

PANDEMIC RESPONSE PLAN

ASTORIA 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>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>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"> Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults. 	<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>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).



Personal NPIs are everyday preventive actions that can help keep people from getting and/or spreading flu. These actions include staying home when you are sick, covering your coughs and sneezes with a tissue, and washing your hands often with soap and water.



Community NPIs are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include increasing space between students in classrooms, making attendance and sick-leave policies more flexible, canceling large school events, and temporarily dismissing schools.



Environmental NPIs are surface cleaning measures that remove germs from frequently touched surfaces and objects.

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

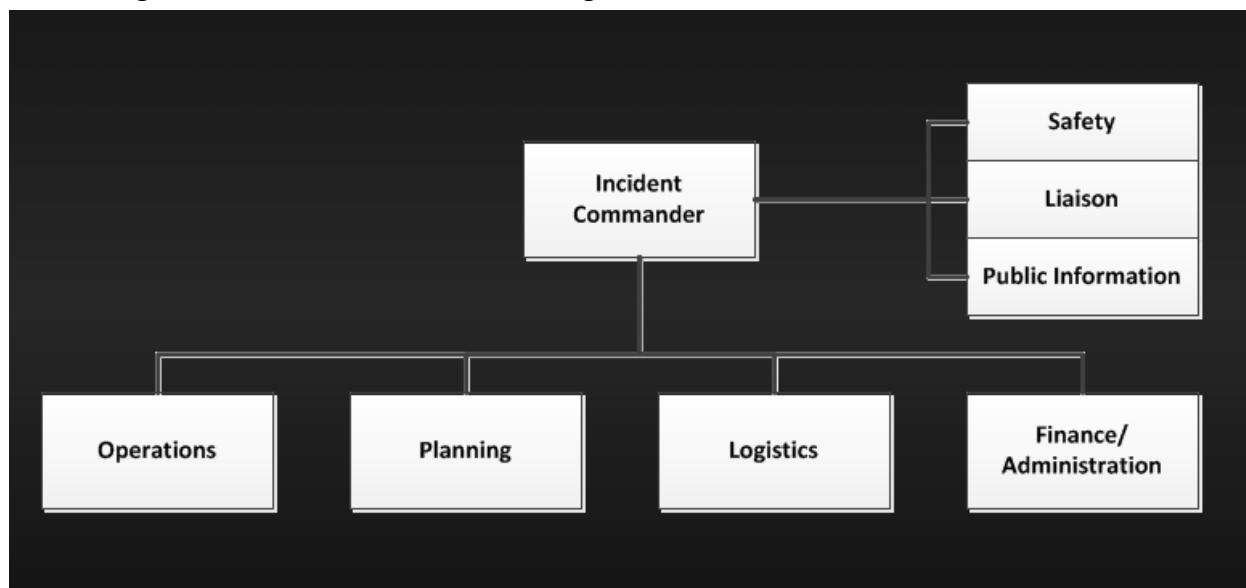
When the novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel 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)

Craig Hoppes

choppes@astoria.k12.or.us

(503) 791-3818

Second in Command

Melissa Linder

mlinder@astoria.k12.or.us

(503) 325-6441

Operations

Mindy Landwehr

mlandwehr@astoria.k12.or.us

(503) 325-6441

Safety

Billy Eddy

weddy@astoria.k12.or.us

(503) 325-6441

Liaison

Tara Johnson, School Nurse

Staci Brown, School Nurse

tjohnson@astoria.k12.or.us

sbrown@astoria.k12.or.us

(503) 325-6441

Communication

Marisa Flukinger

mflukinger@astoria.k12.or.us

(503) 325-6441

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.

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 someone in their house is sick. 	<ul style="list-style-type: none"> ● LPHA guidance ● Increase space between people at school to at least 6 feet as much as possible. ● Temporarily dismiss students attending childcare facilities, K-12 schools (teachers report to work, but students do not report to school). 	<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 communication to staff about the use of sick time and a reminder to stay home when sick. ● Advise parents to report actual symptoms when calling in as part of communicable disease surveillance.

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.
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 72 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 for 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 for 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.

Astoria School District 1C

Code: **GCBDAAGDBDAA**
Adopted: 6/24/2020
Readopted:
Orig. Code(s):

COVID-19 Related Leave *

When applicable, the district will comply with the provisions of the Families First Coronavirus Response Act (FFCRA) which includes the Emergency Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (EFMLEA). The district will also comply with the Oregon Bureau of Labor and Industries' (BOLI) temporary rule BLI 4-2020 that amends Oregon Administrative Rule 839-009-0230 for the purpose of taking leave during the statewide public health emergency. This policy and its accompanying administrative regulation will be in effect until each of the above laws have expired.

Employees are eligible for EFMLEA leave if they have been employed for at least 30 days.

EPSLA applies to all employees no matter how long they have been employed or how many hours they have worked.

The district may exclude from the EPSLA and EFMLEA employees who are health care providers, including anyone employed at any post-secondary educational institution offering health care instruction.

The BOLI rule applies to districts with employees who are eligible for leave under the Oregon Family Leave Act.

The district shall post a notice of FFCRA requirements in conspicuous places at district facilities. The district may meet the notice requirement by emailing the notice to employees or posting notice on an internal or external website made available to employees.

The district is prohibited from retaliating against an employee who takes leave or takes actions to enforce the requirements of these acts.

This policy does not affect employee rights or benefits under any other law, collective bargaining agreement, or district policy. The district is not required to pay an employee for unused emergency paid sick time if an employee resigns, retires, or is terminated.

END OF POLICY

Legal Reference(s):

[ORS 332.507](#)

[ORS 342.545](#)

[ORS 659A.090](#)

[ORS 659A.093](#)

[ORS 659A.096](#)

[ORS 659A.099](#)

[ORS 659A.150](#) 659A.186

[OAR 839-009-0200](#) – 0320

BOLI Temporary Administrative Order BLI 4-2020

Families First Coronavirus Response Act, Public Law No: 116-127, Mar. 18, 2020.

Americans with Disabilities Act, 42 U.S.C. §§ 12101-12213 (2018); 29 C.F.R. Part 1630 (2019); 28 C.F.R. Part 35 (2019).

Family and Medical Leave Act, 29 U.S.C. §§ 2601-2654 (2018); 5 U.S.C. §§ 6381-6387 (2018); Family and Medical Leave Act, 29 C.F.R. Part 825 (2019).

Americans with Disabilities Act Amendments Act of 2008, 42 U.S.C. § 2000ff-1 (2018).

Escriba v. Foster Poultry Farms, Inc. 743 F.3d 1236 (9th Cir. 2014).