be used on the bus and in classrooms to allow for contact tracing. When students move from place to place, they will be arranged in the same manner as their classroom seating chart. The bus drivers and teachers will have seating charts on file in the main office of each school and the district office to allow for contact tracing.

Primary restrooms are adjacent to the classroom so students should not interact with others when using those restrooms. For older students who use common (hallway) restrooms, they will be taught to socially distance while using the restroom.

Recess will occur in cohorts. There will be 15 minutes between cohorts at which time, equipment will be sanitized by professional assistant (PA) staff.

Staff who work with multiple cohorts (PA's, OT, nurse, principals, the superintendent, specialists, special education personnel, Title personnel, etc.) will be trained to wash their hands and sanitize between work with students of different cohorts. A portion of these services will be conducted via virtual media to reduce contacts.

I e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements

- [ZI] Develop a letter or communication to staff to be shared at the start of on-site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease.
- Consider sharing school protocols themselves.
- [ZI] Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case.
- Consult with your LPHA on what meets the definition of "close contact."
- [ZI] Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school or district is responding.
- [ZI] Provide all information in languages and formats accessible to the school community.

Hybrid/Onsite Plan

This letter is to be developed by the Superintendent. *

Upon a confirmed case of COVID-19, contact logs will be provided to LPHA. They will advise which students/staff must be contacted. Office staff will have a script for phone calls to families who may have had contact. The script will not identify the specific student determined to have the condition to respect HIPAA rights.

Draft communications to families and the community are being prepared by the Superintendent's office. As needed, these letters will be translated using translation services.

If. ENTRY AND SCREENING

OHA/ODE Requirements

- [ZI] Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms, or if anyone in their home or community living spaces has COVID-19. COVID-19 symptoms are as follows:
- Primary symptoms of concern: cough, fever or chills, shortness of breath, or difficulty breathing.
 - Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19. More information about COVID-19 symptoms is available [from CDC](#).

Hybrid/Onsite Plan

At the beginning of the year, in parent communications, virtual orientation, newsletters, on signage, and on the website information about symptoms will be provided as well as the need to stay home and let the school office know the situation.

This information will also be reiterated at least bi-weekly via telephonic reminders.

The district will follow LPHA guidance regarding quarantine needs.

OHA/ODE Requirements

- In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 of [OHA/ODE Communicable Disease Guidance](#).
 - Emergency signs that require immediate medical attention:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to awaken
 - Bluish lips or face
 - Other severe symptoms
- I.Z.J Screen all students and staff for symptoms on entry to bus/ school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian.
- Anyone displaying or reporting the primary symptoms of concern must be isolated (see section II of the **Ready Schools, Safe Learners** guidance) and sent home as soon as possible.
 - They must remain home until 72 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving.
- I.Z.I Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID -19 within the preceding 14 calendar days .
- I.Z.I Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.
- I.Z.I Hand hygiene on entry to school every day : wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

Hybrid/Onsite Plan

Sinks in the intermediate wing of Hilda Lahti Elementary are being repaired. Hand washing will occur upon arrival at school after recess, and before departure. In some rooms sinks are not within close proximity to the students (i.e. middle school portables). In those cases, and alcohol-based hand sanitizer will be used.

Hand sanitizing stations will be available at each entry/ exit , on each playfield, in gymnasiums, and in cafeterias . Students will socially distance when doing washing.

Bus drivers and teachers will observe students for COVID 19 symptoms upon arrival and immediately initiate contact with the nurse for isolation protocols as needed. The state symptom interview sheet will be used, and the logs will be housed in the school office.

I g. VISITORS/VOLUNTEERS

OHA/ODE Requirements

- I.Z.I Restrict non-essential visitors. Only allow visitors if six feet of physical distance between all people can be maintained.
- I.Z.I Visitors must wash or sanitize their hands upon entry and exit.
- I.Z.I Visitors must wear face coverings in accordance with OHA and [CDC](#) guidelines.
- I.Z.I Screen all visitors for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19 within the preceding 14 calendar days.

Hybrid/Onsite Plan

I h . FACE COVERINGS, FACE SHIELDS, AND CLEAR PLASTIC BARRIERS

OHA/ODE Requirements

- I.Z.J Face coverings or face shields for:
- Staff who are regularly within six feet of students and/or staff
 - This can include staff who support personal care, feeding, or instruction requiring direct physical contact.
 - Staff who will sustain close contact and interactions with students.
 - Bus drivers.
 - Staff preparing and/or serving meals.
- I.Z.I Face shields, face coverings or clear plastic barriers for:
- Speech Language Pathologists, Speech Language Pathology Assistants, or other adults providing articulation therapy.
 - Front office staff.

Hybrid/Onsite Plan

PPE will be worn by food service workers, bus drivers, and those who provide personal care . Plastic shields will be installed in offices for front office staff or in lieu of shields, interactions will occur through existing glass windows with minimal gap space.

A survey has been provided to all personnel requesting their preference for PPE (i.e. face shields, masks, etc.) and the results will be provided by the District.

All employee and student ADA accommodations will be honored, consistent with Federal Law .

OHA/ODE Requirements

- 1:8:1 Face masks for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role.
- 1:8:1 Students in grades K-12 will wear face coverings
- 1:8:1 **ADA accommodations** : If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

Hybrid/Onsite Plan

ii. ISOLATION MEASURES

OHA/ODE Requirements

- 1:8:1 Protocols for surveillance COVID-19 testing of students and staff, as well as exclusion and isolation protocols for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day.
- 1:8:1 Protocols for assessment of students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival during the school day.
- Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated.
 - Consider required physical arrangements to reduce risk of disease transmission.
 - Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness.
- 1:8:1 Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields.
- School nurse and health staff in close contact with symptomatic individuals (less than six feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space, and hands washed after removing PPE.
 - If able to do so safely, a symptomatic individual should wear a face covering.
 - To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.
- 1:8:1 Establish procedures for safely transporting anyone who is sick to their home or to a health care facility.
- 1:8:1 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 seek COVID-19 testing from their regular physician or through the local public health authority.
 - If they have a positive COVID-19 viral (PCR) test result, the person should remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever-reducing medicine, and other symptoms are improving.

Hybrid/Onsite Plan

Exclusion and isolation protocols (**see Appendix E**) will be followed.

The nurse's office is being modified to allow for a private isolation area for students who are surveillance or self-reported as symptomatic. These students will continue to wear a mask until transportation can be arranged, if able to do so safely.

A certified nurse assistant (CNA) is being hired and will be trained so that care, in addition to the nurse, full-time coverage exists.

OHA/ODE Requirements

- o Alternatively, a person who had a positive viral test may return to school when they have received two subsequent negative COVID-19 viral tests at least 24 hours apart and 72 hours have passed since fever is gone, without use of fever reducing medicine, and other symptoms are improving.
- If they have a negative COVID-19 viral test {and if they have multiple tests, all tests are negative}, they should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
- If they do not undergo COVID-19 testing, the person should remain home until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.

Involve school nurses, School Based Health Centers, or staff with related experience (Occupational or Physical Therapists) in development of protocols and assessment of symptoms {where staffing exists}.

Record and monitor the students and staff being isolated or sent home for the LPHA review.

Hybrid/ Onsite Plan



2. Facilities and School Operations

Some activities and areas will have a higher risk for spread {e.g., band, choir, science labs, locker rooms}. When engaging in these activities within the school setting, schools will need to consider additional physical distancing or conduct the activities outside {where feasible}. Additionally, schools should consider sharing explicit risk statements for higher risk activities {see section 5f of the *Ready Schools, Safe Learners* guidance}.

2a. ENROLLMENT

{Note : Section 2a does not apply to private schools.}

OHA/ODE Requirements

Enroll all students {includes foreign exchange students} following the standard Oregon Department of Education guidelines. Do not disenroll students for non-attendance if they meet the following conditions:

- Are identified as high-risk, or otherwise considered to be part of a population vulnerable to infection with COVID -19, or
- Have COVID-19 symptoms for 10 consecutive school days or longer.

Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns.

Hybrid/Onsite Plan

All students enroll in Knappa schools using the standard DOE guidelines.

Students who have COVID 19 symptoms or those who are high risk will not be disenrolled for non-attendance. Students will be served via temporary distance learning using the same LMS that is used to support daily classroom instruction, as managed by the teacher. Teachers are provided additional daily time {K-12} as well as Wednesdays (grades 3-12) to interact with online students.

Absent students' families will be contacted when absent to verify their situation. If the absence is expected to last more than two days, the teacher will be informed by office staff to initiate online instruction.

2b. ATTENDANCE

{Note: Section 2b does not apply to private schools.}

OHA/ODE Requirements

On-Site school students: Full-time and part-time students follow normal reporting policy and procedures.

Full-Time Online and/or Hybrid school students: Full-time students who are enrolled in school and taking online and/or hybrid courses only are reported on an FTE basis using a standard record {ADMPProgTypCd = 01} as identified in the Oregon

Hybrid/Onsite Plan

Teachers, students, and parents will be trained regarding the check-in requirements and teachers shall monitor and report this with their attendance.

Attendance logging will occur consistent with state requirements.

OHA/ODE Requirements

Hybrid/Onsite Plan

Cumulative Average Daily Membership (ADM) Manual. This is an existing policy previously used in the online setting. As such, there should not be any need to reprogram student information systems to accommodate for this change and the addition of the hybrid setting.

- Note: Because the students in the online and/or hybrid setting do not regularly attend classes at the district facilities, the standard procedures for recording student days present and days absent cannot be effectively applied to those students. This will reduce accuracy of attendance data for the state while this is in effect.
- For the purposes of this section, please use the following definition and clarification: **Online and/or Hybrid Check-in** : The responsibility of taking attendance must be performed by the teacher of record. "Check-ins" with appropriately licensed instructional staff are two-way communications between the student and the teacher. A check-in does not include a student leaving a message on an answering machine or sending an email that does not receive a response from the appropriately licensed instructional staff by the end of the next school day.
- The student must check-in **at least** twice a week with their teacher(s) of record on **at least** two separate weekdays in order to be counted as present for all five days of that week.
- If the student only checks in once during the week, the student must be counted as absent for half of the scheduled week (2.5 days, if there are five days scheduled in the week).
- The student must be counted as absent for the entire week (five days, if there are five days scheduled in the week) if they do not report in at all during the week.
- Note: If a district schedule is based on a four-day school week, the student would still need to check in twice a week as described above in order to be counted as present for the entire week (four days) and once a week to be counted as present for half of the week (two days).
- Days in attendance may not be claimed for days in which the student did not have access to appropriately licensed instructional staff. The purpose of the rule regarding checking in with the teacher of record is to assure that the teacher can evaluate whether the student is making adequate progress in the course and the student has additional guaranteed opportunities to engage with a teacher. The responsibility of taking attendance must be performed by the teacher of record, not another staff member (e.g., the registrar or school secretary).

