

**Port Orford-Langlois School District 2CJ, Port Orford, OR,
Board of Education
July 27, 2020
Pacific High School Library
45525 Highway 101
Port Orford, OR 97465**

Regular Meeting 4:30 PM

1. **CALL TO ORDER/INTRODUCTIONS**
 1. Pledge of Allegiance
 2. Staff and Visitors
2. **INTERVIEW, BOARD CANDIDATES**
 1. 4:35 PM, Ulli Lau
 2. 4:50 PM, Shala Kudlac
 3. Swearing in New Board Member effective July 28, 2020
3. **AGENDA CHANGES**
4. **CONSENT AGENDA**
 1. Approve Minutes June 15, 2020
 2. Financial Report
 3. Surplus List - Pacific High School
 4. Accept Resignation - Mary Scaffo
 5. Letter of Support - South Coos Hospital
5. **PUBLIC INPUT**

Board Policy BDDH States: Speakers may offer objective criticism of district operations and programs, but the Board will not hear personal complaints concerning school personnel nor against any person connected with the school system. The chairman will direct the visitor to the appropriate means for Board consideration and disposition of legitimate complaints involving individuals. Members of the public may address the Board for up to three minutes.
6. **REPORTS** *CHAIR*
 1. **Superintendent** - *Steve Perkins*
 2. **Transportation/Maintenance** - *Chad Berry*
 3. **Technology Report** - *Jered Rush*
7. **NEW BUSINESS**
 1. Select Chair/Vice Chair
 2. School Reopening Plan
 3. ODE Operational Blueprint
 4. District Communicable Disease Management Plan
 5. 2020-2021 Adjusted Student Calendar
 6. ESSER Grant Application
8. **OLD BUSINESS**
9. **REOCCURRING BUSINESS**
10. **FIRST READING OF POLICIES** **(Shaded words are new/strike-throughs are deleted)*
 1. IGBAH-AR - Special Education Eval and Eligibility Procedures
11. **SECOND READING POLICIES**
 1. GBN/JBA - Sexual Harassment
 2. GBN/JBA - AR

3. JHH - Student Suicide Prevention
4. GBL - Personnel Records
5. Student Waiver of Liability - COVID-19
6. Facility Use Form - COVID-19
12. **BOARD COMMENTS/REPORTS** *CHAIR*
13. **CORRESPONDENCE**
14. **FUTURE AGENDA ITEMS**
15. **EXECUTIVE SESSION**

* Action

EXECUTIVE SESSION

The Board will now move into an executive session. The Board will not make any decisions in the Executive Session regarding the topic discussed. Should a decision be required, the Board will move back into a regular meeting.

Representatives of the news media are specifically directed not to report on any of the deliberations during the executive session, except to state the general subject of the session as previously announced.

- ORS 192.660 (2) (a) Employment of Staff
- ORS 192.660 (2) (b) Staff Conduct
- ORS 192.660 (2) (d) Labor Negotiations
- ORS 192.660 (2) (e) Property
- ORS 192.660 (2) (f) Exempt Records
- ORS 192.660 (2) (h) Legal Rights
- ORS 192.660 (2) (i) Evaluating Top Executive
- ORS 332.061 (2) Student Expulsion/Medical Records

The Port Orford-Langlois School Board met in a Regular Session on June 15, 2020 at 4:30 PM. The Board met in an online session via Zoom (<https://zoom.us/j/438543935>), meeting ID: 438 543 935. Board members present were Mary Scaffo, Patricia Brown, Phyllis Johns, Hilary Johnson, and Sandra Anderson. Steve Perkins, Superintendent, Don Staehely, Business Manager and Stephanie Smith, Administrative Assistant, were also present.

1.0 Budget Hearing

- 1.1 Call to Order
- 1.2 Public Input on Budget
- 1.3 Adjournment

2.0 Call to Order/Introductions

2.1 Pledge of Allegiance:

Mary Scaffo called the meeting to order at 4:30 pm. She announced that the meeting was being recorded.

2.2 Staff and Visitors

Visitors listening to the meeting were Dave McCutcheon and Skaida Scholey.

3.0 Agenda Changes

Item 7.9, Superintendent Recruitment options, was added.

4.0 Consent Agenda

- 4.1 Approve minutes, May18, 2020
- 4.2 Approve Budget Committee Minutes, May 18, 2020
- 4.3 Financial Report
- 4.4 Approve Kindergarten Teacher Hire, Teal Fleming
- 4.5 Accept Resignation, Tori Hall

Phyllis Johns moved and Patricia Brown seconded to approve the consent agenda as presented. Motion passed unanimously. (RESOLUTION 20-54)

5.0 Public Input - Educational Spotlight:

No Educational Spotlight this month. Mary Scaffo asked visitors if they had any comments and got no response.

6.0 Reports

6.1 Superintendent

Steve Perkins reported he has been working on school re-opening plans with Krista Nieraeth, Tenneal Weatherall and Ben Stallard. The plan is to start kids inside the school buildings, if possible. We need to measure room dimensions to be sure social distancing requirements can be met. Steve plans on getting a solid plan to the Board at the July meeting, which needs to be submitted to and approved by Oregon Department of Education and Curry County Health Authority by August 15. The "Cohort" model is under consideration. If a virus outbreak occurs, the district must switch to distance learning. Increased communication to the community is needed.

6.2 Transportation and Maintenance

Nothing additional to report.

6.3 Technology Report

Mary Scaffo asked if laptops and Chromebooks being loaned to students are insured. Jered Rush replied we normally buy damage insurance except on models that are old and not worth it. Only one Chromebook has been damaged during (broken screen) the distance learning due to COVID-19. Spare parts are in stock so Jered can do repairs himself. The district is looking at buying carrying cases for better protection if distance learning continues.

6.4 Principal's Report

Mary Scaffo complimented Krista Nieraeth on the June 5 high school graduation. Krista reported it was a lot of work but she had a lot of help. Feedback from parents reveals the majority want their kids back in school. About 85% of students participated somewhat successfully in the distance learning. Additional feedback said the work and keeping up with emails was overwhelming for both kids and parents. Summer school will not be an option; any makeup work must be done in the Fall. Phyllis Johns mentioned student Maddie Hall wrote a beautiful letter of thanks to the Lutheran Church for their scholarship; her kind words were much appreciated by the congregation. Krista noted the level of scholarships received by Pacific High students was far above the average of other county districts. She thanked the Port Orford Langlois community for their support.

6.5 Enrollment

Nothing additional to report.

7.0 New Business

7.1 Close Budget Hearing

Mary Scaffo closed the budget hearing.

7.2 Food Service Projection

Don Staehely reported on the district food service department. With increased use of commodities, utilization of existing inventory, participation in the food buying co-op, and moving away from disposable utensils, this year's projected loss is about \$30,000, far less than was anticipated. Current food service staff are doing an excellent job of cutting costs. Don stated with the number of students in the district, there will always be a deficit.

7.3 Bus Reserve

Two vans were purchased with the bus reserve. A resolution will need to be done.

7.4 General Fund Resolution

Phyllis Johns read the resolution as presented. Phyllis Johns moved and Hilary Johnson seconded to approve the resolution. Motion passed unanimously. (RESOLUTION 20-55)

7.5 Special Revenue Resolution

Patricia Brown moved and Sandra Anderson seconded to adopt the resolution as presented. Motion passed unanimously. (RESOLUTION 20-56)

7.6 Adopt 2020-2021 Budget Resolution

Patricia Brown moved and Sandra Anderson seconded to adopt the resolution as presented. Motion passed unanimously. (RESOLUTION 20-57)

7.7 2020-2021 Board Meeting Calendar

Steve Perkins pointed out there is no agenda meeting in July.

Patricia Brown moved and Hilary Johnson seconded to adopt the calendar as presented. Motion passed unanimously. (RESOLUTION 20-58)

7.8 Surplus List

Patricia Brown moved and Hilary Johnson seconded to accept the surplus list as presented. Motion passed unanimously. (RESOLUTION 20-59)

7.9 Superintendent Recruitment Options 2021-2022

- a. Steve Perkins to remain at a lower percentage to help with transition
- b. Steve Perkins to contract as an LLC to perform duties
- c. Krista Nieraeth splits position; part-time superintendent, part-time principal
- d. Replace Steve Perkins and conduct an outside search in January 2021 (Steve to assist)

All board members voted for option one. Phyllis Johns moved and Patricia Brown seconded to move forward with option one. Motion passed unanimously. (RESOLUTION 20-60)

8.0 Old Business
None

9.0 Reoccurring Business

10.0 First Reading of Board Policies

10.1 GBN/JBA

10.2 GBN/JBA-AR

10.3 JHH

10.4 GBL

10.5 Student Waiver of Liability – COVID-19

Steve Perkins reported this waiver is needed in the event of sports activities, per PACE insurance.

10.6 Facility Use Form

2CJ will do all we can to sanitize facility, but cannot guarantee against infection with COVID-19.

11.0 Second Reading and Adoption of Policies

11.1 EEA – Student Transportation Services

Patricia Brown moved and Phyllis Johns seconded to approve the policy as presented. Motion passed unanimously. RESOLUTION 20-61)

11.2 GBA – Equal Opportunity Employer

Patricia Brown moved and Phyllis Johns seconded to approve the policy as presented. Motion passed unanimously. RESOLUTION 20-62)

11.3 GBEA – Workplace Harassment

Patricia Brown moved and Sandra Anderson seconded to approve the policy as presented. Motion passed unanimously. RESOLUTION 20-63)

11.4 GBEA - AR

Patricia Brown moved and Phyllis Johns seconded to approve the policy as presented. Motion passed unanimously. RESOLUTION 20-64)

12.0 Board Comments/Reports

13.0 Correspondence

14.0 Future Agenda Items

15.0 Executive Session.

An Executive Session was not needed.

Patricia Brown moved to adjourn the meeting. All were in favor.
The meeting adjourned at 5:24 pm.

Mary Scaffo
Board Chairman

Steven Perkins
Superintendent/Clerk

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort: Remit Name

ALLSTREAM

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49613	GENERAL FUND	DATA PROCESSING	TELEPHONE	\$849.72
Total for ALLSTREAM				\$849.72

AMAZON.COM CORPORATE ACCOUNT

Check#	FUND	FUNCTION	OBJECT	Amount
FOOD SERVICE				
0	FOOD SERVICE	FOOD SERVICE	CONSUMABLE SUPPLIES	\$62.82
COVID Reimbursement				
0	COVID Reimbursement	PLANT OPERATION & MAINT	CONSUMABLE SUPPLIES	\$496.25
READY, SET, LEARN				
0	READY, SET, LEARN	PREKINDERGARTEN PROGRAMS	CONSUMABLE SUPPLIES	\$679.32
Total for AMAZON.COM CORPORATE ACCOUNT				\$1,238.39

ANALYTICAL LAB & CONSULTANTS

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49614	GENERAL FUND	OTH PLANT OPERTN & MAINT	OTH NON-INST PROF/TECH	\$66.78
49638	GENERAL FUND	OTH PLANT OPERTN & MAINT	OTH NON-INST PROF/TECH	\$8.25
Total for GENERAL FUND				\$75.03
Total for ANALYTICAL LAB & CONSULTANTS				\$75.03

BUSSMANN, JENNY R

Check#	FUND	FUNCTION	OBJECT	Amount
OCF AFTER SCHOOL PROGRAM				
0	OCF AFTER SCHOOL PROGRAM	INSTRUCTIONAL ENHANCEMENT	CONSUMABLE SUPPLIES	\$68.55
Total for BUSSMANN, JENNY R				\$68.55

C & K MARKET, INC #55

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
0	GENERAL FUND	EXECUTIVE ADM SERVICES	CONSUMABLE SUPPLIES	\$0.00
0	GENERAL FUND	OFFICE OF PRINCIPAL	CONSUMABLE SUPPLIES	\$0.00
Total for GENERAL FUND				\$0.00

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort: Remit Name

C & K MARKET, INC #55

Check#	FUND	FUNCTION	OBJECT	Amount
FOOD SERVICE				
0	FOOD SERVICE	FOOD SERVICE	CONSUMABLE SUPPLIES	\$10.37
0	FOOD SERVICE	FOOD SERVICE	FOOD	\$0.00
Total for FOOD SERVICE				\$10.37
STUDENT BODY - PHS				
0	STUDENT BODY - PHS	HS COCURRICULUM	CONSUMABLE SUPPLIES	\$0.00
OCF AFTER SCHOOL PROGRAM				
0	OCF AFTER SCHOOL PROGRAM	MID/JR HI COCURRICULUM	CONSUMABLE SUPPLIES	\$45.76
READY, SET, LEARN				
0	READY, SET, LEARN	PREKINDERGARTEN PROGRAMS	CONSUMABLE SUPPLIES	\$0.00
0	READY, SET, LEARN	STAFF DEVELOPMENT	CONSUMABLE SUPPLIES	\$0.00
Total for READY, SET, LEARN				\$0.00
Total for C & K MARKET, INC #55				\$56.13

CANON FINANCIAL SERVICES

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49604	GENERAL FUND	FISCAL SERVICES	RENTALS	\$143.77
49604	GENERAL FUND	OFFICE OF PRINCIPAL	M&R COPY COST	\$51.81
49604	GENERAL FUND	OFFICE OF PRINCIPAL	RENTALS	\$754.40
49615	GENERAL FUND	FISCAL SERVICES	RENTALS	\$108.28
49615	GENERAL FUND	OFFICE OF PRINCIPAL	M&R COPY COST	\$483.49
49615	GENERAL FUND	OFFICE OF PRINCIPAL	RENTALS	\$788.75
Total for GENERAL FUND				\$2,330.50
Total for CANON FINANCIAL SERVICES				\$2,330.50

CARSON OIL CIOMPANY, INC.

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
0	GENERAL FUND	PLANT OPERATION & MAINT	FUEL	\$0.00
0	GENERAL FUND	PLANT OPERATION & MAINT	TRAVEL, LOCAL IN DISTRICT	\$47.33

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria:

From Date: 06/01/2020

To Date: 06/30/2020

Report Sort: Remit Name

CARSON OIL CIOMPANY, INC.

Check#	FUND	FUNCTION	OBJECT	Amount
0	GENERAL FUND	STUDENT TRANSPORTATION	GAS & OIL	\$107.73
Total for GENERAL FUND				\$155.06
Total for CARSON OIL CIOMPANY, INC.				\$155.06

CHARTER COMMUNICATONS

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 49616	GENERAL FUND	DATA PROCESSING	OTHER COMMUNICATION SERV	\$2,157.26
Total for CHARTER COMMUNICATONS				\$2,157.26

COASTAL PAPER & SUPPLY, INC

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 49605	GENERAL FUND	PLANT OPERATION & MAINT	CONSUMABLE SUPPLIES	\$355.87
COVID Reimbursement 49605	COVID Reimbursement	PLANT OPERATION & MAINT	CONSUMABLE SUPPLIES	\$662.32
Total for COASTAL PAPER & SUPPLY, INC				\$1,018.19

COOS CURRY ELECTRIC COOP, INC

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 0	GENERAL FUND	PLANT OPERATION & MAINT	ELECTRICITY	\$3,334.21
Total for COOS CURRY ELECTRIC COOP, INC				\$3,334.21

COQUILLE SCHOOL DISTRICT #8

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 49617	GENERAL FUND	ALTERNATIVE EDUCATION	OTHER TUITION	\$1,750.00
Total for COQUILLE SCHOOL DISTRICT #8				\$1,750.00

CTR - ROTO ROOTER

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 49618	GENERAL FUND	PLANT OPERATION & MAINT	GARBAGE	\$236.15

FOOD SERVICE

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort: Remit Name

CTR - ROTO ROOTER

Check#	FUND	FUNCTION	OBJECT	Amount
49618	FOOD SERVICE	FOOD SERVICE	REPAIRS AND MAINTENANCE	\$135.00
Total for CTR - ROTO ROOTER				\$371.15

CURRICULUM ASSOCIATES

Check#	FUND	FUNCTION	OBJECT	Amount
TITLE 1 49619	TITLE 1	TITLE 1	CONSUMABLE SUPPLIES	\$377.96
Total for CURRICULUM ASSOCIATES				\$377.96

ENGDAHL, KARI E

Check#	FUND	FUNCTION	OBJECT	Amount
OCF AFTER SCHOOL PROGRAM 0	OCF AFTER SCHOOL PROGRAM	INSTRUCTIONAL ENHANCEMENT	CONSUMABLE SUPPLIES	\$104.85
Total for ENGDAHL, KARI E				\$104.85

GOLD BEACH LUMBER YARD INC

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 49606	GENERAL FUND	OTH PLANT OPERTN & MAINT	CONSUMABLE SUPPLIES	\$0.00
49606	GENERAL FUND	PLANT OPERATION & MAINT	CONSUMABLE SUPPLIES	\$474.63
49606	GENERAL FUND	STUDENT TRANSPORTATION	CONSUMABLE SUPPLIES	\$0.00
49639	GENERAL FUND	OTH PLANT OPERTN & MAINT	CONSUMABLE SUPPLIES	\$0.00
49639	GENERAL FUND	PLANT OPERATION & MAINT	CONSUMABLE SUPPLIES	\$455.76
49639	GENERAL FUND	STUDENT TRANSPORTATION	CONSUMABLE SUPPLIES	\$0.00
Total for GENERAL FUND				\$930.39
TITLE 1 49606	TITLE 1	FAMILY ENGAGEMENT	INSTRUCTIONAL PROF/TECH	\$0.00
49639	TITLE 1	FAMILY ENGAGEMENT	INSTRUCTIONAL PROF/TECH	\$0.00
Total for TITLE 1				\$0.00
Total for GOLD BEACH LUMBER YARD INC				\$930.39

GOLD COAST SECURITY, INC

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				

Port Orford-Langlois School District 2CJ

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Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort: Remit Name

GOLD COAST SECURITY, INC

Check#	FUND	FUNCTION	OBJECT	Amount
49607	GENERAL FUND	PLANT OPERATION & MAINT	OTH NON-INST PROF/TECH	\$92.00
49620	GENERAL FUND	PLANT OPERATION & MAINT	OTH NON-INST PROF/TECH	\$92.00
Total for GENERAL FUND				\$184.00
Total for GOLD COAST SECURITY, INC				\$184.00

GOLDERS NAPA AUTO AND TRUCK PART

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49621	GENERAL FUND	STUDENT TRANSPORTATION	CONSUMABLE SUPPLIES	\$6.03
Total for GOLDERS NAPA AUTO AND TRUCK PART				\$6.03

HARBORVIEW WINDOWS, HEATING/AIR

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49622	GENERAL FUND	PLANT OPERATION & MAINT	REPAIRS AND MAINTENANCE	\$3,271.50
Total for HARBORVIEW WINDOWS, HEATING/AIR				\$3,271.50

INDUSTRIAL SOURCE

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49608	GENERAL FUND	OFFICE OF PRINCIPAL	INSTRUCTIONAL SUPPLIES	\$102.70
49640	GENERAL FUND	OFFICE OF PRINCIPAL	INSTRUCTIONAL SUPPLIES	\$51.35
Total for GENERAL FUND				\$154.05
Total for INDUSTRIAL SOURCE				\$154.05

JOSTENS

Check#	FUND	FUNCTION	OBJECT	Amount
STUDENT BODY - DRIFTWOOD				
49623	STUDENT BODY - DRIFTWOOD	MID/JR HI COCURRICULUM	CONSUMABLE SUPPLIES	\$335.00
Total for JOSTENS				\$335.00

MCCOWAN MEDICAL LABORATORY

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort: Remit Name

MCCOWAN MEDICAL LABORATORY

Check#	FUND	FUNCTION	OBJECT	Amount
0	GENERAL FUND	OTH PLANT OPERTN & MAINT	OTH NON-INST PROF/TECH	\$245.00
Total for MCCOWAN MEDICAL LABORATORY				\$245.00

MCDONALD WHOLESALE COMPANY

Check#	FUND	FUNCTION	OBJECT	Amount
FOOD SERVICE				
49609	FOOD SERVICE	FOOD SERVICE	CONSUMABLE SUPPLIES	\$1,109.10
49609	FOOD SERVICE	FOOD SERVICE	FOOD	\$3,958.36
Total for FOOD SERVICE				\$5,067.46
Total for MCDONALD WHOLESALE COMPANY				\$5,067.46

NeighborWorks Umpqua

Check#	FUND	FUNCTION	OBJECT	Amount
READY, SET, LEARN				
49624	READY, SET, LEARN	PREKINDERGARTEN PROGRAMS	INSTRUCTION SERVICES	\$1,350.00
Total for NeighborWorks Umpqua				\$1,350.00

OASBO

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49625	GENERAL FUND	OTHER FISCAL SERVICES	OTH NON-INST PROF/TECH	\$11,625.00
Total for OASBO				\$11,625.00

OMLID & SWINNEY

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49626	GENERAL FUND	PLANT OPERATION & MAINT	REPAIRS AND MAINTENANCE	\$1,125.00
Total for OMLID & SWINNEY				\$1,125.00

ORCCA - OR COAST COMMTY ACTION

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
0	GENERAL FUND	Undesignated	CONTRB-DONATIONS PRIVATE	\$10,000.00
Total for ORCCA - OR COAST COMMTY ACTION				\$10,000.00

OREGON INSTITUTE OF TECHNOLOGY

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort:	Remit Name			Amount
Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49627	GENERAL FUND	ALTERNATIVE EDUCATION	OTHER TUITION	\$400.00
		Total for	OREGON INSTITUTE OF TECHNOLOGY	\$400.00
OREGON LINEN				
Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
0	GENERAL FUND	STUDENT TRANSPORTATION	RENTALS	\$264.02
FOOD SERVICE				
0	FOOD SERVICE	FOOD SERVICE	CONSUMABLE SUPPLIES	\$115.76
		Total for	OREGON LINEN	\$379.78
PENNY KONIECZNY				
Check#	FUND	FUNCTION	OBJECT	Amount
FOOD SERVICE				
49628	FOOD SERVICE	Undesignated	LUNCH SALES	\$22.65
		Total for	PENNY KONIECZNY	\$22.65
PERKINS, STEVEN H				
Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
0	GENERAL FUND	EXECUTIVE ADM SERVICES	CONSUMABLE SUPPLIES	\$81.99
		Total for	PERKINS, STEVEN H	\$81.99
PITNEY BOWES				
Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49629	GENERAL FUND	FISCAL SERVICES	RENTALS	\$180.00
		Total for	PITNEY BOWES	\$180.00
PORT ORFORD NEWS				
Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49610	GENERAL FUND	BOARD OF EDUCATION SRVS	ADVERTISING	\$229.50
		Total for	PORT ORFORD NEWS	\$229.50

PORT ORFORD, CITY OF

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort:	Remit Name				
Check#	FUND	FUNCTION	OBJECT		Amount
GENERAL FUND					
49630	GENERAL FUND	PLANT OPERATION & MAINT	WATER AND SEWAGE		\$125.66
				Total for PORT ORFORD, CITY OF	\$125.66
QUILL CORPORATION					
Check#	FUND	FUNCTION	OBJECT		Amount
GENERAL FUND					
49631	GENERAL FUND	FISCAL SERVICES	CONSUMABLE SUPPLIES		\$65.98
49631	GENERAL FUND	OFFICE OF PRINCIPAL	CONSUMABLE SUPPLIES		\$1,002.43
49641	GENERAL FUND	FISCAL SERVICES	CONSUMABLE SUPPLIES		\$0.00
49641	GENERAL FUND	OFFICE OF PRINCIPAL	CONSUMABLE SUPPLIES		\$385.88
				Total for GENERAL FUND	\$1,454.29
FOOD SERVICE					
49631	FOOD SERVICE	FOOD SERVICE	FOOD		\$0.00
49641	FOOD SERVICE	FOOD SERVICE	FOOD		\$0.00
				Total for FOOD SERVICE	\$0.00
				Total for QUILL CORPORATION	\$1,454.29
ROTARY CLUB OF PORT ORFORD					
Check#	FUND	FUNCTION	OBJECT		Amount
GENERAL FUND					
49632	GENERAL FUND	FISCAL SERVICES	DUES AND FEES		\$175.00
				Total for ROTARY CLUB OF PORT ORFORD	\$175.00
SKBASEY INC. DBA SOUTH COAST EXPRESS LUB					
Check#	FUND	FUNCTION	OBJECT		Amount
GENERAL FUND					
49611	GENERAL FUND	STUDENT TRANSPORTATION	REPAIRS AND MAINTENANCE		\$174.00
				Total for SKBASEY INC. DBA SOUTH COAST EXPRESS LUB	\$174.00
SOUTH COAST ESD					
Check#	FUND	FUNCTION	OBJECT		Amount
GENERAL FUND					
49612	GENERAL FUND	DATA PROCESSING	OTHER PROF/TECH SRVS		\$1,614.06

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort: Remit Name

SOUTH COAST ESD

Check#	FUND	FUNCTION	OBJECT	Amount
49612	GENERAL FUND	FISCAL SERVICES	COMPUTER SOFTWARE	\$468.61
49612	GENERAL FUND	FISCAL SERVICES	OTH NON-INST PROF/TECH	\$236.08
49612	GENERAL FUND	PLANT OPERATION & MAINT	TELEPHONE	\$166.63
49612	GENERAL FUND	STAFF SERVICES	OTH NON-INST PROF/TECH	\$123.56
Total for GENERAL FUND				\$2,608.94

COVID Reimbursement

49633	COVID Reimbursement	PLANT OPERATION & MAINT	CONSUMABLE SUPPLIES	\$190.00
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Total for SOUTH COAST ESD \$2,798.94

STALLARD, BENJAMIN L

Check#	FUND	FUNCTION	OBJECT	Amount
0	GENERAL FUND	OFFICE OF PRINCIPAL	TRAVEL, OUT OF DISTRICT	\$89.57

Total for STALLARD, BENJAMIN L \$89.57

STOUT, BONITA F

Check#	FUND	FUNCTION	OBJECT	Amount
0	READY, SET, LEARN	PREKINDERGARTEN PROGRAMS	TRAVEL, LOCAL IN DISTRICT	\$56.80

Total for STOUT, BONITA F \$56.80

SUNRISE DISTRIBUTERS

Check#	FUND	FUNCTION	OBJECT	Amount
49634	FOOD SERVICE	FOOD SERVICE	FOOD	\$898.35

Total for SUNRISE DISTRIBUTERS \$898.35

SYSCO PORTLAND INC

Check#	FUND	FUNCTION	OBJECT	Amount
49642	FOOD SERVICE	FOOD SERVICE	CONSUMABLE SUPPLIES	\$0.00
49642	FOOD SERVICE	FOOD SERVICE	FOOD	\$230.64

Total for FOOD SERVICE \$230.64

15 Total for SYSCO PORTLAND INC \$230.64

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria:

From Date: 06/01/2020

To Date: 06/30/2020

Report Sort: Remit Name

VEND WEST SERVICES, INC

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
49635	GENERAL FUND	STAFF WELLNESS SERVICES	CONSUMABLE SUPPLIES	\$15.00
Total for VEND WEST SERVICES, INC				\$15.00

VISA - DISTRICT OFFICE

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
0	GENERAL FUND	BOARD OF EDUCATION SRVS	CONSUMABLE SUPPLIES	\$490.00
COVID Reimbursement				
0	COVID Reimbursement	STAFF SERVICES	TRAVEL, OUT OF DISTRICT	\$99.00
Total for VISA - DISTRICT OFFICE				\$589.00

VISA - PRINCIPAL

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
0	GENERAL FUND	OFFICE OF PRINCIPAL	CONSUMABLE SUPPLIES	\$214.00
0	GENERAL FUND	OFFICE OF PRINCIPAL	POSTAGE	\$245.60
Total for GENERAL FUND				\$459.60

STUDENT BODY - PHS

0	STUDENT BODY - PHS	HS COCURRICULUM	CONSUMABLE SUPPLIES	\$1,582.73
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STUDENT BODY - DRIFTWOOD

0	STUDENT BODY - DRIFTWOOD	MID/JR HI COCURRICULUM	CONSUMABLE SUPPLIES	\$171.00
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OCF AFTER SCHOOL PROGRAM

0	OCF AFTER SCHOOL PROGRAM	HS COCURRICULUM	CONSUMABLE SUPPLIES	\$95.80
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COVID Reimbursement

0	COVID Reimbursement	FOOD SERVICE	CONSUMABLE SUPPLIES	\$274.92
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Total for VISA - PRINCIPAL \$2,584.05

VISA - SUPERINTENDENT

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND				
0	GENERAL FUND	EXECUTIVE ADM SERVICES	TRAVEL, OUT OF DISTRICT	(\$200.40)

READY, SET, LEARN

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria: From Date: 06/01/2020 To Date: 06/30/2020

Report Sort: Remit Name

VISA - SUPERINTENDENT

Check#	FUND	FUNCTION	OBJECT	Amount
0	READY, SET, LEARN	PREKINDERGARTEN PROGRAMS	CONSUMABLE SUPPLIES	\$225.53
Total for VISA - SUPERINTENDENT				\$25.13

WENTLING, LAURIEL

Check#	FUND	FUNCTION	OBJECT	Amount
FOOD SERVICE 0	FOOD SERVICE	FOOD SERVICE	TRAVEL, LOCAL IN DISTRICT	\$20.20
Total for WENTLING, LAURIEL				\$20.20

WEST COAST FENCING

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 49636	GENERAL FUND	PLANT OPERATION & MAINT	RENTALS	\$96.00
Total for WEST COAST FENCING				\$96.00

WILLAMETTE EDUCATION SERVICE DIS

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 49637	GENERAL FUND	INSTRUCTIONAL ENHANCEMENT	COMPUTER SOFTWARE	\$475.75
Total for WILLAMETTE EDUCATION SERVICE DIS				\$475.75

WYATT, KANDI J

Check#	FUND	FUNCTION	OBJECT	Amount
GENERAL FUND 0	GENERAL FUND	HIGH SCHOOL INSTRUCTION	TRAVEL, LOCAL IN DISTRICT	\$22.94
0	GENERAL FUND	MID/JR HI INSTRUCTION	TRAVEL, LOCAL IN DISTRICT	\$22.94
Total for GENERAL FUND				\$45.88
Total for WYATT, KANDI J				\$45.88

Port Orford-Langlois School District 2CJ

Expenditure Summary Report

Fiscal Year: 2019-2020

Criteria:

From Date: 06/01/2020

To Date: 06/30/2020

Report Sort: Remit Name

Grand Total: \$59,328.61

Recap for FUND for remit name

100	GENERAL FUND	\$45,949.57
205	FOOD SERVICE	\$6,563.25
207	STUDENT BODY - PHS	\$1,582.73
208	STUDENT BODY - DRIFTWOOD	\$506.00
240	OCF AFTER SCHOOL PROGRAM	\$314.96
242	COVID Reimbursement	\$1,722.49
250	TITLE 1	\$377.96
272	READY, SET, LEARN	\$2,311.65

End of Report

Pacific High School

Surplus List:

15 Obsolete/Broken Netbooks

11 Obsolete/Broken Pumpkin Tablets

July 10, 2020

Dear Board,

Please accept this as my formal resignation from the Port Orford-Langlois School District 2CJ, School Board of Education, effective July 28, 2020.

It has been an honor and privilege to serve the parents, students and community of the Port Orford-Langlois School District for the past eight years. We have gone through many changes and hurdled many challenges during my tenure. It has been a pleasure to work with our current and past Board Members, staff and personnel, to make 2CJ School District one of the best in the South Coast Region.

Best wishes and thank-you.

Mary Scaffo

PORT ORFORD



LANGLOIS 2CJ
SCHOOL DISTRICT

PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ
Steve Perkins, Superintendent

District Office
45525 Highway 101
Sixes, OR 97476
Tel: (541) 366-2111

District mailing address:
P.O. Box 8
Port Orford, OR 97465

7/13/2020

Steve Perkins
Port Orford-Langlois School District
PO Box 8
Port Orford, OR 97465

Re: Letter of Support
Southern Coos Healthcare Access Project

To Whom It May Concern,

This letter is written on behalf of the Port Orford-Langlois School District in support of the Southern Coos Hospital & Health Center *Healthcare Access Project*.

Southern Coos Hospital & Health Center is requesting financial resources of the USDA for this project. Awarded funds will enable the project's timely completion and result in the development of a telemedicine network that will improve clinical, economic, and technical outcomes for member of the southern Oregon coast community. The South Coast Head Start agrees to participate in partnership conversations around SCHHC's *Healthcare Access Project*.

As an organization who needs medical support for their students and families, we recognize the importance of the collaborative model of development for projects like this, as well as the positive impact this type of collaborative healthcare access project can have on the community.

The Port Orford-Langlois School District supports the *Healthcare Access Project* and will continue to work with Southern Coos Hospital to find opportunities for collaboration between our organizations. It is our hope that this project will serve to improve community safety and health and will contribute positively to the culture of Southern Coos County, further exposing essential workers, nontraditional partners, and the underserved to healthcare services including COVID-19 screening and specialty care.

On behalf of our staff, clients and stakeholders, I thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Steve Perkins". The signature is written in dark ink and is positioned above the printed name.

Steve Perkins
Superintendent of Schools

Transportation and Maintenance Report

July Meeting 2020

Transportation

1. Annual inspections being done on district vehicles.
2. New vans are licensed and ready for use.

Pacific High School Maintenance

1. Normal summertime cleaning and floor maintenance.
2. Wire molding installed in areas with network cables exposed.
3. Extra disinfection practices are being done.
4. Barrier shields built for offices and library.

Driftwood School Maintenance

1. Normal summertime cleaning and floor maintenance.
2. Extra disinfection practices are being done.
3. Barrier shields built for library and offices.

Waste Water

1. Lagoon levels being monitored. No discharge has been necessary.
2. Permit renewal complete. New expiration date is 6-30-2025.
3. Minor changes to permit include installing a staff gauge in lagoons to monitor depth. Staff gauge has been made and will be installed by permit effective date.



OREGON
DEPARTMENT OF
EDUCATION

Oregon achieves . . . together!

OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 6/30/2020

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:

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.

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	Port Orford-Langlois 2cj
Key Contact Person for this Plan	Steve Perkins
Phone Number of this Person	541-348-2455
Email Address of this Person	Steve.perkins@2cj.k12.or.us
Sectors and position titles of those who informed the plan	Steve Perkins, Superintendent Krista Nieraeth, Principal Ben Stallard, Vice-Principal Tenneal Wetheral, SCESD Superintendent Dawn Granger, SCESD Consultant TBD, Contracted District Nurse Scott McEachern, Chief Information Officer of Southern Coos Hospital & Health Center Sherrie Ward, Curry Public Health Administrator Ulrich Lau, Parent/Business Owner Phyllis Johns, Board Member Kari Engdahl, PHS Office Manager Nicola Steers, Driftwood Office Manager Deana Bussman, Transportation Dispatch, District Safety Director Chad Berry, Maintenance/Transportation Director
Local public health office(s) or officers(s)	Curry County Public Health
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Steve Perkins
Intended Effective Dates for this Plan	August 31, 2020 – June 30, 2021
ESD Region	South Coast 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.

We are collecting survey data regarding Distance Learning for all successes and struggles, technology availability/needs for next year, preference of parents and students for structure of learning for 2020-21 school year and intent to send students to school next year.

The survey link has been provided via Facebook, Remind app, website and emails to all students, families and staff members to ensure effective representation/survey data from all levels of students, including demographics and our underserved and marginalized students/community groups.

3. Indicate which instructional model will be used.

Select One:

On-Site Learning **Hybrid Learning** **Comprehensive Distance Learning**

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/a4dedb5185d94966b1dffc75e4874c8a>) 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.

N/A

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.

N/A

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.

N/A

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

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Implement measures to limit the spreads of COVID-19 within the school setting. <input checked="" type="checkbox"/> Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff. <input checked="" type="checkbox"/> Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas. <input checked="" type="checkbox"/> Process to report to the LPHA any cluster of any illness among staff or students. <input checked="" type="checkbox"/> Protocol to cooperate with the LPHA recommendations and provide all logs and information in a timely manner. <input checked="" type="checkbox"/> Protocol for screening students and staff for symptoms (see section 1f of the Ready Schools, Safe Learners guidance). <input checked="" type="checkbox"/> Protocol to isolate any ill or exposed persons from physical contact with others. <input checked="" type="checkbox"/> Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the Ready Schools, Safe Learners guidance). <input checked="" type="checkbox"/> 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. <ul style="list-style-type: none"> • 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. <input checked="" type="checkbox"/> Required components of individual daily student/cohort logs include: <ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/> Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed. 	<p>Community Disease Plan – Linked here</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Protocol to respond to potential outbreaks (see section 3 of the <i>Ready Schools, Safe Learners</i> guidance).	