C8J Part-time students receiving online and/or hybrid instruction (not college courses): Students who are not enrolled full-time and are taking online and/or hybrid courses offered by the school district or charter school are reported as large group instruction (program type 4), unless they are an ESD-registered homeschooled or private school student receiving supplemental coursework in public school, which are reported as shared time (program type 9). The district may count up to one hour per day per course taken, provided appropriately licensed teachers for the coursework taken, are available and accessible to the student during regular business hours on each school day to be claimed. Because this is online and/or hybrid instruction, attendance is based on check-ins with the student's appropriately licensed teacher(s) of record at least two times (on different days) during the school week.

OHA/ODE Requirements

Update procedures for district-owned or school-owned devices to match cleaning requirements {see section 2d of the *Ready Schools, Safe learners* guidance).
Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.

Hybrid/Onsite Plan

With assistance from the Knappa Schools Foundation, the district now has sufficient devices to provide students with one-to-one access. All devices will be properly cleaned before distribution, and return, inventory, updating, and distribution systems will honor physical distancing requirements.

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements

Handwashing: All people on campus should be advised and encouraged to wash their hands frequently.
Equipment: Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use.
Events: Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing.
Transitions/Hallways: Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings.
Personal Property: Establish policies for personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner.

Hybrid/Onsite Plan

- **Handwashing:** At a minimum, students and employees will wash hands upon arrival, after using the restroom, before lunch, and prior to dismissal from school. Students will be taught how to thoroughly wash hands.
- **Equipment:** Certain equipment that had been shared (i.e. math manipulatives, recess equipment, classroom laptops) will no longer be shared, which requires purchase of additional sets of equipment. Equipment that must still be shared will be subject to cleaning protocols (library books, classroom textbooks, etc.)
- **Events:** Large gatherings (i.e. field trips, assemblies, etc.) will be cancelled until further notice. Fall orientation open house will be virtual. Athletics will follow Oregon School Activities Association (OSAA) guidance. Audiences for sports will be subject to social distancing requirements. Where possible, athletics will be televised via YouTube or other means.
- **Transitions/Hallways:** Where necessary due to narrow passages, hallways will be designated as "one way" with tape on the floor. This may mean that "return trips" would be via another path or on exterior sidewalks. Transitions at the secondary level will occur less frequently due to extended periods and cohorting. Transitions (dismissal and arrival) will be staggered to allow for less hallway congestion. At the elementary level, when students move as a class, they will maintain social distancing in the line.
- **Personal Property:** All personal property brought to school by students must be only used by that individual student. Refillable water bottles (if brought to school) should be filled at home. Refill stations may not be used at school for the time being due to sanitation.

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements

Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures.
Create schedule(s) and communicate staggered arrival and/or dismissal times.
Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the *Ready Schools, Safe learners* guidance).
Develop sign-in/ sign-out protocol to help facilitate contact tracing:

- Eliminate shared pen and paper sign-in/sign-out sheets.
- Ensure hand sanitizer is available if signing children in or out on an electronic device.

Install hand sanitizer dispensers near all entry doors and other high-traffic areas.

Hybrid/Onsite Plan

When students arrive at school they must report directly to their classrooms. This will be taught to students prior to arrival via school communications and/or kindercamp. At the elementary level, where needed, students will be invited to school with parents to learn how they will enter the building.

Bus arrival will be staggered as will parent drop off. This means that parents who drive may need to arrive earlier than they did last year due to increased car traffic and staggered entry into the school. All students will be assigned an entry door either directly into their classroom or within close proximity to their room.

OHA/ODE Requirements

Establish and clearly communicate procedures for keeping caregiver drop-off / pick-up as brief as possible.

Hybrid/Onsite Plan

Teachers will be charged to interview students and identify symptoms upon arrival. These are to be recorded by the teacher on contact tracing sheets.

Hand sanitizer dispensers are to be installed near each door, in office spaces, in restrooms, and in close proximity to each outdoor space (fields, playground, etc.)

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements

Seating: Rearrange student desks and other seat spaces to at least six feet apart; assign seating so students are in the same seat at all times.

Materials: Avoid sharing of community supplies when possible {e.g., scissors, pencils, etc.}. Clean these items frequently. Provide hand sanitizer and tissues for use by students and staff.

Handwashing: Remind students through signage and regular reminders from staff of the utmost importance of hand hygiene and respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of and hands washed or sanitized immediately.

- Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

Hybrid/Onsite Plan

- **Seating:** Seating will be arranged to allow for 6 feet of social distancing. Seating on the bus, in the classroom, and in the cafeteria will be assigned.
- **Materials:** Community supplies will not be shared. Hand sanitizer and tissues will be provided in classrooms
- **Handwashing:** Proper handwashing signage will be posted near each sink. The sinks in the intermediate wing of Hilda Lahti Elementary will be repaired prior to the start of school. Middle school classrooms that have no sinks will have hand sanitizer available for all students.

2g. PLAYGROUNDS, FIELDS, RECESS, BREAKS, AND RESTROOMS

OHA/ODE Requirements

Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community {see Oregon Health Authority's [Specific Guidance for Outdoor Recreation Organizations](#)}.

After using the restroom students must wash hands with soap and water for 20 seconds.

Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol before and after using playground equipment.

Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect between sessions and between each group's use.

Cleaning requirements must be maintained (see section 2j of the *Ready Schools, Safe Learners* guidance).

Maintain physical distancing requirements, stable cohorts, and square footage requirements.

Provide signage and restrict access to outdoor equipment {including sports equipment, etc.}.

Design recess activities that allow for physical distancing and maintenance of stable cohorts.

Clean all outdoor equipment between cohorts.

Hybrid/Onsite Plan

The school follows OHA's guidance for outdoor recreation in deciding whether fields and playgrounds are open. The playground is regularly sanitized during business days of the district. Signs are posted regarding physical distancing, prohibitions if exhibiting symptoms, and prevention strategies. Hand sanitizing stations are located at each field and playground.

Handwashing will be conducted after recess.

Playground schedules will allow for 15 minutes between groups and equipment will be sanitized between use.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements

Include meal services/nutrition staff in planning for school reentry. Staff serving meals must wear face shields or face covering (see section 1h of the *Ready Schools, Safe learners* guidance).

Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol before meals and should be encouraged to do so after.

Appropriate daily cleaning of meal items {e.g., plates, utensils, transport items} in classrooms where meals are consumed.

Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts.

Hybrid/Onsite Plan

Meal service personnel were on the planning committee.

Meal staff are required to wear PPE

Students will wash prior to meal service times.

Cleaning of equipment and "touch points" is part of the scheduled protocol.

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Adequate cleaning of tables between meal periods.	

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>181 Include transportation departments (and associated contracted providers, if used) in planning for return to service.</p> <p>181 Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the <i>Ready Schools, Safe Learners</i> guidance).</p> <p>181 Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing.</p> <ul style="list-style-type: none"> If a student displays symptoms, continue to ensure that they wear a face shield or face covering and keep student at least six feet away from others. Continue transporting the student. If arriving at school, notify staff to begin isolation measures. If transporting for dismissal and the student displays an onset of symptoms, notify the school. <p>181 Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service.</p> <p>181 Drivers wear face shields or face coverings.</p> <p>181 Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings).</p>	<p>Transportation personnel are part of the planning committee.</p> <p>Buses are cleaned thoroughly between cohorts.</p> <p>All students entering the bus will be screened.</p> <p>If students are displaying symptoms they will continue to wear a face covering and transported to school for further respectful isolation action by school medical personnel.</p> <p>Students seating will be assigned with proper social distancing.</p> <p>Students with disabilities will work with their case managers to discuss any unique transportation needs.</p> <p>Drivers will wear face shields</p> <p>Parents and students will be informed of bus changes, including reminders of social distancing at bus stops.</p> <p>ODE is willing to provide transportation funding for mileage to families who self-transport, which helps mitigate bus loads. Loads on buses are a significant barrier to full re-entry and currently only 50% of families are indicating an ability to self-transport.</p>

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>181 Clean, sanitize, and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings, rest rooms, and play grounds.</p> <p>181 Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students.</p> <p>181 To reduce the risk of asthma, choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds.</p> <p>181 Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and through other methods. Do not use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. For example, do not use fans if doors and windows are closed and the fans are recirculating the classroom air.</p> <p>181 Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments.</p> <p>181 Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see CDC's guidance on disinfecting public spaces).</p>	<p>Cleaning will occur according to the schedule denoted in <i>Appendix 8</i>.</p> <p>Equipment, disinfectants, and protocols will be consistent with the ODE/ OHA requirements.</p>

OHA/ODE Requirements

Hybrid/Onsite Plan

1:8:1 Air circulation and filtration are helpful factors in reducing airborne viruses. Consider modification or enhancement of building ventilation where feasible (see [CDC's guidance on ventilation and filtration](#) and [American Society of Heating, Refrigerating, and Air-Conditioning Engineers' guidance](#)).

2k. HEALTH SERVICES

OHA/ODE Requirements

Hybrid/Onsite Plan

1:8:1 OAR 581-022-2220 Health Services, requires districts to "maintain a prevention-oriented health services program for all students" including space to isolate sick students and services for students with special health care needs. While OAR 581-022-2220 does not apply to private schools, private schools must provide a space to isolate sick students and provide services for students with special health care needs.

1:8:1 Licensed, experienced health staff should be included on teams to determine district health service priorities. Collaborate with health professionals such as school nurses; SBHC staff; mental and behavioral health providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC).

The planning team included the school nurse, and Clatsop Health Authority advised on the plan.

The isolation area and protocols are established and a CNA is being hired to allow for full day coverage.



3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements

Hybrid/Onsite Plan

1:8:1 Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level.

1:8:1 Establish a specific emergency response framework with key stakeholders.

1:8:1 When new cases are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the district nurse, or designated staff, on the diagnosed case(s). Likewise, the LPHA will impose restrictions on contacts.

This process is described in the "Response to Outbreak Plan" **Appendix E**.

3b. RESPONSE

OHA/ODE Requirements

Hybrid/Onsite Plan

1:8:1 Follow the district's or school's outbreak response protocol. Coordinate with the LPHA for any outbreak response.

1:8:1 If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the LPHA regarding cleaning and possible classroom or program closure.

1:8:1 Report to the LPHA any cluster of illness (2 or more people with similar illness) among staff or students.

1:8:1 When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the district.

1:8:1 Modify, postpone, or cancel large school events as coordinated with the LPHA.

1:8:1 If the school is closed, implement Short-Term Distance Learning or Comprehensive Distance Learning models for all staff/students.

1:8:1 Continue to provide meals for students.

1:8:1 Communicate criteria that must be met in order for On-Site instruction to resume and relevant timelines with families.

This process is described in the "Response to Outbreak Plan" **Appendix E**.