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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: <ol style="list-style-type: none"> 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. <input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> • Communicate with parents and health care providers to determine return to school status and current needs of the student. • 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, IEPs, 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: <ul style="list-style-type: none"> ○ 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. 	Staff Plan includes all staff self-identifying as vulnerable or part of vulnerable household. <ul style="list-style-type: none"> • Redeployed options could include: <ol style="list-style-type: none"> 1. On-line instruction and support 2. Maintenance projects, custodial work, office work without student/staff contact • Staff could consider all leave options as well Students <ul style="list-style-type: none"> • All students identified as vulnerable, either by a physician, or parent/guardian notification, will be enrolled in online instruction with weekly check-ins. • Students who experience disability will continue to receive specially designed instruction. • Students with language services will continue to receive English Language Development. Visitors/Volunteers <ul style="list-style-type: none"> • 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 will be limited to essential personnel only.

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ○ 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 checessild 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. 	

1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. ☒ Support physical distancing in all daily activities and instruction, maintaining at least six feet between individuals to the maximum extent possible. ☒ 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. ☒ 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). ☒ Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline. 	<p>Capacity for Elementary School Settings:</p> <ul style="list-style-type: none"> ● Cafeteria (used for breakfast and lunch) 1948 usable Sq. Ft. (55 maximum people) ● Play Shed (used for PE and recess) 3456 Ft. (98 maximum people) <p>Transportation Cohort</p> <ul style="list-style-type: none"> ● This is a stable group of students daily ● Stable groups can be varied by AM/PM routes. ● Contact-tracing logs will be used for each run of a route <p>Kindergarten - 6th Grade Classroom Cohorts</p> <ul style="list-style-type: none"> ● Kindergarten (17 students) is a separate cohort. Kindergarten classroom is 860 Sq. Ft. (24 Maximum people) ● 1st and 2nd grades are lunch, PE and recess cohorts. ● 1st and 2nd grades will have separate classroom cohorts. 1st Grade (18- 1st graders) classroom is 805 Sq. Ft. (23 maximum people) 2nd Grader (23 – 2nd graders) classroom is 897 Sq. Ft. (24 maximum people) ● 3rd and 4th grades will have lunch, PE and recess cohorts ● 3rd and 4th grades will have separate classroom cohorts 3rd Grade (21 – 3rd graders) classroom is 850 Sq. Ft. (24 maximum people) 4th Grade (21 – 4th graders) classroom is 805 Sq. Ft. (23 maximum people) ● 5th and 6th grades will have lunch, PE and recess cohorts ● 5th and 6th grades will have separate classroom cohorts 5th Grade(20 – 5th graders) classroom is 805 Sq. Ft. (23 maximum people) 6th Grade(19 – 6th graders) classroom is 897 Sq. Ft. (25 maximum people) <p>Speech and Language Cohort (itinerant staff)</p> <ul style="list-style-type: none"> ● All speech and Language students receiving services will be served on one on one basis. <p>Title and Special Education Pull Out for services</p> <ul style="list-style-type: none"> ● SPED students receiving services will be pulled out of the same classroom cohort. ● SPED classroom is 525 Sq. Ft. (15 maximum people) ● SPED Office is 130 Sq. Ft. (3 maximum people)

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>Computer Lab at Elementary is 735 Sq. Ft. (20 maximum students)</p> <p>Library Elementary is 1239 Sq. Ft. (35 maximum students)</p>

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> 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.</p> <ul style="list-style-type: none"> The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. <p><input checked="" type="checkbox"/> Each school must have a system for daily logs to ensure contact tracing among the cohort (see section 1a of the <i>Ready Schools, Safe Learners</i> guidance).</p> <p><input checked="" type="checkbox"/> Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms.</p> <p><input type="checkbox"/> Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.</p> <p><input type="checkbox"/> Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade level learning standards, and peers.</p> <p><input type="checkbox"/> Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.</p>	<p>Capacity for Pacific HS Settings</p> <ul style="list-style-type: none"> Wellness Room 728 Sq. Ft. (20 maximum people) Science Room 920 Sq. Ft. (26 maximum people) Math Room 742 Sq. Ft. (21 maximum people) Room 2c 648 Sq. Ft. (18 maximum people) Media Lab 715 Sq. Ft. (20 maximum people) Room 8 962 Sq. Ft. (27 maximum people) Cafeteria 962 Sq. Ft. (27 maximum people) Business Lab 660 Sq. Ft. (19 maximum people) Room 11 715 Sq. Ft. (21 maximum people) Room 12 687 Sq. Ft. (20 maximum people) Room 13 632 Sq. Ft. (19 maximum people) Room 14 715 Sq. Ft. (21 maximum people) Music Room 1434 Sq. Ft. (41 maximum people) Art Room 720 Sq. Ft. (20 maximum people) Weight Room 375 Sq. Ft. (10 maximum people) Gym 7872 Sq. Ft. (225 maximum people) <p>7th and 8th grade students are one classroom cohort for all core classes including PE and lunch. Serving area will be cleaned between each cohort.</p> <p>7th (17 - 7th graders) and 8th (19 - 8th graders) grade lunch cohort Cafeteria is 967 Sq. Ft. (27 total people)</p> <p>2C Classroom is 648 Sq. Ft. (18 total people)</p> <p>7th thru 12th music cohort</p> <p>7th thru 12th Art cohort</p> <p>7th thru 12th Computer cohort</p> <p>7th thru 12th Yearbook cohort</p> <p>9th thru 12th (47 total students) will be a single cohort which will include all classes and lunch. Students will be assigned to locations monitored by staff. Serving areas and eating locations will be cleaned after each meal.</p> <p>Social distancing will be maintained during breaks and passing periods. Cohorts will be maintained during breaks and passing periods.</p>

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> 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.</p> <ul style="list-style-type: none"> Consider sharing school protocols themselves. 	<p>Develop a Return-to-work protocol</p> <p>Letter to staff</p> <p>Letter to Families</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. <ul style="list-style-type: none"> Consult with your LPHA on what meets the definition of "close contact." <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Provide all information in languages and formats accessible to the school community.	Post Letter on Website

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> 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. 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: <ul style="list-style-type: none"> Trouble breathing Persistent pain or pressure in the chest New confusion or inability to awaken Bluish lips or face Other severe symptoms <input type="checkbox"/> 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. <ul style="list-style-type: none"> Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.	<p>Screening Students: Students will be visually screened and have their temperature taken by a staff member. When the screening indicates that a student may be symptomatic, the student is directed to the office. If a student that is riding the bus shows symptoms, they will be sent back home with parents or isolated on the bus and parents will be contacted to come pick them up at school. *Follow established protocol from CDMP (see section 1a). Screening will include updating the cohort or individual student logs.</p> <p>Entry Elementary School</p> <ul style="list-style-type: none"> Students who do ride buses to school will enter the front doors of the school. After being screened and logged each student will move directly to their classrooms. Breakfast will be served in the classrooms. Students will use sanitizer upon entry into the classroom. <p>High School</p> <ul style="list-style-type: none"> 7th and 8th graders who do not ride the bus will enter the building thru the front doors. After being screened 7th and 8th graders will go to assigned classrooms to eat breakfast. 7th and 8th graders riding the bus will enter the building and go directly to their assigned classrooms. Hand sanitizer will be available at the campus entry. Social distancing will be practiced at entry point. 9th thru 12th graders will enter the side door of the gym. After being screened, they will go directly to their 1st period class. Those who rode the bus will go directly to their 1st period classroom. Breakfast will be a pick-up and go to 1st period. Hand sanitizer will be available at the entry point. Social distancing will be practiced at entry point. <p>Screening Staff</p> <ul style="list-style-type: none"> Staff are required to report to the administrator when they may have been exposed to COVID-19 Staff are required to report to the administrator when they have symptoms related to COVID-19 Staff members are not responsible for screening other staff members for symptoms.

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Restrict non-essential visitors. Only allow visitors if six feet of physical distance between all people can be maintained. <input type="checkbox"/> Visitors must wash or sanitize their hands upon entry and exit.	Visitors/Volunteers will be unable to work in schools, or complete other volunteer activities that require in person interactions, at this time. Adults in schools are limited to essential personnel only.

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Visitors must wear face coverings in accordance with OHA and CDC guidelines. <input type="checkbox"/> 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.	

1h. FACE COVERINGS, FACE SHIELDS, AND CLEAR PLASTIC BARRIERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Face coverings or face shields for: <ul style="list-style-type: none"> • Staff who are regularly within six feet of students and/or staff <ul style="list-style-type: none"> ○ 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. <input checked="" type="checkbox"/> Face shields, face coverings or clear plastic barriers for: <ul style="list-style-type: none"> • Speech Language Pathologists, Speech Language Pathology Assistants, or other adults providing articulation therapy. • Front office staff. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Students who choose not to wear face coverings must be provided access to instruction. <input checked="" type="checkbox"/> 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.	<p>Face Shields Facial shields are required and will be provide for:</p> <ul style="list-style-type: none"> • Bus Drivers - Shields must be worn when the bus is stopped but can be removed while driving. When not using face shields, driver should be wearing an alternative face coverings. <p>Protective Barriers or face shields</p> <ul style="list-style-type: none"> • Front Office Staff • Speech Language Pathologist <p>Facial Coverings <i>Facial coverings are not synonymous with facemasks.</i> <i>Facial coverings are required and will be provided for:</i></p> <ul style="list-style-type: none"> • Food Service Staff • Entry monitors • Anyone staff member working in a public area. <p>Facial Coverings are required for:</p> <ul style="list-style-type: none"> • Staff providing 1:1 student support • OT, PT staff supporting personal care, staff where direction requires direct personal contact • Nurses of designated health services providers when administering medication or providing direct services. <p>Facial coverings are strongly encouraged for staff moving throughout campus, including but not limited to:</p> <ul style="list-style-type: none"> • Art Teachers • PE Teachers • Counselors • Title 1/SPED staff • Front office staff when working in areas other than the front office • Administration <p>Facial coverings are recommended for:</p> <ul style="list-style-type: none"> • All Staff <p>Facial coverings are not recommended for:</p> <ul style="list-style-type: none"> • Children under the age of 12 • Children of any age should not wear a face covering: <ul style="list-style-type: none"> ○ If they have a medical condition that makes it difficult for them to breathe with a face covering ○ If they experience a disability that prevents them from wearing a face covering ○ They are unable to remove the face covering independently, or ○ While sleeping <p>Face coverings cannot be required for use by children and should never prohibit or prevent access to instruction or activities.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan

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1i. ISOLATION MEASURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Protocols for assessment of students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day.</p> <ul style="list-style-type: none"> • 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. <p><input checked="" type="checkbox"/> 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.</p> <ul style="list-style-type: none"> • 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. <p>n Establish procedures for safely transporting anyone who is sick to their home or to a health care facility.</p> <p><input checked="" type="checkbox"/> 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.</p> <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> ○ The school principal (or designee) will connect weekly with medical community on updates for plan and isolation measures taken to that point. ○ All students who become ill at school will remain at school supervised by staff until parents can pick them up in the designated isolation area (i.e. health room) ○ <i>Students will be provided a facial covering (if they can wear it safely)</i> ○ <i>Staff should wear a facial covering and maintain social distance, but never leave a child unattended.</i> <ul style="list-style-type: none"> • While exercising caution to maintain safety is appropriate when working with children exhibiting symptoms, it is also critical that staff maintain sufficient composure and disposition so as not to unduly worry a student or family. • Staff will maintain student confidentiality as appropriate. • Daily logs must be maintained containing the following: <ul style="list-style-type: none"> ○ Name of students sent home for illness, cause of illness time of onset; and ○ Name of students visiting the office for illness symptoms, even if not sent home. • Staff and students with known or suspected COVID-19, or displaying COVID-19 symptoms per current OHA guidance, CDC guidance, or CPHA guidance, cannot remain at school and should return only after their symptoms resolve and they are physically ready to return to school. In no case can they return before: <ul style="list-style-type: none"> ○ The passage of 14 calendar days after exposure; and ○ Symptoms are improving.

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ☒ 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. 	



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	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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: <ul style="list-style-type: none"> • 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. 	<p>All students will be enrolled following the Oregon Department of Education guidelines.</p> <p>No student will be dropped for non-attendance if they meet the following conditions:</p> <ul style="list-style-type: none"> • Are identified as vulnerable, or otherwise considered to be part of a population vulnerable to infection with COVID-19 • Have COVID-19 symptoms for the past 14 days

2b. ATTENDANCE

(Note: Section 2b does not apply to private schools.)

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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 (ADMProgTypCd = 01) as identified in the Oregon 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 	<p>Attendance will be taken daily on instructional days.</p> <p>Attendance policies and plans will encourage staff and students to stay home if someone in their home is sick</p> <p>Office manager will notify the principal when the absence rate has increased by 20% or more.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>to accommodate for this change and the addition of the hybrid setting.</p> <ul style="list-style-type: none"> • 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). <p>☒ 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.</p>	<p>The principal (or designee) will report this increase to the nurse (or designee).</p>

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d of the Ready Schools, Safe Learners guidance). <input checked="" type="checkbox"/> Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.	Conduct family technology and connectivity survey Inventory district technology and internet connectivity resources Plan for technology support and replacement including budget Develop health protocols

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Handwashing: All people on campus should be advised and encouraged to wash their hands frequently. <input checked="" type="checkbox"/> Equipment: Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Transitions/Hallways: Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. <input checked="" type="checkbox"/> 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.	<ul style="list-style-type: none"> ● Handwashing: All students will have access to hand washing/hand sanitizer stations before breakfast and lunch are served. Opportunity for frequent hand washing/use of hand sanitizer will be provided throughout the school day. ● Equipment: All classroom supplies/PE Equipment/playground equipment will be cleaned and sanitized before use by another student or cohort group. ● Safety drills: During fire drills (and other safety drills), all cohort classes will physically distanced from another student or cohort group. ● Events: Field trips will all be done locally and only with cohort. Assemblies, school performances, school-wide parent meetings, or any other large gathering will be cancelled. Parent Conferences will be virtual unless appropriate physical distancing can be adhered to. ● Transitions/Hallways: Hallway traffic direction will be marked on the floor. Classrooms will line up in a single file line and adhere to 6 feet social distancing when possible. Established cohorts will move together. Line up areas will be marked. Students in grades 7-12 will be encouraged to wear a face covering during transition times ● Personal Property: Personal items brought to school will be limited to essential items only. If personal items are brought to school, they must be labeled prior to entering the building and not shared with other students. Individual water bottles will be distributed to every student in the district. A list of essential items will be shared with families in our re-entry letter. ● Restrooms: Elementary students will use the bathrooms designated in their classroom area. Only one cohort of students will have access to the bathrooms at any given time. Middle and High School students will also only be able to access bathrooms during their cohort times. Bathrooms will be sanitized between cohorts. Bathrooms will also be sanitized several times throughout the day.

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. <input checked="" type="checkbox"/> Create schedule(s) and communicate staggered arrival and/or dismissal times. <input checked="" type="checkbox"/> 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).	Screening Students: Students will be visually screened and forehead temperature taken by the staff upon arrival. When the screening indicates that a student may be symptomatic, the student is directed to the office. Follow established protocol from CDMP (see section 1a). Screening will include updating the cohort or individual logs daily.

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Develop sign-in/sign-out protocol to help facilitate contact tracing: <ul style="list-style-type: none"> • 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. ☒ Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible. 	<ul style="list-style-type: none"> • Each teacher/staff member will use a sign in/sign out protocol to help facilitate contact tracing. <ul style="list-style-type: none"> ✓ Staff will fill in the information and not allow a shared pen/paper. ✓ Hand sanitizer will be available at reception to use along with the arrival/dismissal and sign-in/sign-out. There will also be hand sanitizer in each classroom to use upon entry. • Handwashing stations or hand sanitizer dispensers will be placed near all entry doors and other high traffic areas. • Share with families the need to keep drop-off/pick-up interactions as brief as possible. • Mark specific areas and designate one-way traffic flow for transitions of traffic for vehicles and on-foot. <p>Elementary School</p> <ul style="list-style-type: none"> • Students not riding the buses will enter thru the front doors of the building. • Students will wash hands or use hand sanitizer upon classroom entry. <p>Grades 7-8</p> <ul style="list-style-type: none"> • Grades 7 and 8 will enter the building thru the front doors and go directly to room 2C or the cafeteria. Hand Sanitizer will be available at entry and in the assigned rooms, including the cafeteria. Students will wash hands in the main hall South bathrooms. Students will sanitize hands before breakfast and 1st period. <p>Grades 9-12</p> <ul style="list-style-type: none"> • Grades 9-12 will enter the building thru the side-gym doors. These students will stay in the gym until school starts. Hand sanitizer will be available at the entry point. Students will wash their hands in the main hall north bathrooms (bathrooms closest to the main office). Students will sanitize hands before breakfast and 1st period. <p>Staff:</p> <ul style="list-style-type: none"> • Staff are required to report to the administrator (or designee) when they may have been exposed to COVID-19. • Staff are required to report to the administrator when they have symptoms related to COVID-19. • Staff members are not responsible for screening other staff members for symptoms. <p>Dismissal:</p> <ul style="list-style-type: none"> • Students will remain in their assigned cohorts at the end of the day until released by staff. • Cohorts will be individually released by intercom/announcement one cohort at a time. • Upon release all students in the cohort will go directly to their bus or departure point from the building.

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. 	

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. <ul style="list-style-type: none"> • Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. 	<ul style="list-style-type: none"> • Seating: Arrange all students desks and tables a minimum of six(6) feet apart. Assign seating so students are in the same seat at all times. • Materials: Each classroom will limit sharing of community supplies when possible. (pencils, scissors, paper, etc.) If sharing is required, items will be frequently sanitized. Hand sanitizer and tissues will be available for use by students and staff in all classrooms. • Handwashing: Students will wash hands before each meal and frequently throughout the school day. • Respiratory Etiquette: School staff will consistently teach and reinforce the need for ongoing respiratory etiquette. • Furniture: All upholstered furniture and soft seating has been removed from the school buildings. • Classroom Procedure: All K-6 classes will use an assigned cubby or storage space for individual student belongings, which will be limited. Students grades 7-12 will carry individual belongings and use their personal locker. All shared spaces (computer lab, library, gymnasium, cafeteria) will be cleaned between cohort use. • Seating: Each class and hallway will have visual aids (painter's tape, arrows, stickers, etc.) to display traffic flow, appropriate social distancing, and assigned seating. • Environment: When possible, windows will be open in the classroom before students arrive and after students leave. When possible, holding classes outside will be encouraged to allow students to spread out (PE, activity classes, etc.).