3c. RECOVERY AND REENTRY

OHA/ODE Requirements

- IZI Plan instructional models that support all learners in Comprehensive Distance Learning.
- IZI Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow [CDC guidance](#) for classrooms, cafeteria settings, rest rooms, and playgrounds.
- IZI Communicate with families about options and efforts to support returning to On-Site instruction.
- IZI Follow the LPHA guidance to begin bringing students back into On-Site instruction.
 - Consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools.

Hybrid/Onsite Plan

If comprehensive distance learning becomes necessary, staff and students have been trained in use of such approaches. If needed, the district can adjust to use Acellus for instructional delivery.

The guidance of LPHA will be followed.

The only challenges with full, eventual re-entry are posed by transportation limitations and classroom capacity in grades 6, 7, and 8.



ASSURANCES

This section must be completed by any public school that is providing instruction through On-Site or Hybrid Instructional Models.

Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section.

This section does not apply to private schools.

- IZI We affirm that our school plan has met the requirements from ODE guidance for sections 4, 5, 6, 7, and 8 of the **Ready Schools, Safe Learners** guidance.
- O We affirm that we cannot meet all of the ODE requirements for sections 4, 5, 6, 7 and/or 8 of the **Ready Schools, Safe Learners** guidance at this time. We will continue to work towards meeting them and have noted and addressed which requirement(s) we are unable to meet in the table titled "Assurance Compliance and Timeline" below.



4. Equity



5. Instruction



6. Family and Community Engagement



7. Mental, Social, and Emotional Health



8. Staffing and Personnel

Assurance Compliance and Timeline

If a district/school cannot meet the requirements from the sections above, provide a plan and timeline to meet the requirement.

List Requirement(s) Not Met

Provide a Plan and Timeline to Meet Requirements
Include how/why the school is currently unable to meet them

NA

NA

KNAPPA SCHOOL DISTRICT

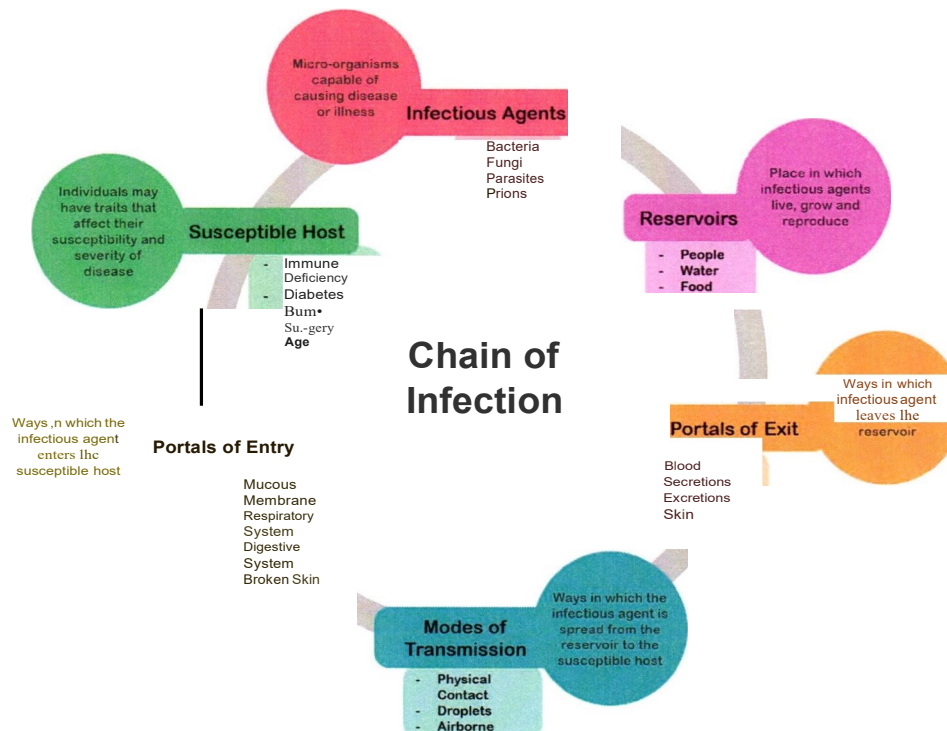
COMMUNICABLE DISEASE PLAN

Communicable disease control and prevention is of significant importance in creating a safe and healthy school environment for students and staff.

A communicable disease is an infectious disease that is transmissible by:

- contact with infected individuals or their bodily discharges or fluids,
- contact with contaminated surfaces or objects,
- ingestion of contaminated food or water,
- direct or indirect contact with disease vectors/carriers.

Although the terms *communicable disease* and *contagious disease* are often used interchangeably, it is important to note that not all communicable diseases that are spread by contact with disease vectors/carriers are considered to be "contagious" diseases since they cannot be spread from direct contact with another person (ACPHD, 2013).



In the school setting there is a **prevention-oriented approach** for communicable disease which is grounded in education, role modeling and standard precautions and hygiene. However, the nature of a population-based setting lends to the need to establish practices for measures and interventions associated with exposures or potential exposure. This document focuses on a population based set of practices for communicable disease prevention. The subsequent *Exposure Control Plan* discusses workplace control measures for staff.

Knappa School District Communicable Disease-Related Board Policies

[Communicable Diseases-Student JHC-AR](#)

[Communicable Diseases-Student JHCC](#)

[Communicable Diseases-Staff GBEB-AR](#)

[Communicable Diseases-Student GBEB](#)

[Student Health Services JHC](#)

[Animals in District Facilities ING](#)

Oregon Legislation/ Administrative Rules Regarding Communicable Disease

OAR 333-019-0010

[Disease Related School, Child Care, and Workplace Restrictions: Imposition of Restrictions](#)

OAR 581-022-2200

[Health Services](#)

OAR 410-133-0000

[School-Based Health Services](#)

Oregon Health Authority & Oregon Department of Education

Oregon Communicable Disease Guidelines for School

Communicable Disease Prevention

There are a multitude of methods that can be applied to control communicable diseases at a variety of levels. Some of the most common include vector control, hygiene, sanitation and immunization. Fully endorsing the control and prevention of communicable diseases requires a level of understanding of how communicable diseases can be spread.

How these communicable diseases are spread depends on the specific infectious agent. Common ways in which communicable diseases spread are include:

- Physical contact with an infected person, such as through touch (staphylococcus), sexual intercourse (gonorrhea, HIV), fecal/oral transmission (hepatitis A), or droplets (influenza, TB)
- Contact with a contaminated surface or object (Norovirus), food (salmonella, E. coli), blood (HIV, hepatitis B, hepatitis C), or water (cholera, listeria);
- Bites from insects or animals capable of transmitting the disease (mosquito: malaria and yellow fever; flea: plague); and
- Travel through the air, such as measles.

In the school setting the most frequent risks are associated with direct contact with ill individuals or contamination of surfaces or through airborne transmission. Primary sources of prevention include hand and surface hygiene, isolation, exclusion and standard precautions.

This section of the plan will provide a brief overview

- Common Childhood Infectious Disease
- Vaccines
- Respiratory/Cough Etiquette

Common Childhood Infectious Disease

There are a variety of Common Childhood Infectious Diseases that are regularly encountered in the school setting. Routine childhood respiratory illnesses such as the common cold (adenoviruses, coronaviruses, rhinoviruses) or conditions such as bronchitis, sinusitis, and tonsillitis are caused by a variety of bacteria and viruses occur throughout the year. Other conditions such as gastroenteritis (norovirus most frequently) and croup (most commonly parainfluenza) and influenza (A & B) most often occur seasonally. Other common conditions include strep throat, hand foot and mouth disease, fifth disease and staph skin infections. Other, more severe infectious diseases occur sporadically throughout the district throughout the school year.

Vaccines

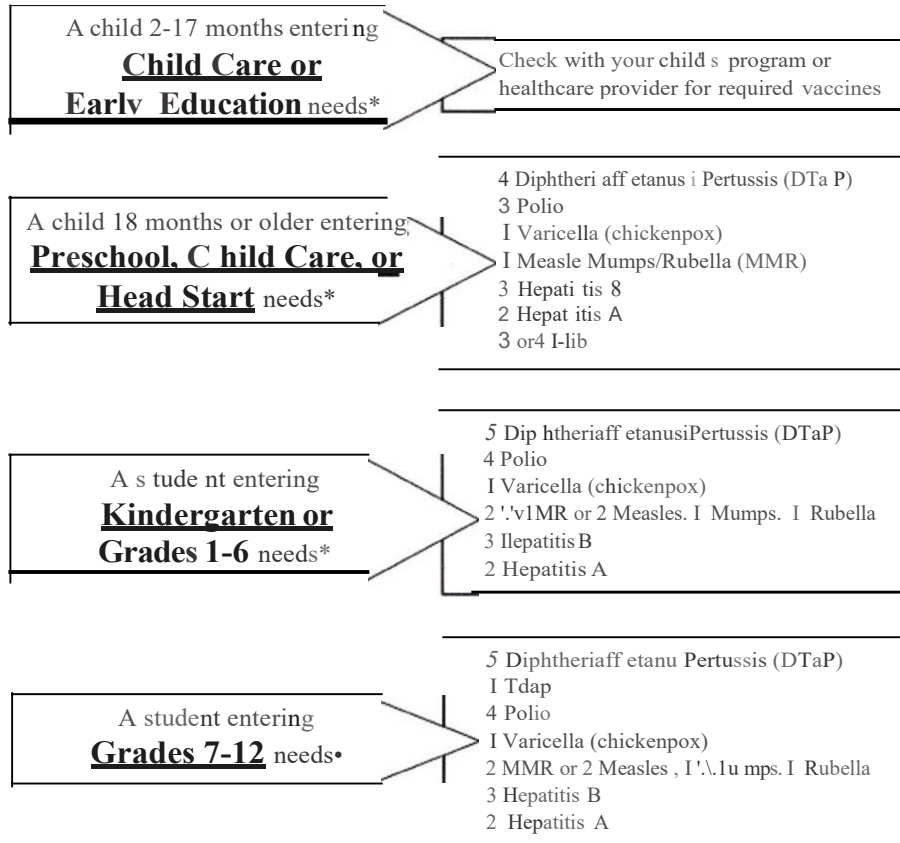
In the school setting vaccines are an important piece of communicable disease control. Vaccines are a requirement for attending school in Oregon. However, it is important to remark that certain populations may not be vaccinated because of medical contraindications or because of religious or philosophical decisions. Each school has record of which students are and are not vaccinated with routine childhood immunizations as a primary control measure for outbreaks of vaccine preventable diseases.



Parents don't let your child get left behind!

fl School Year 2020-2021

Oregon law requires the following shots for school and child care attendance*



*At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.