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. 	<ul style="list-style-type: none"> • Elementary playground will remain closed to public use. Signage will be posted at all entry points. Gates will be locked at all times. Classes/cohorts may use the playground for recess on staggered schedule throughout the school day. • Playground structures will be disinfected daily and in between each cohort group. <ul style="list-style-type: none"> ○ Playground Supplies: Each cohort will have their own recess supplies. (balls, jump ropes, etc.) • Students must wash hands or use hand sanitizer before and after using playground equipment. • Cleaning requirements must be maintained; refer to section 3j. • Recess activities will be planned to support physical distancing and maintain stable cohorts. This can include limiting the number of students on one piece of equipment, at one game, etc. • Given the lessened capacity of equipment use due to cohorting and physical distancing requirements, teachers will need to set expectations for shared use of equipment by students and may need to support students with schedules for when specific equipment can be used.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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 <i>Ready Schools, Safe Learners</i> 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. ☒ Adequate cleaning of tables between meal periods. 	<p>Elementary School</p> <p>Breakfast</p> <ul style="list-style-type: none"> • Students enter building and go directly to their respective classrooms. Students will wash hands or use hand sanitizer upon entry into classroom and prior to breakfast. • Cohorts will take turns eating in the Cafeteria. Those cohorts not eating in the Cafeteria will eat in their classrooms. All tables, surfaces, etc. will be sanitized between cohort use. <p>Lunch</p> <ul style="list-style-type: none"> • Cohorts (see 1c) will eat separately in shifts. Tables, surfaces, etc. will be sanitized between cohorts.

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Include transportation departments (and associated contracted providers, if used) in planning for return to service. ☒ 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). ☒ Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. <ul style="list-style-type: none"> • If a student displays symptoms, provide 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. ☒ 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. ☒ Drivers wear face shields or face coverings. ☒ 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). 	<ul style="list-style-type: none"> • Kindergarten goes to lunch as a cohort, goes thru lunch line, and sit at KG tables with 6 feet distancing. <ul style="list-style-type: none"> ○ After lunch KG cohort goes to assigned playground for recess. • Grades 1 and 2 cohort goes to lunch as a cohort, goes thru lunch line, and sit at 1 and 2 tables with 6 feet distancing. <ul style="list-style-type: none"> ○ After lunch 1and cohort goes to assigned playground for recess. • Grades 3 and 4 cohort goes to assigned playground at start of lunch, then go to lunch after KG and 1 and 2 cohorts finish lunch. • Grades 5 and 6 cohort goes to assigned playground at start of lunch and after KG and 1 and 2 cohorts finish lunch. <p>7th and 8th Grade:</p> <p>Breakfast</p> <ul style="list-style-type: none"> • Middle School students will enter the building thru the front doors and go directly to the Cafeteria. All students will wash hands or use hand sanitizer before entering Cafeteria. After picking up breakfast, 7th and 8th graders will go to their assigned classrooms. They will move to 1st period as a cohort. <p>Lunch</p> <ul style="list-style-type: none"> • 7th and 8th graders will go to the Cafeteria as a cohort. They will wash hands or use hand sanitizer before entering the classroom. They will go thru lunch line and then move to their assigned table to eat lunch (6 feet distancing will be adhered to while eating). After lunch, 7th and 8th graders will move to their next class as a cohort. Cafeteria will be sanitized (all surfaces, tables, etc.) between cohorts. <p>High School</p> <p>Breakfast</p> <ul style="list-style-type: none"> • Grades 9 thru 12 enter through gym side door and pick up Breakfast in the gym. They will wash hands or use hand sanitizer before entering lunch line which will be at the hallway gym door. Students will go to 1st period class as a cohort. Students will use hand sanitizer when they enter their 1st period class. <p>Lunch</p> <ul style="list-style-type: none"> • Grades 9 thru 12 will go to lunch as a cohort. Students will wash hands or use hand sanitizer before entering Cafeteria.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>After leaving the lunch line, students will move to their assigned eating area. 6 feet social distancing will be adhered to during lunch. After lunch, 9th thru 12th graders will move to their next class as a cohort.</p>

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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, restrooms, and playgrounds. ☒ Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. ☒ 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. ☒ 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 <u>not</u> 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. ☒ Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. ☒ 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). ☒ 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). 	<ul style="list-style-type: none"> • Bus drivers are required to use facial shields. Facial shields will be provided by the district. Shield must be in use when stopped but can be lifted while driving. When not using the face shield, the driver should be wearing an alternative face covering. • Each bus will have a staff member who will be required to wear a face shield or alternative face covering on the bus. Staff member will be required to: <ul style="list-style-type: none"> ○ Take student temperature and visually screen each student for illness ○ Follow entry and screening procedures ○ Staff member will maintain logs for contact tracing procedures from 1a above. • Each bus will have: <ul style="list-style-type: none"> ○ The recommended three (3) feet of physical distance between passengers. ○ The recommended six (6) feet of physical distance between driver and passengers not including the staff bus monitor (except during boarding and in assisting those with mobility devices); reinforce this requirement by cordoning off seats as appropriate. • Use visual cues (e.g. floor decals, colored tape or signs) to discourage students from standing and sitting within three (3) feet of other passengers, drivers and other transit employees on the bus • Clean and sanitize buses between cohort routes. • Meet 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. • Open windows whenever possible to increase ventilation. (weather permitting)

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. ☒ 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). 	<ul style="list-style-type: none"> • Bandon hospital supported the development of this plan. • Registered nurse supported the development of this plan. • Designated staff can assist in implementation of plan. • A plan for maintaining health services for all students.



3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level. <input checked="" type="checkbox"/> Establish a specific emergency response framework with key stakeholders. <input checked="" type="checkbox"/> 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. 	<ul style="list-style-type: none"> • Coordinate communication with the Local Public Health Authority. • If the region impacted is in Curry County, the Curry County Health Authority will provide communication and will potentially host conference calls. • When cases are identified in the local region a response team should be assembled within the district and responsibilities assigned within the school district. • Establish a specific emergency response framework with key stakeholders.

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Follow the district's or school's outbreak response protocol. Coordinate with the LPHA for any outbreak response. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Report to the LPHA any cluster of illness (2 or more people with similar illness) among staff or students. <input checked="" type="checkbox"/> When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the district. <input checked="" type="checkbox"/> Modify, postpone, or cancel large school events as coordinated with the LPHA. <input checked="" type="checkbox"/> If the school is closed, implement Short-Term Distance Learning or Comprehensive Distance Learning models for all staff/students. <input checked="" type="checkbox"/> Continue to provide meals for students. <input checked="" type="checkbox"/> Communicate criteria that must be met in order for On-Site instruction to resume and relevant timelines with families. 	<ul style="list-style-type: none"> • Identify baseline absentee rates to determine if rates have increased by 20% or more. • Temporarily dismiss students attending district schools. • Modify, postpone, or cancel large events using OHA suggested protocols and governor's executive orders. • Work with Curry Public Health Authority to establish timely communication with staff and families. • When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the CPHA will impose restrictions on contacts. • Establish a specific emergency response framework with key stakeholders. • In the event of a closure, district will initiate Distance Learning Plan immediately.

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Plan instructional models that support all learners in Comprehensive Distance Learning. <input checked="" type="checkbox"/> 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, restrooms, and playgrounds. <input checked="" type="checkbox"/> Communicate with families about options and efforts to support returning to On-Site instruction. <input checked="" type="checkbox"/> Follow the LPHA guidance to begin bringing students back into On-Site instruction. <ul style="list-style-type: none"> • Consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools. 	<ul style="list-style-type: none"> • 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 <u>legal preparedness processes</u>. • Plan instructional models that support all learners in distance learning. • Clean, sanitize, and disinfect surfaces (e.g. playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow <u>CDC guidelines</u> for classrooms, cafeteria settings, restrooms and playgrounds.



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.

- 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.
- 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 <i>Include how/why the school is currently unable to meet them</i>
N/A We have met all requirements	N/A We have met all requirements.

COMPREHENSIVE COMMUNICABLE DISEASE MANAGEMENT PLAN

THIS PLAN CONTAINS

POLSD Communicable Disease Plan
POLSD Exposure Control Plan
POLSD Pandemic Plan
COVID-19 Addendum

Introduction

Students and staff health and safety is a priority of Port Orford – Langlois School District. One area of health and wellness in the school setting includes controlling communicable diseases. Providing a safe, comfortable, and healthy environment facilitates the educational process, encourages social development, and allows children to acquire healthy attitudes toward school (NRC, 2020).

Illness and injury are not uncommon in the school setting and thus policies, procedures and guidance in regards to infection control is of the utmost importance. When children are injured or feel unwell it can create difficulties in the school setting in regards to both risk to others and the ability of a child to fully participate in class or educational activities. In the nature of a Whole School, Whole Community, Whole Child model, staff collaborate for the best outcomes of the student population and individuals. In this regard staff must be prepared have accessible resources and materials to identify appropriate measures and interventions for child health issue (ACSD, 2020)



The purpose of this comprehensive guide is to provide infection control guidance and practice standards to the employees of Port Orford - Langlois School District.

This document combines the district's *Communicable Disease Plan*, *Exposure Control Plan* and *Pandemic Plan* for a Comprehensive Communicable Disease Plan.

This plan was adapted from the Colton School District Comprehensive Communicable Disease Plan.

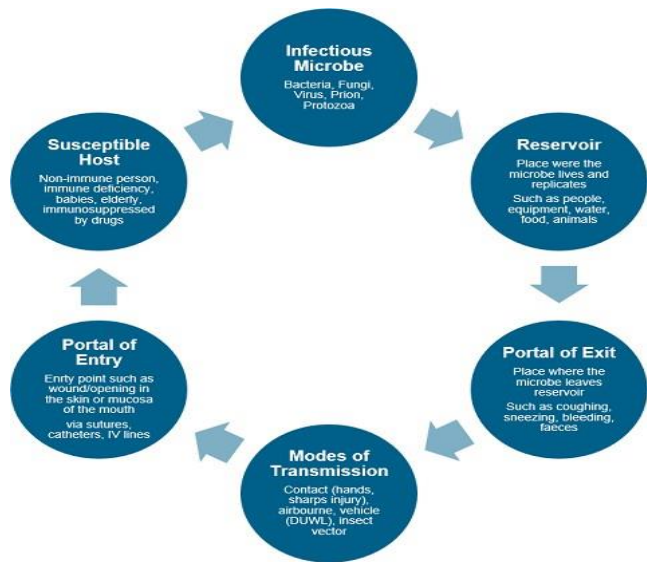
Port Orford – Langlois School District administration:

Superintendent:	Mr. Steve Perkins
Principal/Special Education Director:	Ms. Krista Nieraeth
Vice Principal/Athletic Director:	Mr. Ben Stallard
Business Manager:	Mr. Don Staehely
Human Resource:	Mrs. Stephanie Smith
Maintenance/Transportation Supervisor:	Mr. Chad Berry
District Nurse:	TND

COMMUNICABLE DISEASE PLAN

Communicable disease control and prevention is of significant importance in creating a safe and healthy 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, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water, or by direct or indirect contact with disease vectors. 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 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 section focuses on a population-based set of practices for communicable disease prevention. The subsequent *Exposure Control Plan* discusses work practice control measures for staff.

Port Orford - Langlois School District Board Policies

[Communicable Diseases – JHCC](#)

[Communicable Diseases – JHCC – AR](#)

Oregon Legislation

[OAR 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions](#)

[OAR 581-022-2200 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 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).
- Travel through the air (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

This section will provide procedures on addressing the following communicable disease issues in the school setting.

The district *Exposure Control Plan* in this manual discusses *Standard Precautions* in detail as well as *Transmission Based Precautions* which include contact, droplet and airborne precautions. The District *Pandemic Plan* will address measure specific to novel virus response.

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 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's disease and staph skin infections. Other, more severe infectious diseases occur sporadically throughout the district throughout the school year (BCDC, 2009).

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.

Under direction of the district nurse/office managers:

- When a vaccine preventable disease (varicella, pertussis) is identified in the school setting designated staff should run immunization reports to identify unvaccinated students in the school setting.
- When the circulation of a vaccine preventable disease (measles) is increasing in incident in the community identification of students and staff who are not fully immunized is an important measure

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 should be taught, role modeled and practiced.

[Age appropriate hand hygiene curriculum](#) can be found from a variety of resources and should be provided annually in the fall and as needed during peak illness season or specific increases of disease in the school setting.

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.

How to wash your hands



(Image: Multicare.org)

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. Practices and interventions are described under *Respiratory Hygiene and Cough Etiquette and Transmission Based Measure in Exposure Controls Plan*.



(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). Restriction of some communicable diseases may be imposed by the local public health authority, for reportable conditions (Oregon Administrative Rule 333-019-0010) which is addressed in a subsequent section.

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. The Curry County Exclusion Guidelines are a quick reference for school staff. When in question the district nurse and/or school administration should be consulted along with the [Oregon Department of Education Communicable Disease Guidance Document](#).

As a matter of routine practice students with the following symptoms should be excluded from school as per OAR 333-019-0010 and Local Health Department (LHD) guidelines and ODE guidelines:

- Fever greater than 100.5;
- Vomiting;
- Stiff neck or headache with fever;
- Any rash with or without fever;
- Unusual behavior change, such as irritability, lethargy, or somnolence;
- Jaundice (yellow color of skin or eyes);
- Diarrhea (3 watery or loose stools in one day with or without fever);
- Skin lesions that are “weepy” (fluid or pus-filled);
- Colored drainage from eyes;
- Brown/green drainage from nose with fever of greater than 100.5 F;
- Difficulty breathing or shortness of breath; serious, sustained cough;
- Symptoms or complaints that prevent the student from participating in his/her usual school activities, such as persistent cough, with or without presence of fever, or student requires more care than school staff can safely provide

Students with the above symptoms should be excluded from school and, generally speaking should remain out of school until 24 hours following symptom resolution or with provider note. Provider note, however does not supersede public health law or restriction. Specific consideration should be made in regards to spread of illness when students are being dismissed or returning to school:

- Students meeting exclusion criteria due to illness should be separated from other students while waiting for dismissal.
- Only a licensed health care provider can determine a diagnosis and/or prescribe treatment and provide instructions regarding the student’s return to school.
- The district nurse and/or school administration may evaluate a rash to determine exclusion.
- Students who have been excluded for fever should not return to school until 24 hours without fever and use of fever reducing medications.
- Students who have been excluded for vomiting or diarrhea should not return until 24 hours’ symptom free.
- Students with draining lesions should remain out of school until 24 hours after initiation of antibiotics and the dressing can remain dry and intact.
- Students with conjunctivitis that has colored drainage should not return to school until 24 hours after initiation of antibiotics.

A variety of other conditions may not be excludable; however personal physicians may restrict as 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 (LHD). 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 (LHD) indicating they are no longer communicable including:

- Diphtheria,
- Measles,
- Salmonella
- Typhi infection,
- Shigellosis,
- Shiga-toxigenic 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 of students or staff, this should immediately be referred to the district nurse.
- This should be regarded as an urgent referral to the district nurse if the disease is regarded as a restrictable condition.
- The district nurse and school/district 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 and 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 within the school 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. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity should be indicators to report to the district nurse for consideration of outbreak reports or control measure implementation. The attention to outbreaks, interventions and resources are highly dependent on the

severity or communicability of the syndrome or pathogen identified. Outbreak response including surveillance, infection control measures and potentially exclusion are also diagnoses specific and may be indicated when:

- A single significant infectious diagnosis is confirmed in the school setting.
- Clusters of compatible syndromes or diagnoses associated with an infectious condition are identified within the school setting
- Significant absenteeism is identified to be associated with compatible syndromes.
- Community transmission of an infectious disease is significant in the community and the LPHA or the district nurse has deemed increased surveillance or response to outbreak a necessary measure.

Outbreak investigations will be facilitated through the district nurse in collaboration with administration and the local health department with the use of [Oregon Health Authority Outbreak Toolkits for Schools](#).

Respiratory Illness

Respiratory illness or disease refer to the pathological conditions affecting the organs and tissues that make gas exchange possible, and includes conditions of the upper respiratory tract, trachea, bronchi, bronchioles, alveoli, pleura and pleural cavity, and the nerves and muscles of breathing. 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. The following indicators should be reported to the district nurse in regards to respiratory illness:

- Any respiratory illness resulting in hospitalization or death of a student or staff member.
- Diagnosed pneumonia in 3 or more individuals in the same cohort.
- Unusually high (10 or more individuals or 20% or more, whichever is greater) population of individuals affected with compatible respiratory symptoms.
- Prolonged illness, lasting longer than 3 days on average, among 10 or more persons of the same cohort.
- Any uncommon incidence of illness in more than two students.

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. These may include as: cholera, plague, rabies, bat lyssavirus, yellow fever, Japanese encephalitis, Q fever, tuberculosis and typhoid. While these conditions are uncommon locally, a diagnosed case would be of interest. Vaccine Preventable Disease reports should be deferred to the school nurse whether coming from a parent, provider, community member or the local health department. Indicators for VPD include:

- A single case of a vaccine preventable disease that is also a notifiable disease* or uncommon locally.
- More than 2 cases of chickenpox from separate households in the same classroom or more than 5 cases in a school.
- More than 3 cases of diagnosed influenza from separate households in the same school setting.

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 nurse 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 occur or unusual infectious disease circumstances arise. In efforts to ensure appropriate disease control, interventions and follow occur these other situations should be deferred to the district nurse immediately and will be handled on a case by case basis. Examples of these circumstance 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 district nurse may decide that additional control measures or data collection is necessary and will consult with administration and LHD as needed, in regards to determined outbreaks or novel diagnoses. The district nurse 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 nurse and school administrator.

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 district classrooms and cafeterias

- 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 middle school or high school culinary programs

- 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.



EXPOSURE CONTROL PLAN

This plan provides the employees of Port Orford - Langlois School District with guidelines for handling any exposure to blood or other potentially infectious materials (OPIM). These established procedures are in accordance with local and state requirements, as well as federal occupational safety and health requirements.

Standard precautions shall be observed in Port Orford - Langlois School District sites in order to prevent contact with all body fluids and other potentially infectious materials. All body fluids or other potentially infectious materials will be considered infectious at all times. Transmission based precautions should be endorsed in special circumstances where specific risk is anticipated based on health status or incident with a student or staff.