1/20

You can find a list of the immunizations required by age by the state of Oregon on the Oregon Health Authority website at:

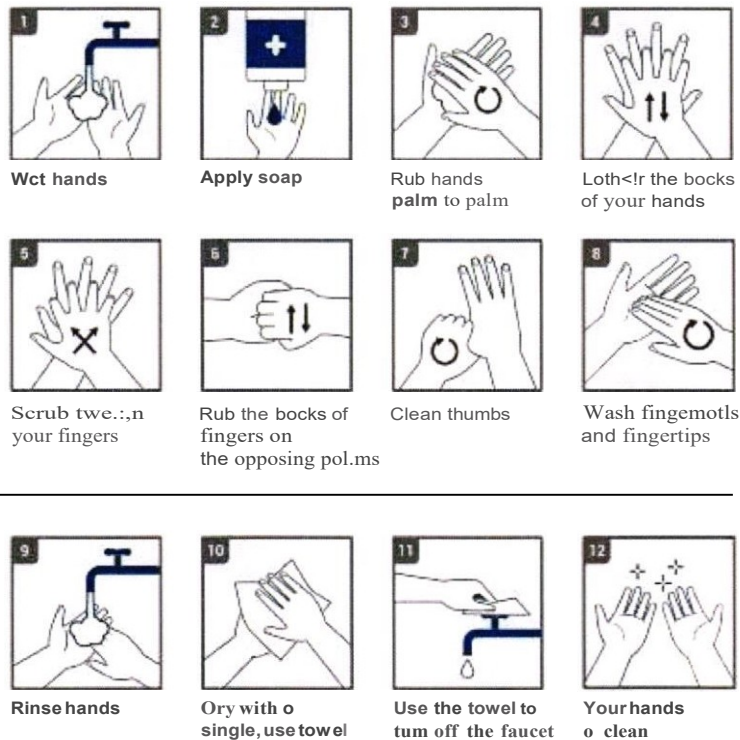
<https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/SchRequiredImm.as>

Hygiene

Prevention oriented measures are grounded in education of how diseases are transmitted and practice application related to appropriate sanitizing measures and precautions. Hygiene and sanitation are some of the most important methods of disease prevention.

Handwashing is one of the single most important methods of keeping germs at bay, specifically in the school setting. Appropriate handwashing practices will be taught, role modeled and practiced. As additional preventative measures, during the 2020-2021 school year, all persons entering a school building will wash or sanitize their hands upon entry and exit.

How to wash your hands



Use the same process (steps 1-8) for applying hand sanitizer

(Image: Multicare.org)

Additional hand hygiene information can be found on the Center For Disease Control website at:

www.cdc.gov/handwashing/index.html

Hand sanitizer, while not effective against a large number of pathogens, should be made available for times that handwashing is not immediately accessible. Hand sanitizer should be easily accessible throughout the building, specifically in high contact areas and at entrances and exits as feasible. Hand sanitizer should be accessible in each classroom.

Students and staff should wash hands when:

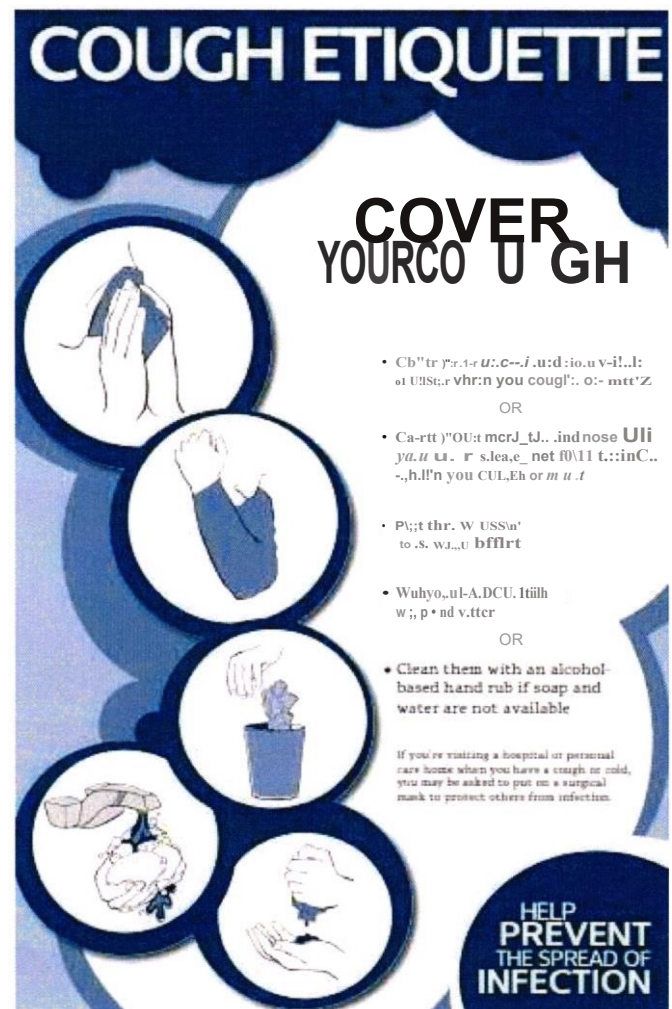
- **Before, during and after** preparing food
- **Before** eating food
- **Before and after** caring for someone at home who is sick with vomiting or diarrhea
- **Before and after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a child who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage (CDC, 2020)

When immunocompromised students and staff are present increase in hand hygiene frequency is a necessary prevention intervention.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects such as high touch areas like door knobs or desks.

Because some individuals cough without having respiratory infections (e.g., persons with chronic obstructive lung disease), we do not always know who is infectious and who is not. Therefore, respiratory hygiene and cough etiquette are very important components to protecting yourself from illness and preventing others from becoming ill. Like hand hygiene, respiratory hygiene is part of the standard precautions that should be taught, practiced and role modeled to prevent the spread of disease.



(Image: Manitoba Department of Health)

Environmental Surface Cleaning

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

Communicable Disease Exclusion

Communicable diseases are transmitted from person to person by various routes. While some conditions are restrictable based on diagnosis, more often early identification of signs and symptoms of communicable disease is of paramount importance to increase the health of the school population and decrease school absenteeism. In the school environment, many communicable diseases are easily transmitted from one individual to another. Effective control measures include education, avoidance of risk factors, sanitation, vaccination, early recognition of symptoms, health assessment, prompt diagnosis and adequate isolation or treatment (ODE, 2020).

Oregon public health law mandates that persons who work in or attend school who are diagnosed with certain diseases or conditions be excluded from school until no longer contagious. However, diagnosis often presumes a physician visit and specific testing, and schools must often make decisions regarding exclusion based on non-diagnostic but readily identifiable signs or symptoms.

YOUR CHILD SHOULD STAY HOME WHEN:

Oregon Health Authority Communicable Disease Guidance 4/21/2020 guideline for exclusion
and Local Public Health Authority (LPHA) (Clatsop County Health) Health Care Provider (HCP)

This chart of concerns does not mention every possible complaint indicating exclusion. Does not replace Medical Provider advice.
(May refer to Pandemic/COVID-19 specifics)

Symptom / Illness/ Complaint:	School staff will:	Your child may return to school when:
Fever: 100.0+ degrees F.	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	72 hours with normal temperature and without fever-reducing medications, {Acetaminophen or {Ibuprofen}.
Cough: New, undiagnosed by MD.	Separate child from shared student space. Notify parent / guardian to bring home as soon as possible.	72 hours after the cough resolves. If diagnosed pertussis: written clearance by LPHA OR Health Care Provider & 5 days of antibiotics. If diagnosed COVID-19: exclude until written clearance by LPHA.
Vomiting (at least one unexplained episode)	Separate child from shared student space. Notify parent/ guardian to bring home as soon as possible.	at least 48 hours after last episode.
Diarrhea (unable to control bowel function, when previously could) OR (sudden onset of loose stools) OR 3 or more loose, watery stools in 24 hours.	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	at least 48 hours after last episode.
Concerning Eye Symptoms: colored discharge OR unexplained eye redness OR eye irritation, pain, swelling.	Separate child from shared student space. Notify parent/guardian to pick up & seek health care provider evaluation for evaluation.	Eye drainage & redness has subsided OR Student has been examined and cleared by Medical Provider. OR student has been seen by medical provider and indicated therapy has started.
Suspected Strep Throat	Separate child from shared student space. Notify parent/guardian to pick up & seek health care provider evaluation as soon as possible.	Antibiotic therapy for at least 24 hours & no fever (refer to Fever criteria above). OR Health Care Provider written permission.
Skin rash or open sore	If dispersed & suspicion of associated illness: Separate child from shared student space. Notify parent / guardian as soon as possible. Advise health care provider evaluation. If open sore or fungal area; bandaid to keep covered & must avoid touching.	No rash. Cleared by Medical Provider if associated illness exclusion criteria met. If fungal (ringworm) start treatment & exclude from contact sports/activities until resolved. Keep covered. If athlete's foot: start treatment & wear shower sandals, if using locker room showers.
Headache with stiff neck and fever; OR with recent head injury	Separate child from shared student space, if febrile. Provide rest. observe. Notify parent/ guardian to pick up for {HCP} as soon as possible.	Fever & symptom free for 72 hours. Medical Provider note. OR Medical Provider note following head injury.
Acting different without reason: unusually sleepy or grumpy OR acting differently after a head injury	Notify parent/ guardian to bring home & consult HCP as soon as possible. Rest. observe/monitor.	After return to normal behavior OR with Health Provider guidance.

A variety of other conditions may not be excludable; however personal physicians may restrict a student from returning to school for a specific duration. In this case a provider's note is needed.

Restrictable Diseases

Restrictable diseases are specific infectious disease diagnoses that require students or staff to remain at home for a specified amount of time to limit transmission. Restriction is typically associated with the communicability or severity of a disease. Restrictable diseases are reportable to the local health department (LPHA). The local health department typically notifies school health services. Although, there are occasions when the parent will notify the school first.

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

- Diphtheria,
- Measles,
- Salmonella
- Typhoid infection,
- Shigellosis,
- Shiga-toxinogenic Escherichia coli (STEC) infection,
- Hepatitis A,
- Tuberculosis,
- Pertussis,
- Rubella
- Acute Hepatitis B.
- COVID-19 is also declared a restrictable condition under OAR 333-018-0900

- **If a report is made to the school office, administration or other school staff in regards to any communicable disease diagnosis in students or staff, this should immediately be referred to the district RN.**
- **This should be regarded as an urgent referral to the RN if the disease is regarded as a restrictable condition.**
- **The District RN and Administrators will identify the need for communication, surveillance or control measures. The interventions and communication are driven by multiple factors including the diagnosis, student health status, risk of exposure number of individuals infected and risk to cohort or specific students.**
- **School staff receiving reports should not inform any other students, staff or parents of the report.**

Isolation Spaces

As per OAR 581-022-2220 The school district is required to maintain a prevention oriented program which includes a health care space that is appropriately supervised, adequately equipped for first aid, and isolation of ill or injured child from the student body.

When students are identified with restrictable diseases or excludable symptoms, students should be isolated in an appropriate space until they can be dismissed to home.

Outbreaks

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. The attention to outbreaks, interventions and resources are highly dependent on the severity or communicability of the syndrome or pathogen. Outbreak investigations will be facilitated through the district RN in collaboration with administration and the local health department with the use of [Oregon Health Authority Outbreak Toolkits for Schools](#).

Respiratory Illness

Respiratory diseases range from mild and self-limiting, such as the common cold, to life-threatening entities like bacterial pneumonia. Respiratory illnesses are often observed in the school setting.

In the event of respiratory illnesses related to novel viruses, the *Pandemic Plan* will be deferred to.

Vaccine Preventable Disease

A vaccine-preventable disease (VPD) is an infectious disease for which an effective preventive vaccine exists.

Current VPD routinely immunized for in the United States includes:

1. Diphtheria*
2. Tetanus*
3. Measles*
4. Mumps*
5. Rubella*
6. Haemophilus influenzae type b infections (Hib)*
7. Pneumococcal infections*
8. Meningococcal disease*
9. Pertussis (whooping cough) *
10. Poliomyelitis (polio)*
11. Hepatitis A*
12. Hepatitis B*
13. Varicella
14. Influenza

Most VPD's are also notifiable diseases*, meaning they are reportable to the local health department and are under consistent surveillance. Other diseases where a risk may arise for a particular person or group of people in specific situations are also notifiable conditions, but are not routinely immunized for in the US.

Gastroenteritis

An outbreak of gastroenteritis is defined as more cases than expected for a given population and time period. For example, two children in a 25-person classroom with vomiting or diarrhea within one week could potentially indicate an outbreak. Because the nature of norovirus (viral gastroenteritis) is common, seasonal and highly infectious, it is unlikely to result in an outbreak investigation unless the number infected, frequency or duration is unusual. Because symptoms of bacterial gastroenteritis may start with a similar presentation, it is important to evaluate the severity for the duration of illness.

Indicators to report to the district RN include :

- Multiple children with compatible symptoms in 48 hours within the same cohort, but separate households.
- More than 2 cases of diarrhea with bloody stool in the school setting.
- Sudden onset of vomiting in multiple persons in the same cohort.
- Any unusual combination of gastrointestinal symptoms, severity, duration or incidence.

Other Circumstances

Less commonly outbreaks of skin infections, novel diseases, or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions and follow up will occur. These situations should be deferred to the school nurse immediately and will be handled on a case by case basis. Examples of these circumstances may include:

- More than 2 students from separate households with reported compatible skin infections in the same school setting or athletic team.
- Any student or staff member coming into contact with blood, saliva or feces from a non-domestic animal.
- Any student or staff coming into contact with blood that is not their own.
- Any combination of illness, symptoms, severity, duration or frequency that seems unusual as compared to routine seasonal illness.

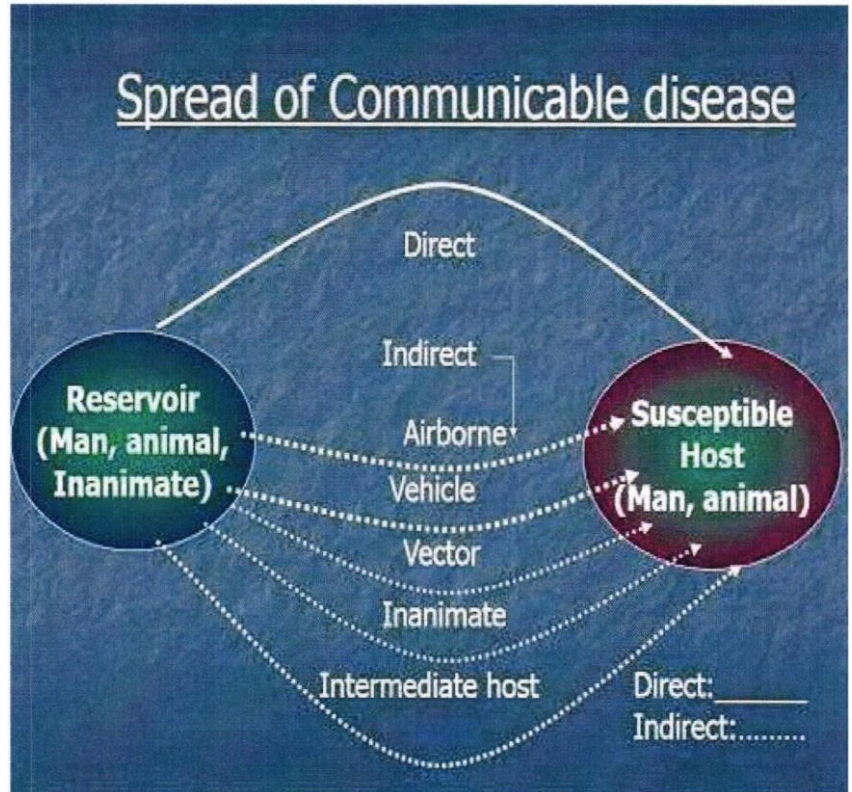
The school nurse may decide that additional control measures or data collection is necessary and will consult with administration and LPHA as needed, in regards to determined outbreaks or novel diagnoses. The school RN should always be consulted regarding any written communication that may be developed to notify parents about illness, disease outbreaks, and risks to students, families, and staff and/or control measures specific to the outbreak.

Any presentation of illness or combination of illnesses as described above should be reported to the district RN and administrator.

Animals in School

Animals in schools can have a positive effect in the school environment, but also may cause infectious disease issues for staff and students. School board policies and district applications should be visited for this. Other considerations should be made in regard to controlling spread of infectious disease from animals:

- Wild mammals, alive or recently dead, should not be allowed in school. Bats and skunks have a significant risk of being rabid, and other wild animals may be more prone to causing injury through bites and scratches.
- Dogs, cats, and ferrets allowed in school are recommended to have met current vaccine requirements.
- Any animal bites on school premises should be reported to the local health department for follow up.
- Animals who are ill should not be allowed into the school setting.
- Class pets should be removed if they become ill.
- Handwashing must occur before and after handling of animals to prevent diseases such as transmission.
- Animals should not be present or handled in areas where food and drink are consumed or prepared.
- Children should not kiss high risk animals such as chicks, ducks, turtles, and other reptiles.
- Children should always be monitored with animal interactions.
- Consider the medical needs of students who may be immunosuppressed or who may have allergies as they may become severely ill when exposed to certain pathogens.



- In the event of an animal bite in the school setting, please ensure standard first aid is followed and the student / staff is deferred to medical care. Unprovoked bites sustained from canines are reportable to the local health department.
- In the event that a student in a classroom is diagnosed with a disease known to be carried by animals (campylobacteriosis or salmonellosis, for example) the animal should be removed from the classroom setting until the risk is determined to be resolved.

Food Safety

Food safety for kitchen staff is supervised by nutrition services. For the purpose of population based health and food preparation and consumption within the classroom, general food safety standards and disease prevention principles should be endorsed.

For all classrooms

- Hand hygiene is practiced prior to eating,
- General principles of food safety can be taught that are age appropriate.
- Food sharing should be avoided
- For classroom and school sponsored events, only commercially prepared products are permitted. No homemade goods from non-licensed kitchens.

For all culinary classrooms

- Hand hygiene should always be encouraged
- Age appropriate food safety principles are taught.
- Appropriate food handling processes must be taught, role modeled and endorsed. This includes overview of:
 - Hand hygiene and appropriate use of gloves.
 - Clean surfaces and appropriate use of sanitizers.
 - Separating raw and ready to eat foods/ avoidance of cross contamination.
 - Cooking food to appropriate temperatures.
 - Appropriate storage and refrigeration.
 - Measures to prevent allergic reactions.
 - Abstaining from food preparation when specific symptoms or specific illnesses have been identified.



- All staff who interact with multiple groups of students must wash / sanitize hands between interactions with different groups.
- Schools will work to clean, sanitize, and disinfect frequently touched surfaces between uses and maintain clean and disinfected environments including classrooms, cafeteria settings, restrooms and playgrounds.

PANDEMIC RESPONSE PLAN

KNAPPA SCHOOL DISTRICT 2020

This document was made in collaboration with Clatsop County Public Health Authority, Clatsop County school district registered nurses, Oregon Department of Education and The Oregon Health Authority. (Created: 07-2020)

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Introduction

Seasonal Respiratory Illness

There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The “common cold” is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in severity but include cough, low-grade fever, sore throat, etc. (“Common Viral Respiratory Diseases”).




Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people with underlying health conditions or weak immune systems, are at high risk of severe flu complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and sometimes vomiting (“About Flu”).

Novel, Variant and Pandemic Viruses

Novel viruses refer to those not previously identified. A **novel virus** may be a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans, this is referred to as a **variant virus** (“Variant Influenza Viruses”). An **epidemic** is a wide spread infection of disease, affecting a large number of individuals within a population (“Epidemic”). **Pandemic** refers to the global circulation of a novel or variant strain of viruses (“Pandemic”). The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. For example, a pandemic can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (“Variant Influenza Viruses”).

Differences between **seasonal flu** and **pandemic flu**:

Seasonal Flu	Mild to Moderate Pandemic	Severe Pandemic
 <p>THE VIRUS</p> <ul style="list-style-type: none"> Caused by influenza viruses that are closely related to viruses that have previously circulated; most people will have some immunity to it. Symptoms include fever, cough, runny nose, and muscle pain. Complications such as pneumonia are most common in the very young and very old and may result in death. Vaccine is produced each season to protect people from the three influenza strains predicted to be most likely to cause illness. <p>IMPACT ON THE COMMUNITY</p> <ul style="list-style-type: none"> Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults. 	 <p>THE VIRUS</p> <ul style="list-style-type: none"> Caused by a new influenza virus that has not previously circulated among people and that can be easily spread. Because most people will have no immunity to the new virus, it will likely cause illness in high numbers of people and more severe illness and deaths than seasonal influenza. Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications. Healthy adults may be at increased risk for serious complications. <p>IMPACT ON THE COMMUNITY</p> <ul style="list-style-type: none"> May cause a moderate impact on society (e.g., some short-term school closings, encouragement of people who are sick to stay home). 	 <p>THE VIRUS</p> <ul style="list-style-type: none"> A severe strain causes more severe illness, results in greater loss of life, and has a greater impact on society. During the peak of a severe pandemic, workplace absenteeism could reach up to 40% due to people being ill themselves or caring for family members. <p>IMPACT ON THE COMMUNITY</p> <ul style="list-style-type: none"> Schools and day care/child care facilities may be closed. Public and social gatherings will be discouraged. The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted.