It is presumed by the nature of the jobs performed in a congregate setting that ALL district employees are reasonably anticipated to have “occupational exposure” to blood or other potentially infectious material.

OSHA

[Blood Borne Pathogens 1920.1030](#)

[Personal Protective Equipment 1910 Subpart 1](#)

EXPOSURE PREVENTION

In order to reduce risk and promote prevention of infections related to blood or body fluids, the district will provide or promote specific trainings or practices to prepare staff, these include:

- Blood Borne Pathogens (BBP) Training (this is an annual requirement presented electronically by the district office).
- Consistent use of Standard Precautions is expected any time the risk of exposure to body fluids is present.
- Routine training, refreshers and understanding of appropriate first aid.
- Routine training or refreshers for staff who provide direct care to students or who work with students with specific disabilities.

UNIVERSAL & STANDARD PRECAUTIONS

The premise of universal precautions is to treat all body fluids as potentially infectious. Standard precautions align with this and provides a set of standards for the for hygiene and barrier protection or Personal Protective Equipment with any and all encounters with body fluids.

Standard Precautions are regarded as the minimum infection prevention practices that apply to all direct care or exposure to body fluids, regardless of suspected or confirmed infection status of the individual, in any setting where there is an expected risk of body fluid exposure. In the school setting body fluid exposures most frequently occur with physical injury but may also occur relative to a health-related issues or procedure or developmental issue or disability.



Standard precautions endorse the appropriate use of personal protective equipment (PPE) and practices such as hand hygiene and respiratory etiquette as well as work practice controls such as sharps safety and environmental disinfection.

When Standard Precautions alone cannot prevent transmission, they are supplemented with Transmission-Based Precautions. This second tier of infection prevention is used when there is a specific risk related to an ill student or staff in the school setting that can spread through contact, droplet or airborne routes (e.g., skin contact, sneezing, coughing) and are always used in addition to Standard Precautions. While Transmission-Based Precautions are typically isolated to the health room with specific conditions, the exposure risk is still possible in the school setting and will be addressed as well.

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections. In the school setting hand hygiene is an important infection prevention method as a matter of habit with restroom use and food prep. In the contact of BBP and exposure control, hand hygiene should be endorsing each time a staff member has an interaction with a student for standard first aid or direct care. Hands should be washed prior to dawning gloves, and after care is completed when gloves are removed.

Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect staff from exposure to or contact with infectious agents. PPE that is appropriate for various types interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials (OPIM) should be available. These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat). Examples of appropriate use of PPE for adherence to Standard Precautions include:

- Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.
- Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated....

- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- Use of mask when respiratory transmission is of concern.

General Principles of PPE:

IF...	THEN...
It's wet (it's infectious)	Wear gloves
It could splash into your face	Wear a face shield
It's airborne	Mask yourself and the student
It could splash on your clothes	Wear a gown
You are providing direct care or first aid	Wear gloves, wash hands before and after gloves
You are providing CPR	Use a barrier
There is a blood spill or body fluid spill	Then have staff trained in appropriate clean up

Appropriate application and removal of PPE are crucial pieces of infection control.



(Image: CDC)

Respiratory Hygiene/Cough Etiquette

In the school setting respiratory etiquette and hygiene are important measures to teach to students as developmentally appropriate. In addition, visual alerts such as [Cover Your Cough](#) signage can be used.

Appropriate respiratory etiquette includes practices on:

- Covering mouth and nose with a tissue when coughing or sneezing.
- Use in the nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.
- Sneezing our coughing into an elbow when hand hygiene is not immediately accessible.

Further respiratory hygiene can endorse practice controls such as:

- Having available a mask for students who become sick at school with respiratory illness. A mask should only be used if the student can tolerate the mask.
- The person can be placed in a location where risks to others are minimized until dismissed to home.
- Spatial separation of the person with a respiratory infection from others is important in some cases. Since droplets travel through the air for 3-6 feet, separating an ill person from others by more than 3 feet decreases risk of transmission.
- Stressing hand hygiene after every contact with respiratory secretions is important.

To follow these practices each school should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in shared areas.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- When tissues and hand hygiene are not accessible individuals should be encouraged to cough into their elbow, away from others and not directly into their hands, where they may subsequently cross contaminate other items or surfaces.

Further respiratory hygiene can be developed by masking ill individuals during periods of increased respiratory infection activity in the community, specifically those who are ill enough to be dismissed to home. This is described further in transmission-based controls.

Sharps safety (engineering and work practice controls).

Needle sticks are a potential risk in any work environment where medications may be delivered via syringe or compatible device or where lancets are used. In the school setting this is most often associated with care of students with specific medical conditions, such as Type 1 diabetes, for example. It is preferred that students provide self-care whenever feasible, however if this is not safe developmentally or cognitively or in relationship to specific emergency medications. Staff should be appropriately trained to use injection devices. Handling of sharp instruments is covered with designated staff in specific training relative to their job responsibilities.

Specific control must be endorsed in any situation sharps are present to reduce the risk of needle stick:

1. Avoid using needles that must be taken apart or manipulated after use.
2. Do not recap needles.
3. Always dispose of used needles in a sharps container appropriately labeled with a biohazard sign.
4. Know and understand that needles should only be used a single time.
5. Participate in specific training related to injectable medications.



Contaminated sharps stored in closed puncture-resistant containers (sharp boxes) with appropriate biohazard

Clean and Disinfected Environmental Surfaces

The cleanliness of the district facilities at the professional level is the responsibilities of facility and custodial services who have specific expertise in the appropriate formulations to use for specific circumstances. For this reason, any body fluid exposure should be immediately referred to custodial services.

In the event of a blood spill, blood spill kits should be readily accessible throughout campuses. This should be deferred to custodial services, if custodial services are not immediately available the area should be isolated and appropriate sanitizer designated by facilities applied. PPE should be used with any body fluid clean up.

All school settings should be equipped with a biohazardous waste container to dispose of materials coming into contact containing body fluids.

All disposal of biohazard waste will be in accordance with Environmental Protection Agency (EPA). The directives from appropriate sanitizing and waste should come from facilities.

TRANSMISSION-BASED PRECAUTIONS

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for individuals in certain infectious circumstances to prevent the potential spread of infectious agents for which additional precautions are needed to prevent infection transmission beyond standard precautions.

Contact Precautions

Using Contact Precautions are limited in the school setting, but may be required when an open and draining lesion is identified at school. When an open and draining lesion, such as a cyst, boil or abscess are identified in the school setting the following precautions should be taken:

- **Ensure appropriate student placement;** The student should be removed from the classroom setting and placed in the health room while awaiting parent arrival. Open and draining skin wounds are an excludable condition.
- **Use personal protective equipment (PPE) appropriately,** if the student requires care. This means that gloves must be worn. Unlike a clinical setting it is unlikely that gowns or masks will need to be used for contact precautions because staff should not be providing wound care or procedures.
- **Limit transport and movement of student** once an open and draining lesion is identified, the student's activity should be limited to reduce additional opportunity for contamination of surfaces.
- **Prioritize cleaning and disinfection** once the student has been dismissed to home, ensure the area the student was located during direct care in appropriately sanitized. If there was a risk of contamination in other settings such as the classroom, cafeteria or playground for example, ensure areas are appropriately addressed. Launder supplies in the health room as warranted.

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. In the school setting this may be relevant during influenza season and specifically during the circulation of novel viruses.

- **Source control** for droplet precautions includes putting a mask on the sick individual.
- **Ensure appropriate student placement** as feasible, a student who become symptomatic when the risk of specific viruses is increased, should be placed in a room individually, if possible. Students may routinely be located in the health room with acute respiratory illness in typical seasons. However, during severe respiratory illness seasons and when the circulation of novel viruses has been identified, isolation rooms should be identified.
- **Use personal protective equipment (PPE) appropriately.** For staff screening of ill students, masks should be donned upon entry into the isolation space.
- **Limit transport and movement of ill person** outside of isolation room, the student or staff's activity should be restricted, except travel as needed to dismiss to home.

Airborne Precautions

Use of Airborne Precautions for individuals known or suspected to be infected with pathogens transmitted by the airborne route (e.g., measles, chickenpox). Airborne precautions will rarely be used in the school setting; however, it is important to identified control measures as increases of vaccine preventable respiratory diseases are on the rise related to increase in vaccine hesitancy.

- **Source control** for airborne precaution include putting a mask on the ill individual.
- **Ensure appropriate patient placement in isolation room as feasible.** If an isolation room is not available, ensure the student is isolated from other students and staff.
- **Use personal protective equipment (PPE) appropriately,** including a fit-tested NIOSH-approved N95 or higher-level respirator for individuals having direct care contact with the student. If these masks are not available, routine surgical masks should be worn.
- **Limit transport and movement of student aside from travel to be dismissed to home.**
- **Immunization of susceptible persons** as soon as possible. Following contact with an individual identified as having a vaccine preventable disease, individuals susceptible to any diagnosed infection, such as measles or varicella should be advised immunize against infection (school nurse). It is important to note that the school district cannot compel anyone to immunize their children, but students and staff who are unvaccinated can be excluded for the maximum incubation period of a vaccine preventable disease (up to 21 days) from their last exposure.

EXPOSURE INCIDENT

An exposure incident is regarded as an event where the potential or risk of exposure to infectious disease has occurred. This can occur through a variety of ways, in the school setting this primarily occurs through contact of body fluids through mucous membranes, through a human or animal bite or through a needle stick.

When an exposure has occurred, the affected staff should immediately attend to the injury and report to administration.

Needle-stick

If a staff member's skin is pierced or punctured with a needle that has been used to deliver medication to a student, immediate first aid should occur including:

- Encouraging the wound to bleed, ideally by holding it under running water.
- Wash the wound with plenty of soap and running water.
- Do not use cold water as that encourage restriction of blood vessels.
- Do not scrub the wound

- Do not suck the wound
- Dry the wound and cover it with a waterproof dressing.
- Immediately notify your administrator and seek medical attention.
- It is highly recommended that the source of the exposure be tested for blood borne pathogens immediately following the incident as well. The nurse or district administrator should make this communication to families. Confidentiality will be exercised with exposures regarding both the individual and the source to the fullest extent feasible.
- As soon as feasible, complete an incident report and report to the school office, who will then report to Human Resources.
- Staff may be required to report back for subsequent blood tests.
- Staff may be required to take prophylactic medication.
- In the nature of being a high stressful event, staff may be reminded that they can access supportive services for stress management (CDC, 2016a).

Mucous Membranes

Any potential body fluid exposure to the nose, mouth, or skin with water should be immediately followed by flushing with warm water. For splashes in eyes, irrigate eyes with clean water, saline, or sterile irrigants. Report incident to administrator immediately and consult with provider (CDC, 2016a)

Blood Spill

Blood spills frequently occur in small volumes in the school setting. Cleaning up minor spills requires the use of standard precautions, including use of personal protective equipment (PPE), as applicable. Spills should be cleared up before the area is cleaned (adding cleaning liquids to spills increases the size of the spill and should be avoided) and generation of aerosols from spilled material should be avoided.

Using these basic principles, the management of spills should be flexible enough to cope with different types of spills, considering the following factors:

- the nature (type) of the spill (for example: sputum, vomit, feces, urine, blood or laboratory items)
- the pathogens most likely to be involved in these different types of spills – for example, stool samples may contain viruses, bacteria or protozoan pathogens,
- the size of the spill – for example, spot (few drops), small (<10 cm) or large (>10cm)
- the type of surface – for example, carpet or impervious flooring
- the location involved – that is, whether the spill occurs in a contained area (such as a science laboratory), or in a common area or in a restroom
- whether there is any likelihood of bare skin contact with the soiled (contaminated) surface.

Cleaning spills – equipment

Standard cleaning equipment, including a mop, cleaning bucket and cleaning agents, should be readily available for spills management. While these spills should be deferred to custodial services for their expertise in sanitation, supplies it should also be stored in an area known to all in case custodial services are unavailable.

To help manage spills in areas where cleaning materials may not be readily available, a disposable 'spills kit' should be available. PPE should also be accessible including disposable rubber gloves suitable for cleaning, eye protection and apron. a respiratory protection device, for protection against inhalation of powder from the disinfectant granules or aerosols (which may be generated from high-risk spills during the cleaning process) (VSG, 2020).

Bites

For a bite that has broken skin, immediate medical attention is required. As above, encourage bleeding and provide first aid. While bloodborne pathogen transmission is less common via bites, concerns of other infectious diseases may be present. Staff may be directed to take antibiotic prophylaxis as deemed necessary for bites, specifically those from non-human sources.

If the bite occurred from a canine, this is reportable to the local health department.

PANDEMIC PLAN

A pandemic occurs when an infectious disease has spread globally. Most pandemics occur from novel viruses associated with influenza. Other viruses, such as coronaviruses are routinely surveyed due to the propensity for mutations, human to animal transmission and potential for pandemic events.

Seasonal Respiratory Illness and Seasonal Influenza

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 (SDDH, 2019; Weatherspoon, 2019).

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 (CDC, 2020).

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. Pandemic refers to the global circulation of a novel or variant strain of respiratory viruses. 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. Pandemic flu 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 (CDC, 2016b).

Differences between seasonal flu and pandemic flu:

Seasonal Flu	Mild to Moderate Pandemic	Severe Pandemic
THE VIRUS <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.	THE VIRUS <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.	THE VIRUS <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.
IMPACT ON THE COMMUNITY <ul style="list-style-type: none">Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults.	IMPACT ON THE COMMUNITY <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).	IMPACT ON THE COMMUNITY <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)

Purpose

The purpose of this document is to provide a guidance process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help slow the spread of respiratory illnesses such as pandemic flu or novel coronaviruses. NPI's, specifically in regards to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document should be used as a contingency plan that is modified with a response planning team based on the current level of pandemic threat.

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 (CDC, 2017).



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.

(Image: CDC)

Everyday 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).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity and incident of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively.

That being said, historical pandemic responses have provided a baseline set of evidence-based guide to create a framework for response plan for such events in the school setting.

Control measures are incremental based on the current situation. The current situation will be defined by the public health official based on the severity, the incidence and the proximity to the school setting leading to level-based responses. Level based responses are defined in many ways, generally using a mild, moderate and severe category, or for the purposes of this document level 1, 2, and 3 categories.

When cases of novel viruses are identified globally

When the novel disease is identified, it is the due diligence of district 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.

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. 	<ul style="list-style-type: none"> • Routine illness exclusion (as noted in <i>Communicable Disease Prevention Plan</i>). 	<ul style="list-style-type: none"> • Routine sanitizing. 	<ul style="list-style-type: none"> • Routine seasonal illness prevention and exclusion communication.

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 the specific public health messaging and direction. 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 should be subscribed to this alert to keep the team updated. If the region impacted is in Curry County, the Local Health Department (LHD) will be asked to provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the school district.

Response team 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 at minimum to meet the general structure of Incident Command.

When public health has deemed a novel virus a pandemic threat, defer to the [CDC checklist for schools](#) in order to establish a specific emergency response framework with key stakeholders. During this time, preparedness planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

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. • Stay home when ill for at least 24 hours after fever free without the use of fever-reducing medication. 	<ul style="list-style-type: none"> • Identify baseline absentee rates to determine if rates have increased by 20% or more. • 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. • Increase space between students in the classroom. • Instruct students in small groups as feasible. 	<ul style="list-style-type: none"> • Increase sanitizing of flat surfaces and shared surfaces • Devise prevention and post-exposure sanitizing strategies based on current recommendations. • Isolate students who become ill at school with febrile respiratory illness until parents can pick up. • Discourage the use of shared utensils in the classroom. 	<ul style="list-style-type: none"> • Provide communications to families based on the current situation, general information, and public health guidance. • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal providers in regards to attendance.

When cases of novel viruses are identified in the community or incidence is increasing.

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. Increased public health guidance will also ensue if the overall incidence is increasing despite the proximity to the school. 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 local public health guidance as well.

When the local transmission is detected, planning for cancellation of events and potential for dismissal and academic continuity should be prioritized. As well, plans for potential prolonged staff absences should be prioritized.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED [INCLUDES LEVEL 1 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Public health-specific guidance Be prepared to allow your staff and students to stay home if someone in their house is sick. 	<ul style="list-style-type: none"> Public health guidance Increase space between people at school to at least 3 feet, as much as possible. Temporarily dismiss students attending childcare facilities, K-12 schools (Teachers report to work, students do not report to school). 	<ul style="list-style-type: none"> Public health-specific guidance. Modify, postpone, or cancel large school events as coordinated with or advised by officials. 	<ul style="list-style-type: none"> Work with LHD to establish timely communication with staff and families about specific exposures. 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 students in sick as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the LHD will impose restrictions on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the man power to impose individual restrictions and may create public statements that the school district should reiterate.

LEVEL THREE ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Follow public health or government direction. 	<ul style="list-style-type: none"> Follow exclusion guidance designated by the Local Public Health Authority, which may include social distancing, revised gathering requirements or student dismissal. 	<ul style="list-style-type: none"> Follow local public health direction on environmental cleaning, which may include school closure and canceling major events. 	<ul style="list-style-type: none"> Coordinate Communication with the Local Public Health Authority. Identify potentially immediately impacted student populations such as seniors and graduation track. Establish communication for continued education provisions and continued meal service.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to baseline. Stay home when ill and until 24 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 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 adjust 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 provider. This change in placement should be accommodated.

GLOSSARY OF TERMS

Administrative controls: Administrative controls are measures used in conjunction with engineering controls that eliminate or reduce the hazard. By following established safe work practices and procedures for accomplishing a task safely

Airborne precautions: Precautions that are required to protect against airborne transmission of infectious agents. Diseases requiring airborne precautions include, but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), and Mycobacterium tuberculosis

Antibody: A protein produced as an immune response against a specific antigen.

Antigen: A substance that produces an immune response.

Bacteria: Microscopic living organisms. Some bacteria are beneficial and some are harmless, but some can be pathogenic (cause disease).

Biological Hazard: Any viable infectious agent that presents a potential risk to human health.

Bloodborne pathogens: Microorganisms which are spread through contact with infected blood, that can cause diseases such as human immunodeficiency virus (HIV) and hepatitis B (HBV).

Communicable Disease: Illness that spreads from one person to another through contact with the infected person or their bodily fluids, or through contaminated food/water or disease vectors, such as mosquitoes or mice.

Contact Tracing: Working with an infected person to determine who they have had contact with and potentially exposed, to an illness.