(Image: CDC)

Everyday Prevention Measures

Control measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health services plan. Routine control measures include:

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Hand sanitizer although inferior to proper hand washing is recommended for use in between handwashing and requires appropriate friction. (Hand sanitizer must contain at least 60% alcohol to be effective).
- Encourage use of personal water bottles instead of drinking from fountains.
- Minimize use of shared supplies.
- Vaccination against preventable diseases.
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage after each use)
- Cover sores and open areas on skin. Wash items contaminated with bodily fluids, such as saliva, blood, urine, feces, nasal secretions, and vomit following OR-OSHA, CDC guidelines, and district protocol.
- Routine sanitizing of shared areas, high touch surfaces, etc.
- Following Oregon Health Authority's Communicable Disease Guidance, such as staying home when you are sick and/or until 72 hours fever free, without the use of fever-reducing medication (Oregon Department of Education).
- Supervised isolation of any person identified with symptoms as described in Appendix A from other asymptomatic persons until the symptomatic person is able to be transported to home.

For more information, please refer to your school district's *Communicable Disease Plan*.

Control Measures

While prophylactic vaccine and antiviral medication are appropriate interventions in some viral respiratory conditions, specifically seasonal influenza, these are not always accessible for novel

strains. Non-pharmaceutical interventions (NPI's) are essential actions that can aid in the reduction of disease transmission. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPI's in the school setting and at school-sponsored events (U.S. Department of Health and Human Services).



Control measures associated with novel or variant viruses are based on the severity of the specific virus. Control measures are based on the current situation. The current situation will be defined by the local public health authority (LPHA) based on the severity, the incidence, and the proximity to the school setting leading to level based responses.

Routine Practices

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Routine hand hygiene • Respiratory etiquette • Stay home when ill (Appendix A) 	<ul style="list-style-type: none"> • Routine illness exclusion (Appendix A) 	<ul style="list-style-type: none"> • Routine sanitizing 	<ul style="list-style-type: none"> • Routine seasonal illness prevention and exclusion communication (Appendix A)

When Cases of Novel Viruses are Identified Globally

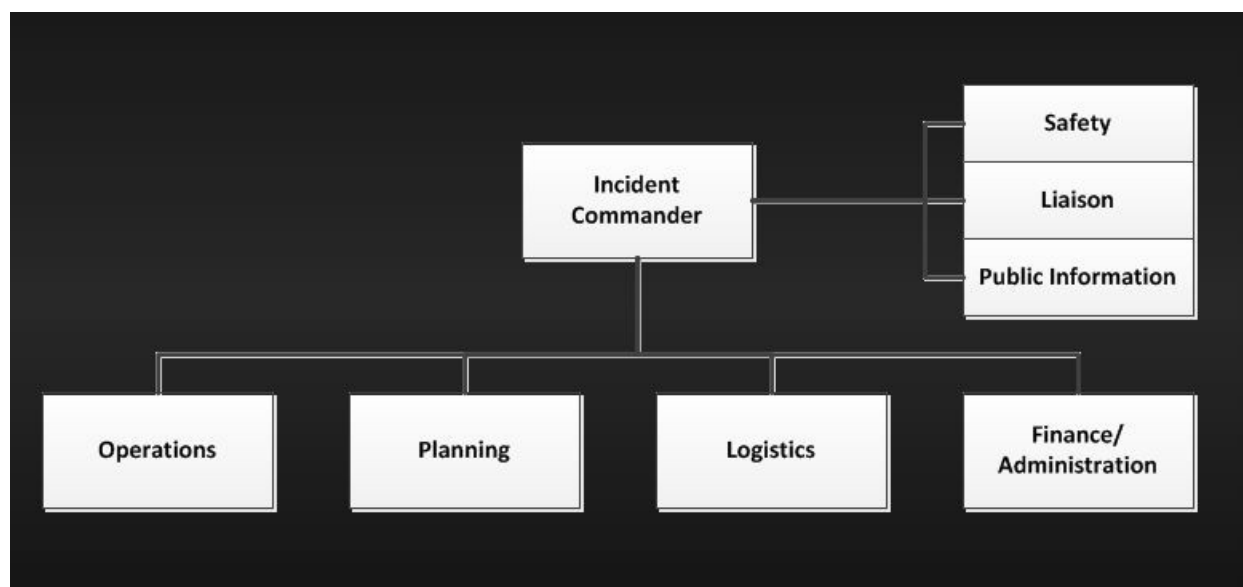
When the novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel by students or staff, which may result in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent's responsibility to communicate this restriction to the school district. Routine infection control and communication should continue.

When Cases of Novel Viruses are Identified Regionally or Nationally

When the novel disease is identified in the U.S., it is important to identify the geographical location and adhere to specific public health directions. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the district will be subscribed to this alert to keep the team updated. If the region impacted is in Clatsop County, the local public health authority (LPHA) will provide school-centered communication. When cases are identified in the local region, a response team should be assembled within the district and responsibilities will be assigned within the school district.

Response Teams

Response teams should consist of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities to meet the general structure of Incident Command.



(Image: prepare.gov)

When the local public health authority (LPHA) has uncovered a pandemic threat within the community and has communicated this to the school district, they will defer primarily to the Oregon Health Authority (OHA), followed by the Centers for Disease Control and Prevention (CDC) in order to establish a specific emergency response with key stakeholders. The LPHA will work in collaboration with the school district to develop this guidance. During this time, planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

In the event of a student or staff member testing positive for COVID-19, the LPHA will contact the school district's incident commander/superintendent in order to follow contact tracing protocol as needed.

Incident Commander-(Superintendent)

Second in Command-

Operations-

Planning-

Logistics-

Administration-

Safety-

Liaison-

Public Information-

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Increase routine hand hygiene. • Use alcohol-based hand sanitizer when hand washing is not an option. • Cover coughs/sneezes, throw away tissues at each use, wash your hands. • Face coverings/face shields are required for all students, staff, and visitors. • Bring personal items, such as water bottles, that assist in reducing the amount of contact with frequently touched surfaces (e.g. water fountains). • Stay home when ill as demonstrated in Appendix A. • Under some circumstances personal protective equipment, or PPE, (masks, face shields, gloves, gowns, etc.) may be required for some or all staff. 	<ul style="list-style-type: none"> • Identify baseline absentee rates to determine if rates have increased by 5% or more due to illness. • Increase communication and education on respiratory etiquette and hand hygiene in the classroom. Teachers can provide age-appropriate education. • Communicable disease surveillance-monitoring and reporting student illness (Appendix B). • Increase space between students in the classroom. • *Cohorting is recommended in response to COVID-19. • Consider increasing space between people at school to at least 6 feet, as much as possible. 	<ul style="list-style-type: none"> • Increase sanitizing of all shared surfaces and high touch areas. • Devise prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school with restrictable symptoms until parents can pick up. • Discourage the use of shared items in the classroom. 	<ul style="list-style-type: none"> • Provide communication to families based on the current situation, general information, and public health guidance. • Provide communication to staff on the current situation. • Provide communication to immunocompromised student families to defer to personal providers in regards to attendance.

**Cohorting is a significant strategy to reduce spread of an infection. Cohorting refers to a consistent group of students that stays together for the duration of the school day. Students may be part of more than one stable cohort for each school day, but with each new cohort there is increased risk. A smaller cohort size of 24-36 is recommended for public health and safety. Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Student interaction between different stable cohorts will be minimized. Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts. Each cohort must have a system to ensure contact tracing can be completed. Daily individual student or cohort logs may be required. Cohorts must be diverse groups of students that would typically be grouped in schools; however, schools can create small groups within cohorts around skills and instructional needs. Cleaning and wiping surfaces must be maintained between multiple student uses, even in the same cohort (Ready Schools, Safe Learners).*

When Cases of Novel Viruses are Identified in the Community

When novel viruses are identified in the community, but not in a student or staff, the district will defer to the local public health authority (LPHA). This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings are responsible to follow LPHA guidance as well.

When the local transmission is detected, planning for dismissal and academic continuity should be prioritized. Plans for prolonged staff and student absences should also be prioritized.

In the Event of Close Contact with a Confirmed Case of COVID-19

Close contact of a confirmed case of COVID-19 is defined as being within 6 feet of someone that has tested positive for COVID-19 for greater than or equal to 15 minutes OR living in the same household with someone that has tested positive for COVID-19. In the event that a person has had contact with a confirmed positive case they will be notified by the local public health authority (LPHA). That person will then be required by the LPHA, in compliance with the Oregon Health Authority (OHA), to quarantine at home for 14 days.

In the event that a person that has had close contact with a confirmed case becomes symptomatic, that person will be presumed to be positive for COVID-19 “presumptive positive” and will need to remain quarantined at home for 10 days and must be symptom-free for 3 days before resuming normal activities.

Screening of Students and Staff for COVID-19

Direct students and staff to stay home if they, or anyone in their homes or community living spaces have two or more COVID-19 symptoms. COVID-19 symptoms are as follows:

- Primary symptoms of concern: cough, fever or chills, shortness of breath, or difficulty breathing.
- Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19.
- *In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases as outlined in Appendix A.*
- Emergency signs that require immediate attention:
 - Trouble breathing
 - Persistent pain or pressure in chest

- New confusion or inability to awaken
- Bluish lips or face
- Other severe symptoms
- All students and staff will be screened on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian.
 - Anyone displaying or reporting the primary symptoms of concern must be isolated and sent home as soon as possible. Students or staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and monitoring by a school nurse or other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate personal protective equipment (PPE) and provide a clear explanation of procedures. If able to do so safely, the symptomatic individual should wear a face covering.
 - The individual must remain home until 72 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving.
- Local public health authority (LPHA) will give advice on restricting from school any student or staff known to have been exposed to a COVID-19 positive individual. All advice will be based on current OHA guidance.
- Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g. asthma, allergies, etc.) from school.
- Hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

Daily logs for each staff member and student/cohort for the purposes of contact tracing will be maintained in each school district. This system has been made in consultation with a school nurse and an LPHA official. Required components of individual daily student and/or cohort logs includes:

- Staff/Student's name
- Drop off/pick up time
- Parent/guardian name and emergency contact information
- All staff (including itinerant staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student.

Daily logs to be used for contract tracing will be retained by the school district for a minimum of four weeks to assist the LPHA as needed.

Any cluster of illness (2 or more people with similar illness) among staff or students will be reported to the LPHA (Ready Schools, Safe Learners).