Disinfection: High level cleaning intended to kill germs on surfaces

Droplet precautions: Safety measures used for diseases or germs that are spread in tiny **droplets** caused by coughing and sneezing (examples: pneumonia, influenza, whooping cough, bacterial meningitis).

Epidemic: A disease affecting a large number of people in a community or region.

Exclusion: Preventing someone from entering a place or participating in an activity

Engineering Controls: Measures to protect individuals through engineering interventions that can be used to eliminate or reduce hazard.

Immunocompromised: Having a weakened immune system that cannot respond normally to an infectious agent. This limits the body's ability to fight disease.

Isolation: Being kept separate from others. A method of controlling the spread of a disease.

Medical Wastes/Infectious Wastes: Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts.

Novel: New—in medical terms, previously unidentified, as in, novel coronavirus

Other Potentially Infectious Materials (OPIM): Human bodily fluid or tissue that can harbor or spread bloodborne pathogens, including but not limited to: saliva, cerebrospinal fluid, semen, vaginal secretions.

Pandemic: An epidemic that spreads over countries or continents.

Pathogen: A microorganism that can cause disease.

Personal Protective Equipment (PPE): Physical barriers used when exposure to hazards cannot be engineered completely out of normal operations and when safe work practices and administrative controls cannot provide sufficient protection from exposure to infectious or hazardous conditions. PPE includes such items as gloves, gowns and masks

Restrictable Diseases: Diseases that require exclusion from work, school, childcare facilities, for the protection of public health. According to the Oregon Health Authority, restrictable disease include: diphtheria, measles, Salmonella enterica serotype Typhi infection, shigellosis, Shiga-toxigenic Escherichia coli (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, chickenpox, mumps, pertussis, rubella, scabies, and any illness accompanied by diarrhea or vomiting.

Sanitize: Reduce contaminants (viruses, bacteria) on an object or surface.

Seasonal Illness: Illnesses whose occurrence appears to be associated with environmental factors (temperature and humidity changes). For example, colds, and other upper respiratory illness are more common during the winter months when people are more often indoors.

Sharps: Any devices that can be used to cut or puncture skin. Examples include: needles, syringes, and lancets (used for checking blood sugar). Sharps must be disposed of in an approved container, to avoid bloodborne pathogen exposure.

Standard Precautions: A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic.

Surveillance: Collecting and analyzing data related to a disease in order to implement and evaluate control measures

Transmission: How a disease spreads. There are four modes of transmission:

- Direct—physical contact with infected host or vector
- Indirect—contact with infected fluids or tissues
- Droplet—contact with respiratory particles sprayed into the air (sneezed or coughed)
- Droplet Nuclei—dried droplets that can remain suspended in the air for long periods of time (e.g., tuberculosis)

The mode of transmission of a disease will determine what PPE is required.

Universal Precautions: Preventing exposure to blood borne pathogens by assuming all blood and bodily fluids to be potentially infectious, and taking appropriate protective measures.

Vaccine: A preparation containing a weakened or killed germ. Vaccines stimulate the immune system to produce antibodies to prevent a person from contracting the illness.

Variant: A difference in the DNA sequence, a mutation. Viruses can change and mutate, and these variant forms can be intractable to established treatments.

Vector: A carrier of a pathogen (germ) that can transmit the pathogen to a living host. Mosquitoes, fleas, ticks, and rodents are examples of vectors.

Work practice controls: Measures intended to reduce the likelihood of exposure by changing the way a task is performed. They include appropriate procedures for handwashing, sharps disposal, lab specimen handling, laundry handling, and contaminated material cleaning (OSHA, 2019b).

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Images:

- CDC.gov
- Manitoba Department of Health
- Multicare.org
- Open University
- Prepare.gov

COVID-19 SPECIFIC COMMUNICABLE DISEASE MANAGEMENT ADDENDUM

This plan is intended to be used in conjunction with the District’s Communicable Disease Plan, Pandemic Plan and Exposure Control Plan, to meet the requirements of COVID-19 specific interventions in the school setting as designated by the Oregon Department of Education [Ready Schools Safe Learners](#) guidance. This document addresses district specific processes to comply with the listed interventions. This document also uses guidance from the Centers for Disease Control and Prevention [Reopening Guidance for Public Spaces](#).

Background

COVID-19 is an infection caused by a new coronavirus. Coronaviruses are a group of viruses that can cause a range of symptoms. Most coronaviruses cause mild illness. Some, like this one, can also cause more severe symptoms. COVID-19 infection often causes fever, cough, and some trouble breathing. COVID-19 additionally has been reported to cause symptoms such as muscle pain, sore throat, lethargy, nausea, vomiting, diarrhea, and loss of taste. Some people have mild symptoms. Other people can get quite sick. Rarely, people die (OHA, 2020)

COVID-19 is spread when people touch or breathe in droplets made when ill people cough, sneeze or talk. This can happen when someone is close to a sick person, within six feet. Rarely, people might catch COVID-19 by touching a surface that a person with the infection coughed or sneezed on, and then touching their own mouth, nose or eyes. Coronaviruses can’t survive for long on surfaces, though, so this isn’t common (OHA, 2020).

Executive orders to close schools and public spaces in Oregon and across the globe have evolved to a disposition of slowly and incrementally reopening public spaces. Relative to school districts this requires coordinated infection control planning for the upcoming school year with a framework for the specified area of intervention:

- Social distancing
- Identification/screening, isolation, and exclusion of ill students and staff
- Infection control and prevention including Personal Protective Equipment
- Communication
- Education
- Safe Facilities

Guiding Principles

Any setting where people gather poses an increased risk for infectious disease transmission, including COVID-19. While children generally experience mild symptoms of COVID-19 and have not been found to contribute substantially to the spread of the virus, it is essential to note that individuals with mild symptoms and less commonly those who are asymptomatic may transmit the infection to high-risk

individuals (NCDHHS, 2020). In regards to schools and reopening, the CDC (2020) identifies three categories of exposure risk for students and staff as it related to the risk of COVID-19 transmission. The risk of COVID-19 spread increases in school settings as follows:

Lowest Risk	More Risk	Highest Risk
Students and teachers engage in virtual-only classes, activities, and events.	Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days, and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).	Full-sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

The risk level category will be systematically approached as the state and county lift restrictions. Public health guidance will provide information on recommendations in the school setting which will be used to revise interventions as they are delivered. Public Health Guidance will determine school’s ability, capacity and safety to reopen.

It is important to remember that because statewide guidance and requirements are fluid based on the incidence in the state and communities, that so too will infection control guidance be fluid. The district must be prepared to operate under the premise that guidance will be updated consistently by week until a stable environment of operations and disease transmission is established outside of the school setting.

Required links:



Applicable Legislation

Emergency Rules Related to COVID-19

The Oregon Health Authority (OHA), Public Health Division, is temporarily adopting [OAR 333-017-0800](#) and [OAR 333-018-900](#) which adds a definition of COVID-19 and adds COVID-19 to the list of diseases reportable to public health authorities within 24 hours.

In addition, OHA is also adopting OAR 333-19-1000 related to exclusion from schools, children's facilities, food service facilities and health care facilities.

Existing Rules and Statutes

School Centered

[OAR 581-022-2220](#) Standards for Public Elementary and Secondary Schools: Health Services

[OAR 581-022-2225](#) Emergency Plan and Safety Programs

[OAR 166-400-0010](#) Educational Service Districts, School Districts, And Individual School Records

[ORS 433.255](#)¹ Persons with or exposed to restrictable disease excluded from school or children's facility

[ORS 336.201](#)¹ Nursing services provided by district

[1910-1030](#) OSHA Bloodborne Pathogens

Public Health Centered

[OAR 333-019-0015](#) Investigation and Control Of Diseases: General Powers And Responsibilities

[OAR 333-003-0050](#) **Impending Public Health Crisis: Access to Individually Identifiable Health Information**

[ORS 431A.015](#)¹ Authority of Public Health Director to take public health actions

READY SCHOOLS, SAFE LEARNERS – PUBLIC HEALTH AND SCHOOL REENTRY DECISION TOOL



The purpose of this tool is to assist educational leaders in planning essential reentry steps to protect the health and safety of students, staff, and families. Use this tool when choosing an instructional model and determining readiness to welcome staff and students back into the building.



Should school operate with an On-site or Hybrid instructional model for the 2020-21 school year?

- ✓ Will school be able to meet the requirements for health and safety outlined for Public Health Protocols (section 1), Facilities and School Operations (section 2) and Response to Outbreak (section 3) in *Ready Schools, Safe Learners*?

IF YES

Has district/school engaged in planning and developed an Operational Blueprint for Reentry?

- ✓ Has school completed the Operational Blueprint for Reentry?
- ✓ Has school submitted the blueprint to local school board and posted it on school and district website?
- ✓ Does district have a written Communicable Disease Management Plan for COVID-19?

ALL YES

Is school ready to welcome staff and students in the building?

- ✓ Are school's safety procedures and monitoring protocols fully in place and ready to be implemented?
- ✓ Has school provided necessary public health training to staff?
- ✓ Has school communicated final plan to families?

ALL YES

OPEN AND MONITOR

IF NO

COMPREHENSIVE DISTANCE LEARNING MODEL

ANY NO

MEET REQUIREMENTS FIRST

ANY NO

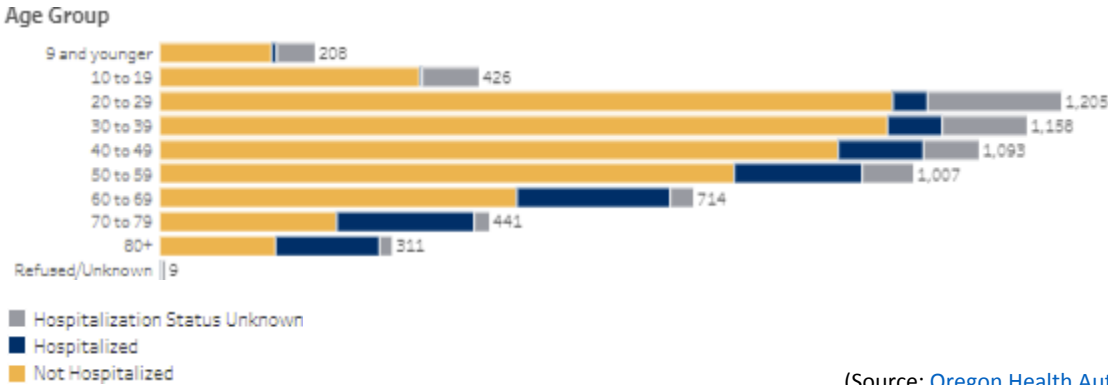
MEET REQUIREMENTS FIRST

See additional guidance in the event of an outbreak.

Pediatric Populations

In Oregon, as of 06/18/2020, more than 6,782 individuals have been infected with COVID-19 and more than 188 lives have been lost (OHA, 2020). A small population of those infected has been children.

It is important to note that increased risk of complications from COVID-19 is well documented in elderly and fragile populations. Likewise, individuals testing positive for COVID-19 are more frequently recognized in older individuals with chronic health conditions. Current research shows that children most frequently resolve mild to moderate illness with symptomatic care and rarely encounter severe disease or critical complication (Hasan, A., Mehmood, & Fergie, 2020)



(Source: [Oregon Health Authority](#))

Although the risk of infection and complication is not high in student groups, students that are chronically ill or immunocompromised or who live with fragile or high risk household’s members must be accounted for. In addition, some staff members may be at increased risk of severe disease or complications. Measures to mitigate transmission in the school setting, reduce transmission in the community. [Image: OHA]

Vulnerable Populations

Students and staff with specific underlying conditions may be at increased risk of complications from COVID-19.

It may be necessary to provide changes in schedule or placement for these individuals to ensure safety.

Families of students who are high risk may produce physician’s orders indicating when they must stay home beyond that of a general student. The district nurse will identify and communicate with each family of known high-risk students before school reopening.

Vulnerable Individuals (CDC, 2020)

- People 65 years and older
- Individuals with underlying medical conditions, specifically those not well controlled including:
 - Asthma and other lung diseases
 - Heart Conditions
 - Diabetes
 - Chronic Kidney Disease
 - Liver disease
 - Hypertension
 - Blood disorders
 - Obesity (BMI >40)
- Individuals considered to be immunocompromised which includes
 - Cancer treatments
 - Smoking
 - Bone marrow or organ transplants
 - Immune deficiencies
 - Poorly controlled HIV/AIDS
 - Use of corticosteroids
 - Immunosuppressive therapy

It is also important to remember in regards to community-centered health that many students may have fragile family or household members, and changes in placement may be necessary for those situations. While the district cannot compel families to disclose protected health information of a family member, a family physician or specialist can write a note expressing that the student requires homebound instruction due to high risk household members.

Due to the nature of health privacy, staff members must self-identify as high risk. While they do not have to provide a diagnosis to the district, documentation from the physician in regards to restrictions may be necessary.

In any of these circumstances, specific measures may be put in place to reduce the risk of transmission to vulnerable populations:

Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19

- Alternative options for students and staff at [higher risk for severe illness](#) will be offered that limit exposure risk.
 - Staff: modified job responsibilities that limit exposure risk, accessible PPE.
 - Students: virtual learning opportunities for students who cannot attend school.

Leave Policies and Excused Absence Policies

Leave policies are the responsibility of Human Resources and district administration. Reference is made in this document relative to COVID-19 specific absences. Human Resources will provide communication on:

- Applicable sick leave policies and practices to ensure that enable staff to stay home when they are sick, have been exposed, or caring for someone who is sick related to COVID-19.
- Policies and procedures for leave and employee compensation.
- Leave policies for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members and be in alignment with contracts.
- Return-to-school after COVID-19 illness will be clearly defined and communicated.

Back-Up Staffing Plan

- A roster of trained staff for key positions will be created in advance in each school for essential roles in the event that these individuals must be out for prolonged periods of time.

COMMUNICABLE DISEASE MANAGEMENT

Existing *Communicable Disease Plan* and *Exposure Control Plan* should be referred to for standards in disease control and prevention. This document re-emphasizes some routine or standard precautions and practices, but provides interventions and procedures or processes that are specific to COVID-19 as an addendum to existing plans.

This section will address

- Routine Measures to Limit Spread of Disease
- Exclusion Criteria
- Designated Personnel and Resources
- Physical Distancing
- Healthy Environments
- Personal Protective Equipment
- Staying Home When Appropriate
- Screening and Identifying Ill Students and Staff
- Staying Home When Appropriate
- Isolation Space
- Surveillance Logs & Contact Tracing
- Communication Systems

Routine Measures to Limit Spread of Disease

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
 - Students should be supervised with the use of hand sanitizer.
 - Hand sanitizer should not be used with students that have a sensitivity or risk of ingesting sanitizer related to developmental or cognitive level.
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
 - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
 - Students and staff may also be encouraging to cough into their elbow and away from other individuals when tissues and handwashing is not immediately accessible.

Exclusion Criteria

Exclusion of illness and syndromes in the school setting should continue as per current guidance, rules and policy as outlined in the *Communicable Disease Plan*. As an overview applicable to COVID-19 the following symptoms associated with COVID-19 are excludable in the school setting as per ODE/OHA Communicable Disease Guidelines with the actions as noted.

EXCLUSION CRITERIA	EXCLUSION ACTION
Fever: a measured oral temperature of 100.4°F, with or without the symptoms below	Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
Difficulty breathing or shortness of breath not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.	Seek medical attention; return to school when advised by a licensed healthcare provider
Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.	Stay home until 72 hours after cough resolves. b) If pertussis (“whooping cough”) is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so	Stay home until 48 hours after diarrhea resolves
Vomiting: at least 1 episode that is unexplained	Stay home until 48 hours after last episode
Headache with a stiff neck and fever	Refer to provider, exclusion as per provider or after 72 hours of no fever.
Concerning eye symptoms: colored drainage from the eyes OR unexplained redness of one or both eyes.	Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started
Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion.	Refer to healthcare provider Student should not be at school until health and safety are addressed
Student requiring more care than school staff can safely provide	School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

Designated Personnel

Designated staff for specific roles is important to ensure appropriate control measures are observed in a consistent manner and to ensure that data collection is accurate and appropriate.

Designated COVID-19 Point of Contact

- Designated staff will be responsible to responding to specific COVID-19 concerns within each school building, as appropriate this may be the principal or school nurse.
 - Talking points will be provided to answer simple and frequent inquiries.
- Designated responsible persons will be assigned per building for screening and isolation of ill persons and appropriate data collection/data entry and data retrieval as needed.
- Designated personnel will be assigned to facilitating tracking documents of individuals entering and leaving schools and classrooms.
- Designated staff will be specifically trained to enforce social distancing during peak hours, such as arrival and departure and transition periods.

Designated Resources

- A laptop/tablet/Chromebook should be designated to and accessible in the health room and isolation areas to appropriately log students complaining of illness or being dismissed to home. It is preferable that these logs compiled in electronic data entry forms.
 - Electronic logs are important for preserving information.
 - Designated materials per space is important in infection control, related to potential contamination of surfaces.

Staff Training

- All staff will be trained on identification of concerning or excludable symptoms to determine when a student should be referred to the office for symptom screening and isolation.
- All staff will be trained and advised on the logistical, operational and physical changes in the building to maintain infection control and appropriate cohorting or physical distancing.
- Designated staff will be trained on appropriate procedures for complete symptom screening, isolation and enforcement of social distancing.
- Custodial staff will be trained, under the direction of facilities management to increase sanitation measures as appropriate in shared spaces and isolation spaces.
- Training will be conducted virtually or ensure that [social distancing](#) is maintained during training periods while social distancing orders are in place.

Physical Distancing (Social Distancing/Spatial Distancing)

Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. While staying at home and avoiding groups of people are important measures in achieving this, as schools reopen spatial measures must be taken to ensure physical distance between individuals. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020).

Room Capacity

- A minimum of 35 square feet per person will be used to determine individual room capacity.

Modified Layouts

- Excess furniture should be removed from classrooms to allow for increased spacing of desks.
- Desks or seating should be at least 6 feet apart when feasible.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced at appropriate distances.

Physical Barriers and Guides

- Physical barriers, such as sneeze guards and partitions will be installed in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks, cafeteria).
- Physical guides, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one way routes” in hallways, if feasible).