Mask/Face Covering Use

*Face coverings or face shields are now required for all students in grades kindergarten and above. Face coverings or face shields are required for all staff, contractors, or other service providers, or visitors/volunteers. A **face covering** is made of cloth and covers the nose and mouth. A **face shield** is a clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face. Face shields may be preferred in some instances because they enable students to see whole faces. This avoids potential barriers to phonological instruction and reinforces social emotional cues. **Face masks** are medical grade surgical or N95 masks that should be reserved for medical personnel where possible. The use of face coverings, shields, or masks does not change physical distancing requirements.*

Lack of access to a face covering cannot be a barrier to instruction; each school has a responsibility to ensure that students have access to usable face coverings. *Students who abstain from wearing a face covering, or students whose families determine that the student will not wear a face covering, during On-Site instruction must be provided access to instruction. Comprehensive Distance Learning may be an option, however additional provisions apply to students protected under ADA and IDEA. For students with 504 or IEP plans, face coverings will be reviewed on a case-by-case basis, however please refer to the ODE and OHA's Ready Schools, Safe Learners document for more information.*

ODE, OHA, schools, families, and community organizations have important new roles in preparing families and care takers to prepare younger children to wear face coverings safely and effectively. This includes instruction on how to properly wear a face covering, desensitization support (getting used to wearing face coverings), recommended materials for homemade face coverings, proper care and cleaning, and how to allow for "face covering breaks" during instruction. 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; students should not be left alone or unsupervised;
- 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.

For students with existing medical conditions, doctor's orders to not wear face coverings, or other health related concerns, schools/districts must not deny access to On-Site instruction (Ready Schools, Safe Learners).

Transportation during COVID-19

Face coverings or face shields are required for all students in grades kindergarten and up during transportation. Drivers are required to wear face coverings or face shields when not actively driving and operating the bus/vehicle. Should a student display primary symptoms of COVID-19 upon entry to school transportation they will keep that student at least six feet away from others. The student will continue to be transported. When arriving at school, staff will be notified and will begin isolation measures. If transporting a student for dismissal and the student displays an onset of symptoms, the school will be notified.

Buses will be cleaned frequently. Targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces, will be maintained (Ready Schools, Safe Learners).

Cleaning, Disinfection and Ventilation for COVID-19

Frequently touched surfaces (e.g. playground equipment, door handles, sink handles, drinking fountains, transport vehicles, etc.) will be cleaned, sanitized, and disinfected between uses multiple times per day. Ideally, hand hygiene will take place before and after contact with frequently touched surfaces. All surfaces will be cleaned and disinfected according to current evidence-based CDC guidance. Disinfectants will be safely and correctly applied following labeling directions. These products will be kept away from students. *To reduce the risk of asthma, disinfectants will be chosen from the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach) or quaternary ammonium compounds.* Facilities will be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces.

Ventilation systems will be operated properly to increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Fans WILL NOT be

used if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. High Efficiency Particulate Air (HEPA) filters will be used where possible, possibly including vacuum cleaners. Schools will consider running ventilation systems continuously and changing filters more frequently. The need for increased ventilation in areas where students with special health care needs receive medication or treatments will be considered (Ready Schools, Safe Learners).

Communicating COVID-19 Updates within the School Community

In order to give our school communities the most up-to-date information concerning COVID-19 for our area, the local public health authority (LPHA) will be in frequent contact with designated staff within each school district.

School Exclusion for COVID-19 and Associated Symptoms (Updated Nov. 2020)

Primary, or major, symptoms of COVID-19 have been identified as fever, cough, shortness or breath or difficulty breathing, and loss of taste or smell. Secondary, or minor, symptoms include headache, fatigue, muscle or body aches, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Guidance from the Clatsop County Department of Public Health has helped us to translate these symptoms into our plan for school exclusion. Please reference Appendix C for more information.

If staff/student is experiencing any one major symptom, they must stay at home for 10 days and be symptom free for 72 hours OR until the symptomatic person has tested negative for COVID-19 and is symptom free for 72 hours. If a household member of a staff/student is experiencing any one major symptom, the staff/student must stay home for 10 days and until the symptomatic person is symptom free for 72 hours OR until the symptomatic person has tested negative for COVID-19 and is symptom free for 72 hours.

If staff/student is experiencing any two new minor symptoms (meaning these symptoms are not experienced normally or on a weekly basis), they must stay home for 10 days and be symptom free for 72 hours OR until the symptomatic person has tested negative for COVID-19 and is symptom free for 72 hours. If a household member of a staff/student is experiencing any two minor symptoms, the staff or student must stay home for 10 days and until the symptomatic person is symptom free for 72 hours OR until the symptomatic person has tested negative for COVID-19 and is symptom free for 72 hours. If staff/students are only experiencing one symptom of nausea/vomiting or diarrhea they must stay home until symptom free for 72 hours. For any household member experiencing one symptom of nausea/vomiting or diarrhea, the staff/student must stay home until the household member has been symptom free for 72 hours.

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Local public health authority (LPHA) specific guidance. Be prepared to allow staff and students to stay home if 	<ul style="list-style-type: none"> LPHA guidance Increase space between people at school to at least 6 feet as much as possible. Temporarily 	<ul style="list-style-type: none"> LPHA specific guidance Modify, postpone, or cancel large school events as coordinated with LPHA. 	<ul style="list-style-type: none"> Work with LPHA to establish timely communication with staff and families. Provide communica-

someone in their house is sick.	dismiss students attending childcare facilities, K-12 schools (teachers report to work, but students do not report to school).		tion to staff about the use of sick time and a reminder to stay home when sick. <ul style="list-style-type: none"> • Advise parents to report actual symptoms when calling in as part of communicable disease surveillance.
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When Cases of COVID-19 are Identified in the School Setting

When COVID-19 is identified in the school setting, and the incidence is low, the local public health authority (LPHA) will provide a direct report to the district superintendent on the diagnosed case. Likewise, LPHA will impose restrictions on contacts of confirmed cases. However, it is important to note that if the incidence is high in disease trends, the LPHA may not have the manpower to impose individual restrictions and may create public statements that the school district should reiterate.

Symptom Management of Students and Staff for COVID-19

If primary symptoms are identified or reported in the school setting the office staff will be notified, the incident commander will be alerted, and the school nurse/school-based health care provider or trained school staff will take appropriate precautions including personal protective equipment (PPE) and isolation measures.

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

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Follow local public health authority (LPHA) direction. 	<ul style="list-style-type: none"> • Follow exclusion guidance by the LPHA, which may include student dismissal. 	<ul style="list-style-type: none"> • Follow LPHA direction on environmental cleaning, which may include school closure and cancelling major events. 	<ul style="list-style-type: none"> • Coordinate communication with the LPHA. • Identify potentially immediately impacted student populations such as seniors and graduation track.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Continue Everyday infection Control/ Prevention Measures including: Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. • Stay home when ill and until 72 hours fever free without the use of fever-reducing medications. 	<ul style="list-style-type: none"> • Routine illness exclusion when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> • Routine sanitizing when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> • Routine seasonal illness prevention and exclusion communication. • Participate in post-event evaluation to determine what worked in a response plan and what needs to be revised. • Determine the plans needed to make up lost academic time.

Special Considerations

Employee Sick Leave

Administration and human resources should work together to determine the need to temporarily revise or flex sick leave to accommodate any public health guidance in regards to lost work, such as maximum incubation period exclusion (10-14 days). Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised, or who are identified as potential cases.

School Closures

If school closure is advised by the local public health department, consultation should occur between legal, union, and district administration to ensure processes are consistent with legal preparedness processes.

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their healthcare provider.

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Images:

Prepare.gov

CDC.gov

Appendix A: YOUR CHILD SHOULD STAY HOME WHEN

Oregon Health Authority Communicable Disease Guidance 4/21/2020 guideline for exclusion and Local Public Health Authority (LPHA) (Clatsop County Health) Health Care Provider (HCP). This chart of concerns does not mention every possible complaint indicating exclusion. Does not replace Medical Provider advice.(May refer to Pandemic/COVID-19 specifics)

Symptom / Illness / Complaint:	School staff will:	Your child may return to school when:
Fever: ≥ 100°F	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	72 hours with normal temperature and without fever-reducing medications,(Acetaminophen or (Ibuprofen).
Cough: New, undiagnosed by MD.	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	72 hours after the cough resolves. If diagnosed pertussis: written clearance by LPHA OR Health Care Provider & 5 days of antibiotics.If diagnosed COVID-19: exclude until written clearance by LPHA.
Vomiting (at least one unexplained episode)	Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.	at least 72 hours after last episode.

<p>Diarrhea (unable to control bowel function, when previously could) OR (sudden onset of loose stools) OR 3 or more loose, watery stools in 24 hours.</p>	<p>Separate child from shared student space. Notify parent/guardian to bring home as soon as possible.</p>	<p>at least 72 hours after last episode.</p>
<p>Concerning Eye Symptoms: colored discharge OR unexplained eye redness OR eye irritation, pain, swelling.</p>	<p>Separate child from shared student space. Notify parent/guardian for pick up & seek health care provider evaluation for evaluation.</p>	<p>Eye drainage & redness has subsided OR Student has been examined and cleared by Medical Provider. OR student has been seen by medical provider and indicated therapy has started.</p>
<p>Suspected Strep Throat</p>	<p>Separate child from shared student space. Notify parent/guardian for pick up & seek health care provider evaluation as soon as possible.</p>	<p>Antibiotic therapy for at least 24 hours & no fever (refer to Fever criteria above). OR Health Care Provider written permission.</p>
<p>Skin rash or open sore</p>	<p>If dispersed & suspicion of associated illness: Separate child from shared student space. Notify parent/guardian as soon as possible. Advise health care provider evaluation. If open sore or fungal area; bandaid to keep covered & must avoid touching.</p>	<p>No rash. Cleared by Medical Provider if associated illness exclusion criteria met. If fungal(ringworm) start treatment & exclude from contact sports/activities until resolved. Keep covered. If athlete's foot: start treatment & wear shower sandals, if using locker room showers.</p>
<p>Headache with stiff neck and fever; OR with recent head injury</p>	<p>Separate child from shared student space, if febrile. Provide rest.observe. Notify parent/guardian to pick up for (HCP) as soon as possible.</p>	<p>Fever & symptom free for 72 hours.Medical Provider note. OR Medical Provider note following head injury.</p>
<p>Acting different without reason: unusually sleepy or grumpy OR acting differently after a head injury</p>	<p>Notify parent/guardian to bring home & consult HCP as soon as possible. Rest.observe/monitor.</p>	<p>After return to normal behavior OR with Health Provider guidance.</p>

A variety of other conditions may not be excludable; however personal physicians may restrict a student from returning to school for a specific duration. In this case a provider's note is needed.

Appendix B: ILLNESS TRACKING LIST

[illegible]

[illegible]

Appendix *B* Cleaning Schedule

Custodial

Deep cleaning on Wednesday and Friday

The electrostatic disinfectant sprayer will be used to disinfect all classrooms, offices, bathrooms, electronics, desks, and high-touch surfaces such as doorknobs, handles, tables, desks, countertops, keyboards, and light switches. This will be done in conjunction with spraying all surfaces with Rejuvinal mixed at 2oz per gallon. Rejuvinal is meant to sit on the surface for a period of 10 minutes and wipe off or let evaporate to eliminate all viruses.