Identifying Small Groups and Keeping Them Together (Cohorting)

- In elementary settings, student and staff groupings will remain as static as possible by having the same group of children stay with the same staff as much as feasible.
- Mixing between groups will be limited as much as feasible.
 - When groups will be mixed, ensure that this information is appropriately mapped for contact tracing, if needed.
- Rosters of each cohort must be kept for all group encounters throughout the school day including transportation.
- In settings, such as high school that are more difficult to establish cohorts, practices will be re-emphasized to maintain 6 feet distancing during activities and instruction.

Staggered Scheduling

- Arrival and drop-off times will be staggered by location and cohort and direct contact with parents is restricted as much as feasible.
- Virtual opportunities will be used whenever feasible.

Instruction & Activities

- Practices will be made adopted to maintain 6 feet distancing during activities and instruction.

Communal Spaces

- Communal and shared spaces (such as cafeteria and playgrounds) will be restricted as much as feasible. When used, use will be staggered and spaces will be [cleaned and disinfected](#) between use.
 - Increased restrictions may occur if there has been identified cases in the building.
- If feasible, physical barriers, such as plastic flexible screens will be added between sinks, especially when students cannot be at least 3-6 feet apart.

Food Service

Food Service personnel should follow all existing mandates on health and hygiene and food safety. Any specific measures or intervention will be coordination with the Facilities Manager and the Nutrition Manager. Additional measures will be endorsed during response to the COVID-19 outbreak to improve infection control measures around food services.

- Children should wash hands prior to eating.
- Children may be encouraged to bring their own meals as feasible, students using school lunch services will be served individually plated meals.

- Elementary school students should eat in classrooms instead of in a communal dining hall or cafeteria, while ensuring the [safety of children with food allergies](#).
- Middle school and high school lunch times should be staggered to maintain spatial distancing to the extent feasible. Shared spaces will be sanitized between use.
- Use disposable food service items is promoted when feasible (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.
- Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event, that meets current guidelines, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies.

Transportation

Measures taken on transportation shall follow the processes of school operations to the extent feasible to employ distancing, health and hygiene measures, screening and PPE. Coordination with the District Bus Barn and Facilities Manager will be ongoing.

Bus Drivers

- Transport vehicles (e.g., buses) that are used by the school, require that drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings).
 - Bus drivers shall wear PPE as designated under PPE section.
- All frequently touched surfaces on school buses will be [Clean and disinfected](#) at least daily and between use as much as possible.
- To clean and disinfect school buses or other transport vehicles, see guidance for [bus transit operators](#).

Distancing

Create distance between children on school buses (g., seat children one child per row, skip rows) to the extent feasible. While maximum spacing (6 feet) should be observed with prolonged contact, minimum spacing (3 feet) may be observed with shorter durations of exposure.

When student unload from bus, students will be directed to exit bus one at a time. Markers shall be placed on the bus floor 3 feet apart to maintain minimum spatial distancing while exiting the bus.

Screening

Bus monitors shall passively screen students, which could include temperature taking as they enter the bus. In recognition of transportation and safety measures, and the priority of the district to maintain student safety in all areas, buses will not remain stationed in the roadway for prolonged periods of time to assess students. Measures will be taken to isolate students who become ill on bus routes and as soon as students arrive at school.

If...	Then...
Student is visibly ill upon entry into the bus	The bus driver should request the student remain at home, if age appropriate. If child is not of age to remain alone or student or appears too ill to be unsupervised, bus driver should request that parent keep student at home. All efforts should be made to maintain dignity of student and family.
Student is visibly ill and parents are not present	Student should be seated close to the front and as separate from other students as feasible and the bus driver should radio the barn in attempts to reach parents and notify school. Student should be immediately isolated upon arrival if parents or emergency contacts cannot be reached. All efforts should be made to maintain privacy and dignity of students.
Student becomes ill on bus route	Bus driver should contact dispatch to notify appropriate school and parents. Student should be immediately isolated upon arrival at school. School staff should report to bus to retrieve student and take to isolation space. All efforts should be made to maintain privacy and dignity of student.
Student is in distress during bus route	Follow existing emergency transportation procedures to contact EMS.

Healthy Environments

Outside of ill students and staff, healthy environments are crucial in providing healthy environments.

Cleaning and Disinfection

Routine sanitation measures will be in full effect, including processes to respond to potentially infectious material as outlined in the *Exposure Control Plan*

- All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses will be [Clean and disinfected](#) at least daily and between use as much as possible.
- Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
- A schedule will be designated by the Maintenance Supervisor for increased, routine cleaning and disinfection.
- As necessary, additional custodial staff will be deployed.
- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children. Use products that meet [EPA disinfection criteria](#).
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

Shared Objects

- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each child’s belongings separated from others’ and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and

equipment by one group of children at a time and clean and disinfect between use.

- Avoid sharing electronic devices, toys, books, and other games or learning aids.
- School designated technology will be wiped down between uses.
- If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised will have their own supplies.

Ventilation

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
- In cases where open doors and windows impact the operational settings of the ventilation system, facilities management will be consulted.

Water Systems

- To minimize the risk of diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk of chemical exposure. PPE includes, gloves, gowns, masks, goggles and like devices or items. The district Communicable Disease Plan should be consulted for necessary and appropriate use of PPE. For the purposes of COVID-19 response, where cloth facial coverings are used in unprecedented frequency, it should be clarified that face coverings are not synonymous with masks. Face coverings may include masks, cloth covers, or shields.

PPE will be advised based on the interaction with students or the risk involved related to frequency and type of interaction, volume and duration of interaction and the developmental stages and health status of the individuals involved.

PERSONAL PROTECTIVE EQUIPMENT/BARRIERS		
INDIVIDUALS	RECOMMENDED PPE	REQUIRED PPE
Front office staff or other staff interacting with public	Face shields, if Plexiglas barriers are not an option	Face covering
Bus Drivers	Face shields	Face covering
Speech and Language Pathologists Special Education Staff Anyone participating in articulation services. Staff teaching students with hearing impairment	Face Shield	Face shield
Staff providing direct services, such as feeding.	Face Shield, gown and gloves	Face Shield or covering
Staff moving in between cohorts and classes. Staff interacting with public	Face covering	Face covering
Child Nutrition Staff	Mask, gloves for kitchen staff, Face shield, if Plexiglas barrier is not an option and gloves for staff in direct student contact.	Face Covering, gloves
Music Teacher/ Choir/ Band	Face Shield	Face covering
PE Teacher	Face Shield	Face covering
Any staff interacting with multiple cohorts	Face Covering	
All education staff	Face Covering	
Any persons in an environment where physical distancing cannot be maintained	Face Covering	
Staff of advanced age or with chronic illness	Face coverings or PPE recommended by personal physician if permitted to be at work.	
Clinical Staff	Appropriate PPE per Transmission Based Precautions	Appropriate PPE per Transmission Based Precautions
Front line staff screening students with illness	N95 Masks and gloves. Surgical Masks if N95 shortage persists	Mask and gloves
Students/Staff that are coughing for other reasons (asthma)	Face covering, as developmentally appropriate	
Acutely ill student in isolation	N-95 mask until parent picks up	Mask until parent picks up

Facial covering is **required** for:

- Children
- Children of any age should not wear a face covering:
 - If they have a medical condition that makes it difficult for them to breathe with a face covering;
 - If they experience a disability that prevents them from wearing a face covering;
 - If they are unable to wear it correctly, thereby increasing potential transmission risk;
 - They are unable to remove the face covering independently; or
 - If the student is sleeping.

If face coverings are used:

- Cloth face coverings must be laundered regularly
- New disposable face covering must be used daily
- Face shields are reusable, and should be designated to individual staff.

N95 Masks and Surgical Masks

N95 respirators and surgical masks are examples of personal protective equipment that are used to protect the wearer from airborne particles and from liquid contaminating the face.

- The Centers for Disease Control and Prevention (CDC) does not recommend that the general public wear N95 respirators to protect themselves from respiratory diseases, including coronavirus (COVID-19). Those are critical supplies that must continue to be reserved for health care workers and other medical first responders, as recommended by current CDC guidance. Please note that N95 masks should be fit tested and trained for appropriate use.
- Surgical masks are appropriate for cases where direct face to face interactions will occur in order to create a physical barrier of protection. If worn properly, a surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical masks may also help reduce exposure of your saliva and respiratory secretions to others.

Face Shields

Face shields cover the entire face from contact with liquids including respiratory droplets when there is an increased risk to the nose, mouth and eyes and are less obstructive for delivery of education and direct interaction.

Cloth Face Coverings

[Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Cloth face coverings](#) are not surgical masks, respirators, or other medical personal protective equipment.

- When in use, teach and reinforce use of [cloth face coverings](#). Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school.
- Face coverings should be worn by staff and students (particularly older students) as feasible, and are **most** essential in times when physical distancing is difficult.

- Individuals should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently. Information should be provided to staff, students, and students' families on [proper use, removal, and washing of cloth face coverings](#).

Adequate Supplies

Support [healthy hygiene](#) behaviors by providing adequate supplies of PPE and hygiene items such as soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.

Staying Home When Appropriate

It is crucial that school staff and families understand when individuals must stay home. It is important for all staff to role model appropriate behaviors. Communication will be made to regularly to advise families not to send children to school ill and remind staff not to report to work ill. Strict stay at home policies will be endorsed:

IF...	THEN...
Staff/ Student has tested positive for COVID-19, is awaiting test results or have signs and symptoms of COVID-19	Individuals should stay at home as directed by their physician and/or the local health department. This should be a minimum of 14 days since the onset of illness and 72 hours symptom free without the use of fever reducing medication.
Individuals have Recently had close contact with a person with COVID-19	Individuals should stay home until 14 days after the last exposure and monitor for symptoms of illness.
If there has been COVID-19 currently identified in the school setting.	Follow public health guidance. Encourage cohorts to monitor for signs and symptoms regularly. Increase sanitizing of high touch surfaces in the affected cohort and

Screening for and Identifying & Isolating Ill Students and Staff

Identification of ill students and staff is crucial in illness prevention in school buildings. All staff and students should have education provided on symptoms in order to self-identify when developmentally possible.

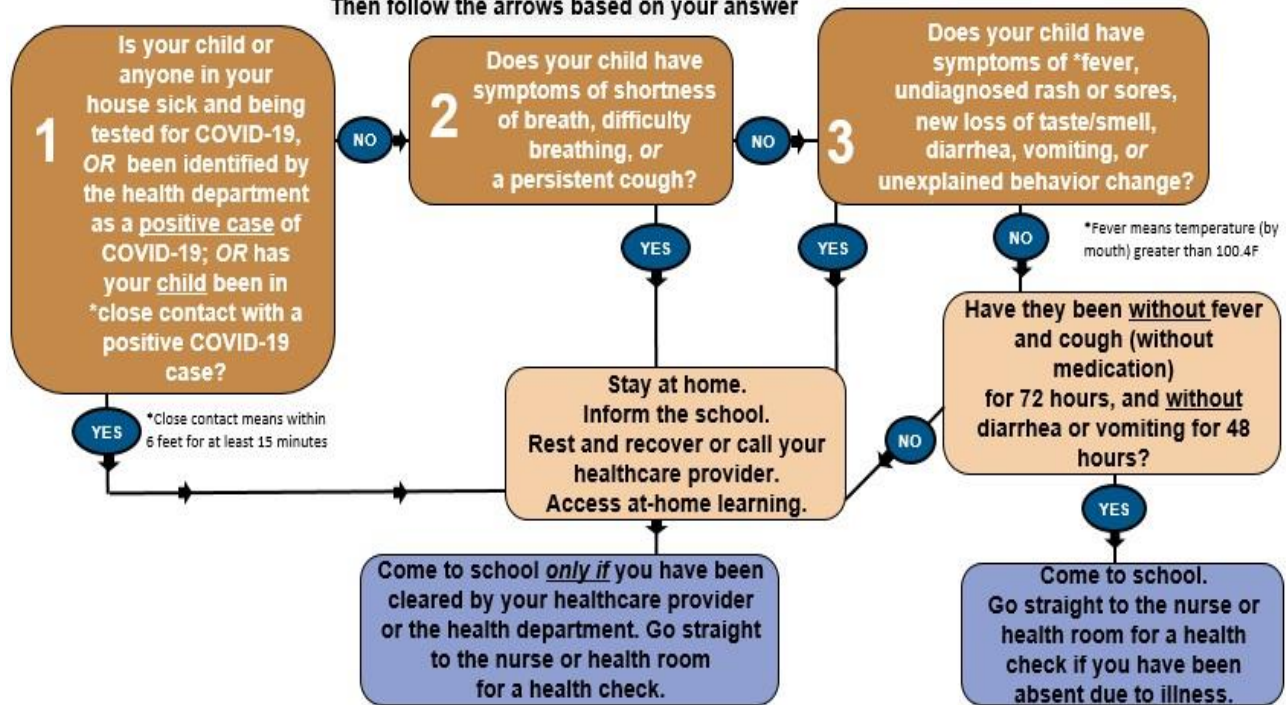
Health Promotion, Prevention and at Home Screening

Parents will be provided Exclusion Criteria and advised to screen their students prior to sending to school. Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school.

Can my child go to school today?

Start with the 3 questions below

Then follow the arrows based on your answer



[Image adapted from: Multnomah ESD]

Families and staff will additionally be provided with COVID-19 symptom checkers to use as tools to determine follow up. School staff should not provide medical advice.

- [Johns Hopkins Symptom Checker](#)
- [CDC Self-Checker](#)

Recognize Signs and Symptoms

- Ensure that all staff are aware of symptoms associated with COVID-19.
- Students should be visually screened each day during attendance to determine if illness is present. If students are positive for any items listed in *Visual Screening*, they should be sent to the office to be screened by designated staff.

Visual Screening

- Unusual coloration (flushed, pale)
- Unusual behavior (lethargy, fatigue)
- New or significant coughing
- Shortness of breath
- Chills

- Any student ill during the course of the day with respiratory illness or fever should be deferred to designated staff for screening.
- Designated staff will specifically screen students as per the *Symptom Screening Criteria* to determine if symptoms are present that require isolation and dismissal as per *Communicable Disease Plan* and previously listed *Exclusion Criteria*.
- Students meeting exclusion criteria should be dismissed to home.
- Ill students must be placed in separate isolation space until picked up by parents.
- Students presenting to the office should be logged into the health room log.
- Health checks will be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations.

Symptom Screening Criteria

- Check temperature to assess for fever
- Identify if the following symptoms are present:
 - Chills
 - New onset of cough
 - Shortness of breath (not explained by an underlying condition such as asthma)
 - New onset of loss of smell or taste

SUMMARY STUDENT SCREENING PROCESS

1. Parents are provided with screening algorithm and when to stay home.
2. Parents screen students prior to sending to school.
3. Students are passively screened for changes in color, energy, coughing or general illness during attendance.
4. Students identified as potentially ill in the classroom setting are sent to health room for complete screening.
5. Students are screened completely by designated staff to identify if they need to be isolated and dismissed.

Isolate Those Who Are Sick

Each school must have a designated personnel and designated isolation space. Available PPE must be available for. School nurses and designated staff to use [Standard and Transmission-Based Precautions](#), as per the District *Exposure Control Plan* and The district *Communicable Disease Plan*.

Students who are determined to require exclusion based on current rules and guidelines will be isolated under the following circumstances pending parent pick up:

- Identification of students meeting exclusion criteria based on screening.
- Children identified as having been ill and having a pending test for COVID-19, OR having tested positive for COVID-19, OR having been exposed to someone with COVID-19 symptoms.

ISOLATION MEASURES

- Immediately separate students who are determined to have symptoms meeting exclusion criteria to the designated isolation area.
- Remain calm and practice measures to maintain student privacy, confidentiality and dignity to the highest extent feasible.
- Student will be provided a facial mask (if they can safely wear one).
- Staff should wear a facial mask and gloves and maintain physical distancing.
- Do not leave student unattended.
- If more than one student is in an isolation space, appropriate distance or barriers and privacy must be maintained between students.
- Ensure students are appropriately logged into *Communicable Disease Surveillance Logs*.
- Reinforce appropriate exclusion action with parents (e.g. if student has fever they must remain home until 72 hours symptom free without use of anti-fever medications or 48 hours without vomiting and diarrhea, or/and until released by provider or LPHA)

Isolation Space

An appropriate isolation space as described in the *Communicable Disease Plan* and consistent with state legislation, should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.

The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per *Transmission Based Controls* and COVID-19 guidance correctly.

CDC guidelines in the chart below should be visited with the following four requirements in mind:

1. Isolation spaced must be separate from routine health room
2. Students must be supervised while in isolation space
3. Staff must have appropriate PPE while in isolation space
4. Appropriate physical distancing, barriers and confidentiality must be maintained in the isolation space.

Isolation Space	CDC Guidelines
Physical distance	Maintain a distance of 6 feet or more between isolated individuals. Establish a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals, such as plastic sheeting. A barrier should be high and long enough to prevent direct transfer of air between spaces, i.e. 6 feet or more in all directions from isolated individuals.
Cleaning and sanitizing	To limit the risk of exposure to aerosolized particles, plan disinfection after space has been empty 4 hours; or, disinfect while wearing full PPE (medical grade mask, gloves, isolation gown). After dismissal of ill student, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting . Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.
Ventilation	Designated isolation space should have adequate ventilation, i.e. exterior windows and/or ventilation fans. Ensure fans do not re-circulate into air supply; vent to exterior or into non-communicating space (wall voids, attic).
Hand hygiene	Care providers should wash hands frequently and thoroughly before and after providing care. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with 60% or greater alcohol content and wash hands with soap and water as soon as possible.
Face covering or mask; other PPE	Staff tending to symptomatic individuals should wear, at a minimum, a medical-grade face mask. Additional PPE may be needed, such as N-95 mask, gloves, face shield, etc. 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.
Student safety and well-being	Consult district nurse for direct care provision. Adjust protocols to age and developmental abilities. Ensure line of sight; keep ill student visible. To reduce fear, anxiety, or shame related to isolation, provide clear explanation of procedures, including use of PPE and handwashing.

Surveillance, Logs and Contact Tracing

Surveillance

Surveillance is systematic collection of data to analyze specific diseases or trends within a population. In the school setting it is an important measure to identify trends of illness such as increased absenteeism or reports of syndromic illness. Increased surveillance occurs through two primary mechanisms within the school setting:

- School staff identifies and increase in illness or absenteeism, and reports to the district nurse
- The district nurse identifies a cohort, building, or the entire population to actively survey based on community trends or report from LPHA. Surveillance may include:
 - Logging symptom specific complaints of ill students and staff
 - Collecting information on specific diagnoses and syndromes in the school community
 - Communication to families and staff asking for specific symptom information for absent students.