Areas that will be cleaned nightly

Office staff will spray high-touch surfaces in their area with Rejuvinal.

Seats and desks will be disinfected each evening by the teacher with the Rejuvinal.

Custodial staff will complete their standard custodial duties paying extra attention to high-touch/traffic areas.

Areas that will be cleaned throughout the day

Custodial staff will be disinfecting classrooms, offices and bathrooms throughout the day, daily sanitizing high-touch surfaces.

Toward the end of class each day (middle and high school), students will assist their teachers by wiping down desks, chairs, and commonly touched areas with disinfectant wipes

Recess

Educational assistant s will be sanitizing all playground equipment and items used during recess at the end of recess duty leaving enough time before the next cohort.

Playground

Custodia I staff will sanitize the playground at the beginning and end of each school day.

Transportation

Drivers wi ll sanit ize their bus after/between each route using Rejuvinal.

Appendix C: Classroom Capacity Inventory

Hilda Lahti Elementary, Primary Wing

Square Feet or Dimensions	Capacity
31 x 40	35
31 x 38	34
31 x 31	27
31 x 31	27
31 x 31	27
31 x 31	27
31 x 31	27
31 x 31	27

Hilda Lahti Elementary, Common Spaces

Square Feet or Dimensions	Capacity
1313	37 Library
66 x 36	67 Cafe
15 x 50	21 Stage
22 x 30	18 Motor Room
57 x 83	135 Gym

Hilda Lahti Elementary, Intermediate Wing

Square Feet or Dimensions	Capacity
30 x 28	24
30 x 28	24
30 x 28	24
30 x 28	24
30 x 28	24
30 x 28	24
30 x 28	24*
30 x 28	24*

Middle School, Interior Classrooms

Square Feet or Dimensions	Capacity
30 x 28	24*
30 x 28	24*

Middle School, Portables

Square Feet or Dimensions	Capacity	
25 x 29	20*	No water for hand washing
25 x 29	20*	No water for hand washing
25 x 29	20	No water for hand washing
25 x 29	20	No water for hand washing

* Denotes inadequate space to hold enrollment with social distancing

Knappa High School

Square Feet or Dimensions	Capacity
37 x 23	24
37 x 23	24
37 x 23	24
37 x 23	24
800	22
585	16
26 x 19	14
25 x 18	12
42 x 23	27
26 x 28	20
28 x 23	18
56 x 24	36
45 x 23	29
36 x 23	23
79 x 36	81 Commons
65 x 96	178 Gym
2000	57 Library
57 x 36	58 Wood Shop
36 x 69	70 Metal Shop
25 x 34	24
22 x 36	22

Outbreak & Emergency Response Procedures & Communication Plan

Local Public Health Authority (LPHA) or State (OHA) Health Authorities will initiate contact with schools in all confirmed cases of the Covid-19 Virus. For anyone contacted by the LPHA/OHA regarding a student or staff suspected of having (or having had) the Covid-19 virus:

- Direct all calls/inquiries to Superintendent (Bill's cell: 253-282-9182 & office 503-458-5993 x301)..
 - Back-ups: Laurel Smalley - High School Principal and Tammy McMullen - Elementary School Principal. (Laurel's cell 503-931-7745 & Tammy's cell 509-710-9185)Supt. will initiate the Incident Command Team in Supt Office via group text.
- Superintendent will establish communications with the relevant County-based Emergency Operations Center (EOC).
 - **Vincent Aarts** | Emergency Services Coordinator
800 Exchange Street, Suite 408, Astoria, OR 97103 t
503.325.8645 | t 503.338.3605

If a staff or a student reports, or upon screening, they are experiencing the symptoms connected to the Covid-19 virus (Fever, Cough, and Trouble Breathing):

- Enact isolation protocol.
 - Student brought to isolation area near nurse's area
 - Student provided with a mask
 - Nurse or CNA notes symptoms
 - Family is contacted
 - Transportation is arranged
 - Student departs through nearest door for transport
 - Contact tracing documents are gathered by the office
 - Sanitize the isolation room and nurse area
- Recommend they get tested and relay to LPHA IF they knowingly came into contact with someone with COVID-19.
- Relay that until free of symptoms for 72 hours without medication, they should not report to work/come back to school.
 - Take notes and document: timeline, symptoms, actions taken.
 - Enter absenteeism data into Synergy (K-12 students) ecWeb (ECSE students) or Frontline (staff)

Incident Command Team {ICT} Structure

- Membership:
 - Superintendent (Bill Fritz)
 - High School Principal (Laurel Smalley)
 - Chief Information Officer/Admin Assistant (Jennifer Morgan)
 - Nurse (Tiffany Gerttula , RN)
 - Finance (April Fresh)
 - School Office Managers (Shannon Harrington & Jeni Davis)
- Tasks: Initiate initial and ongoing operational and communications emergency protocols

Emergency Services Response to Incident

- County- Emergency Management Manager or Public Health Director will advise on subsequent actions
 - May initiate Unified Command System
 - May advise on short-term closure with cleaning protocol or longer closure time
- Superintendent to consider recommendations with the ICT
 - Only the Superintendent will direct all school/site closures

Communication Plan in Active Event {as determined by Local Public Health Authority}

- Initial: Comms sends out immediate/initial communication in English and Spanish and Talking Points to:
 - Leadership Team (email and/or text)
 - Talking Points will be developed by ICT and Shared Via Email or Google Drive
 - Parents of students at affected site(s) - via email and mobile alert (Spanish & English)
 - All staff via email
 - Website
 - News media via Flash Alert
 - Message will include that all media requests come through Comms or Supt. Office
- Follow-up: ICT develops and sends recap comms in English and Spanish once incident is resolved/contained to:
 - Leadership Team
 - Parents (all ESD or specific sites) via email
 - All staff via email
 - Website
 - News media via press release direct message

Communication Content

- All communication with media will run through Supt. and Comms
- All written communication out to parents/community first approved by Director of Comms

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Communication Content

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- All written communication out to parents/community first approved by Director of Comms

Supplementary Details on Sections 4 through 8

4 Instructional Model

Knappa School District students will have three instructional models in the fall.

Grades K-2 (and perhaps 3 based on transportation capacity)

- Traditional school, face-to-face, at school five days/week 9-2 (with staggered drop off and departure) with a one-hour delayed start 14 times on Wednesdays during the year for professional development work.
- Knappa Virtual Academy. A fully online program, with teaching provided by Knappa teachers, using the Acellus curriculum and the Canvas platform. This program allows for leveled content, curriculum in all content areas, including AP at the high school, automatic tutorials, and support from teachers.

Grades 3-12 (or possibly 4-12)

- Hybrid instruction provided in cohorts. One set of students attends school in-person Monday and Tuesday. The other set of students attends in-person on Thursday and Friday. The remaining (3) days, students receive online instruction. The shorter day and Wednesdays allow teachers to consult with their virtual students, plan virtual content, and provide timely feedback to students. The instructional day will be 8-1 (with staggered drop off and departure)
- Knappa Virtual Academy. A fully online program, with teaching provided by Knappa teachers, using the Acellus curriculum and the Canvas platform. This program allows for leveled content, curriculum in all content areas (including AP at the high school), automatic tutorials, and support from teachers.

Changing Models for Students. To ensure proper staffing levels and ability to maintain safe environments, students will be able to change programs at the nine-week mark and grades/credits (high school) will be recorded by quarter.

High School Schedule . To reduce cohort mixing, the high school schedule will be offered as three periods each day.

5 Equity

Introduction -While Knappa School District has a small number of students/ families that are racially or ethnically diverse, equity is still an essential item to address. The following must be included in our plan as we consider various vulnerabilities:

- Students of various racial and ethnic groups
- Students who have limited income, who face housing insecurity, and/or face food insecurity (which can be measured by free/reduced lunch status).
- Families who lack internet connectivity due to income or geography
- Students who qualify for special education services
- Students who qualify for English language services.

- Students who are health challenged
- Students who live with an individual who is health challenged

Addressing equity needs. IEP Individualized Education Plans, ELD (English language development), TAG (Talented and gifted), and 504 services (Accommodation plans for those with health impairments that impact major life activity in school) still are honored in the face-to-face, hybrid, or virtual environments. In some cases, this may constitute a change of placement and IEP's need to be modified accordingly. Whenever possible, these services must be offered synchronously.

The different instructional models are meant to accommodate for different family situations and vulnerabilities, especially hybrid and virtual learning and teaching for those with health vulnerabilities or family members with health vulnerabilities.

Beyond Program. Students who face educational challenges based on IEP status or who qualify for English language development (ELD) services who are in the hybrid program will be (in concert with family dialogue about their needs) allowed to join school for BOTH cohorts (4 days/week). On the additional two days, students may receive specialized instruction consistent with their IEP's, ELD services, or additional time and assistance with core classes.

6 Family & Community Engagement

Several parents were on the planning committee. Additionally, two surveys have solicited information from families about their needs and plans.

This fall, the website will be updated to make it more easily navigable.

A FAQ site about the plan is currently posted and is being updated regularly.

Prior to the start of school, a video and print communication will be provided to parents to help them understand school safety requirements.

Home-based volunteer opportunities will still be possible, but volunteers on the premises will not occur at the start of the year due to safety.

Teachers are expected to stay current with their grading and stay in communication with parents regarding academic progress.

If any students or staff are identified to have symptoms of COVID-19, parents will receive communication consistent with Health Authority guidance.

Open house and orientation will be held virtually.

7 Mental Social and Emotional Health

Knappa School District employs two full time counselors to serve approximately 490 students (a ratio of 1:245, which is well below the recommended staffing level from the National School Counselor's Association (1:300). School counselors provide invaluable support to students and employees in meeting mental, social, and emotional health needs.

During the 2019-2020 school year, employees began training regarding trauma informed practices. This professional development will continue during the 2020-2021 school year.

The District is starting a new partnership with Bushnell University (Eugene, OR) to provide virtual mental health counseling using Master's Degree Candidates in the Clinical Mental Health Counseling Program. This will allow Knappa families access to services that are rare in Clatsop County.

Staff will be familiarized with Lines for Life remote suicide risk assessment and OHA's Telehealth tips for clients with suicide risk.

An advisory period is being added to the high school for 2020-21 to help address student/staff connections, advocacy, and affective support.

8 Staffing and Personnel

Employees have been contacted so that the District can know preferred types of PPE.

Vulnerable employees are to contact April Fresh to indicate any special needs that they might have, and ADA, FMLA, and OFLA will be administered as required by law.

Health department guidance will be followed to inform staff if COVID-19 cases or exposure occur in the workplace.

Review and Refinement

It is the District's goal to increase in-person instruction as the year continues. Every four weeks, a comprehensive review will occur of program implementation (whether the plan is being followed), the instructional program's effectiveness, and safety. Based on this review, the plan will be refined, and program offerings will be adjusted.