In these situations, school staff will respond as directed by the district nurse. For specific indicators and identification of clusters of illness within the school setting, please refer to the district *Communicable Disease Plan*.

Contact Tracing

The purpose of contact tracing is to be able to identify those with the potential exposure risk of a communicable disease. This occurs on a small scale readily throughout the year with specific communicable disease exposures. In regards to COVID-19 schools are required to report data on close contacts to the local health department.

OAR 333-003-0050 authorizes school districts release individually identifiable information relative to and Impending Public Health Crisis which includes a declared public health emergency, anyone exposed to a communicable disease, a reportable disease or a condition of public health importance. COVID-19 response meets all of these categories.

A close contact is regarded as: *Someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated (CDC, 2020).*

To be able to provide necessary information for the LPHA, each school must plan in advance by:

- Having easily accessible rosters of each stable cohort. This can be accomplished through accurate student rosters of each classroom and each intervention group.
 - If the roster is not prepopulated in Synergy, a roster must be created.
- Having accurate attendance collected to determine who was present during potential exposures.
 - Reinforcing accurate attendance is crucial in provision of accurate information to the LPHA in regards to exposures.
 - This includes logging late arrivals and early departures.
- Having a mechanism for sign in at the front office and in each classroom is necessary to track itinerant staff or essential visitors.

In relationship to LPHA request and in order to align with ODE/OHA guidance, each individual school must be able to produce:

- A list of students and staff that would have encountered a confirmed case if a member of the education community is diagnosed, this includes:
 - Classroom cohorts
 - Intervention and student support cohorts (SLP groups)
 - Lunchtime and recess cohorts (if these students overlap)
 - Transportation roster
- A list of all staff that encountered confirmed case.

Required information for LPHA includes:

1. Student name
2. Arrival and departure time
3. Parent contact and emergency contact information
4. A list of staff who have interacted with the infected student/Staff

Items 1-3 can be produced via TylerSIS. Item 4 can be produced through sign in sheets in each classroom setting.

It is also important to consider whether or not this student visited the health room while ill. In this case, logs should be reviewed to determine at risk students.

A designated staff member should coordinate and ensure rosters and sign-ins are developed and maintained for minimum of 4 weeks.

Logs

As per OAR 166-400-0010 any student reporting to the health room should be logged into the student *health room log*. During this period, all students should be accounted for whether injured or ill or visiting the health room for alternate reasons. It is important to be able to determine potential exposures in the health room, thus all students visiting the health room must be logged in.

Communicable Disease logs will be maintained for students who:

- Are absent due to COVID-19
- Have been any symptoms and have been in contact with a confirmed case
- Have compatible illness or symptoms associated with COVID-19
- Have been dismissed to home for symptoms associated with COVID-19

In the event of an outbreak of cluster *respiratory outbreak lines listings* will be used for case investigations.

Communication Systems

The district will implement and provide communications for multiple areas including health promotion, communication of policies and restrictions and communication regarding potential exposures or exclusions.

School Communication

Signs and Messages

- Post [signs](#) in highly visible locations (e.g., school entrances, restrooms) that promote [everyday protective measures](#) and describe how to [stop the spread](#) of germs (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#) where applicable).
- Broadcast regular [announcements](#) on reducing the spread of COVID-19.
- Messages will be included on websites, in newsletters and social media

Direct Communication

- In addition to posting exclusion criteria on webpages, school social media accounts, and in newsletters families will be advised on policies related to sick students, potential, home isolation criteria, and student exclusion criteria.
- Families and staff will have communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors.
- Families will be advised to report if:
 - Their student has symptoms of COVID-19,
 - Their student has had a positive test for COVID-19,
 - Their student was exposed to someone with COVID-19 within the last 14 days.
 - The point of contact, to the best of their ability should attempt to obtain:
 - Date of onset of illness
 - Date of positive test, if applicable
 - Last day of exposure to confirmed case (for case contacts)
 - For students, list of household contacts in the district.
 - Last day present in the school building.
 - Staff should not advise other staff or families of potential exposures.
 - Confidentiality should be strictly observed.

Staff Communication

Staff will be given to opportunity to self-identify as high risk. Staff will be advised to report to school administration if they:

- Have symptoms of COVID-19,
- Have had a positive test for COVID-19,
- Were exposed to someone with COVID-19 within the last 14 days.
- Sick staff members or students should not return until they have met [criteria to discontinue home isolation](#).

Communication Regarding Confirmed Cases

For a complete overview of communication and response of confirmed cases, refer to Communication & Response Chart

- District specific protocols and practices will be communicated by the superintendent
- Building specific protocols will be communicated by the building administrator
- The district nurse will inform principals of confirmed cases. The principal will inform staff of exposures.
- The district nurse, Local Health Department, or District administration will inform those who have had [close contact](#) with a person diagnosed with COVID-19 to stay home and [self-monitor for symptoms](#).

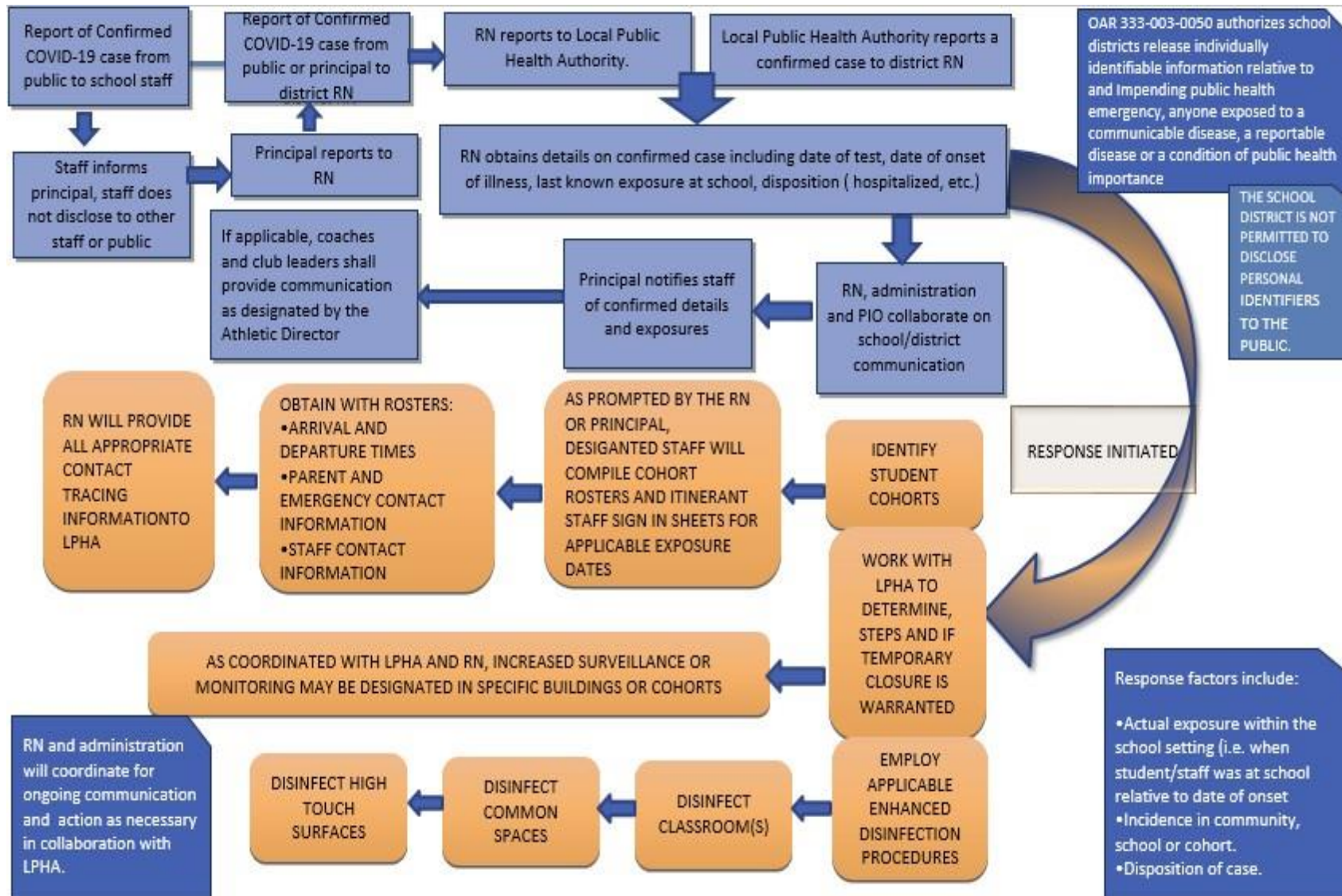
Letters produced to the families will be revised to reflect potential exposure dates and interventions advised by the LPHA.



Public Health Communication

- The district nurse is the point of contact from the [Local Public Health Authority](#) (LPHA) Communicable Disease (CD) Division and the Deputy Health Officer.
- The district nurse is subscribed to daily COVID-19 updates via [Oregon Health Authority](#) that reports the daily incident of disease and provides routine updates by region.
- The district nurse has established connection with the [LPHA School Reopening Coordinator](#)

Communication & Response



Maintaining Healthy Operations

Schools may consider implementing several strategies to maintain healthy operations.

Regulatory Awareness

- Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

Visitors and Volunteers

- Communication will be made to essential visitors to indicate that they cannot report to buildings if they have been sick or in contact with sick persons in the past 14 days.
- Non-essential visitors will be restricted.
- Physical Distancing will be maintained for essential visitors.
- Visitors will be required to wash hands or use hand sanitizer upon arrival
- Visitors will be required to sign and out in at the front office and in any classroom entered.
 - Front office sign in should have an acknowledgement indicating the visitor has not been symptomatic or in contact with ill persons the past 14 days.
- Face coverings are encouraged.

Gatherings and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
- Limit activities involving external groups or organizations as possible and under executive orders – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
- Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Participation in Community Response Efforts

- Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

Sharing Facilities

- Encourage any organizations that share or use the school facilities to also follow these considerations.
- Facility use will be in accordance with public health recommendations.

Support Coping and Resilience

- Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
- Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
- Encourage employees and students to talk with people they trust about their concerns and how they are feeling.

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Port Orford-Langlois School District 2020-2021

July

S	M	T	W	T	F	S
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August

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T-6 S-0 H-0 IS-5

September

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T-21 S-17 H-1 IS-4

October

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T-22 S-19 H-0 CP-1 TD-1

November

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T-15 S-15 H-2 ER-1

December

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T-14 S-14 H-0 ER-1

August

8/24-9/4 - Teacher In-Service Days

September

9/7 - Labor Day (Holiday)

October

10/8 - Grade Day/Conference Prep/No Students

10/9 - State In-Service/PD Day/No Students

10/14 - Students Release @ Noon/PM Conferences

10/15 - Students Release @ Noon/PM Conferences

10/16 - Teacher Trade Day for Conferences (No School)

November

11/11 - Veteran's Day (Holiday)

11/20 - End of 2nd 9 Weeks/Grade Day/Early Release

11/26 - Thanksgiving Day (Holiday)

December

12/18 - Early Release

12/21-1/1 - Christmas Vacation

January

1/18 - Martin Luther King Day (NO SCHOOL)

1/22 - Last Day of 1st Semester

1/25 - Grade Day

February

2/15 - President's Day Holiday

March

3/12 - Grade Day/Conference Prep/No Students

3/17 - Student's Release @ Noon/PM Conferences

3/18 - Student's Release @ Noon/PM Conferences

3/19 Teacher Trade Day for Conferences (No School)

3/22-3/26 - Spring Vacation

April

4/30 - End of 5th 9 Weeks/Grade Day, Early Release

May

5/31 - Memorial Day (Holiday)

June

6/4 - Graduation

6/10 - Grade Day/Early Release

6/11 - Teacher Checkout Day

1st Semester - 79 Days

2nd Semester - 89 Days

Driftwood School M-Th 8:15am-2:50pm

Driftwood School Fridays 8:15am-12:30pm

Pacific HS M-Th 8:15am-3:20pm

Pacific HS Fridays 8:15am-1pm

Student Contact Days 168

Holidays 5

In-Service Days 10

Grade Day/End of Semester 1

Teacher Trade Days for Conferences 2

Check Out Day 1

Conference Prep Days 101 2

Total 189

January

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31						

T-19 S-18 H-0 IS-1

February

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T-19 S-19 H-1

March

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T-18 S-16 H-0 CP-1 TD-1

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T-22 S-22 H-0

May

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T-20 S-20 H-1

June

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27	28	29	30			

T-9 S-8 H-0

2017-2018 School Calendar



Instructional Day:		
	M-Th	F
East	8:00am-2:25pm	11:25am
West	7:55am-2:35pm	11:35am
MS & HS	7:55am-3:12pm	12:00pm

July 2017						
Su	M	Tu	W	Th	F	Sa
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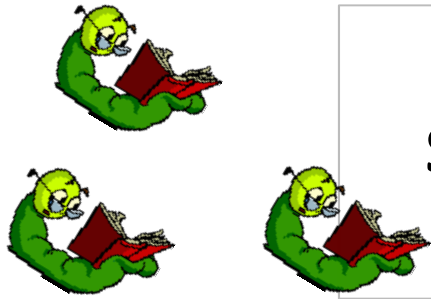
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- Notes
- Aug 29th only grades attending 1-3, 4, 7 & 9**
 - Students attend school
 - No School - non-contract days
**February 20th may be used as a weather make up day.
 - Secondary Conferences - HS/MS attend full day Thursday, not on Friday
Elementary attend regular day on Thursday & Friday
 - Elementary Conferences - Elementary no school
HS/MS attend regular day
HS/MS attend AM only on 11/22
 - Conferences - Elementary - No School
HS/MS - attend full day Thursday, not on Friday
 - In-service Work day (6 days)
 - In-service Work Day grades 7-12
 - In-service Work Day grades K-6
 - Holiday (4 days)



2017-2018 School Calendar Student



Notes:

**August 29th - 1st day of school
grades 1-3, 4, 7 & 9**

August 30th - grades 1-12 attend

Students attend school

No School all students
**February 20th may be used
as a weather make up day.

No school grades 7-12

No School grades K-6

Secondary Conferences -
HS/MS attend full day Thursday,
not on Friday
Elementary attend regular day on
Thursday & Friday

Elementary Conferences -
Elementary no school
HS/MS attend regular day
HS/MS attend AM only on 11/22

Conferences -
Elementary - No School
HS/MS - attend full day Thursday,
not on Friday

Holiday (4 days)

Instructional Day:

	M-Th	F
East	8:00am-2:25pm	11:25am
West	7:55am-2:35pm	11:35am
MS & HS	7:55am-3:12pm	12:00pm

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2017-2018 Board Meetings



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- Board Meeting 7:00pm
- 11/10/17 - 11/13/17 OSBA Fall Conf
- District closed - no one works

1st day of school August 29, 2016

Christmas Break 12/18/17 - 1/1/18

Spring Break 3/26/18-3/30/18

Graduation - June 3, 2018 2:00pm

Last day of school June 2018

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Exhibit A – LEA Application for ESSER Funds

Application Open: June 19, 2020

Application Deadline: July 10, 2020, 5:00 pm (Pacific Standard)

CFDA Number: 84.425D

LEA Applicant Cover Page

LEA Applicant Information

Name: Port Orford-Lanlois School District Institution ID: 1973

Mailing Address: PO Box 8, Port Orford, OR 97465

Grant Contact Name: Steve Perkins

Grant Contact Phone: 541-348-2455 Grant Contact Email: steve.perkins@2cj.k12.or.us

Fiscal Contact Name: Don Staehely

Fiscal Contact Phone: 541-348-2455 Fiscal Contact Email: don.staehely@2cj.k12.or.us

If LEA will utilize a Fiscal Agent, complete this section:

Fiscal Agent Name: _____ Institution ID: _____

Fiscal Agent Contact Name: _____

Fiscal Agent Contact Phone: _____ Fiscal Agent Contact Email: _____

ESSER Fund Grant Award to LEA: \$312,101.30 **(see Exhibit C – LEA Allocations)**

Application Certification

To the best of my knowledge and belief, all the information and data in this application are true and correct. I acknowledge and agree that the failure to comply with all Assurances and Certifications in this application, all relevant provisions and requirements of the CARES Act, Pub. L. No. 116-136 (March 27, 2020), or any other applicable law or regulation may result in liability under the False Claims Act, 31 U.S.C. § 3729, et seq.; OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement) in 2 CFR part 180, as adopted and amended as regulations of the Department in 2 CFR part 3485; and 18 USC § 1001, as appropriate.

LEA Authorized Representative or Designee:

Stee Perkins

Signature of LEA Authorized Representative or Designee:

Steve Perkins

Date:

7/4/2020

1. ESSER Fund Application Plan

In this section, brief narratives are required for each item. The completion of this section will develop the LEA plan for how it will use the ESSER Fund grant from March 13, 2020 through September 30, 2022 ("Performance Period"). ODE will use the LEA plan to monitor eligible use of the funds over the course of the grant's Performance Period.

- A. Provide a brief narrative of how your LEA will utilize the ESSER grant.
1. Plans can include, but are not limited to, the described allowable costs in section 18003 of the CARES Act.
 2. Prepare the plan with an Equity Lens to address the accessibility of education for all students.
 3. Indicate when the LEA will implement the grant activities.
 4. LEA budget must align with the plan.
 - i. Indicate by fiscal year/school year, when the LEA will utilize the ESSER grant funding.

Use the text box below for your narrative. There is additional space on the following page.

The ESSER Grant Funds will be used in accordance with the allowable uses in the CARES Act Section 18003(d) (12) Other activities that are necessary to maintain the operation of and continuity of services in local educational agencies and continuing to employ existing staff at the local educational agency (LEA).

The funds that the Port Orford-Langlois School District receives will cover a portion of payroll in the 2019-2020 fiscal school year (April 1, 2020 thru June 30, 2020) to allow our LEA to employ existing essential staff during the COVID-19 related school closure. During this closure we were able to continue to employ bus drivers, Custodial employees, food service employees and Instructional Assistants to prepare and deliver meals to our district's students and families who did not have access to our school cafeteria. This was a critical process in ensuring that the students in our school district were accessing meals during the school closure.

By continuing to employ our office staff, teachers, IT Director, Maintenance Director and administrators, we were able to continue to address the educational needs of all students during the closure, including meeting the needs of our special needs and economically disadvantaged students. These individual plans for our students required connectivity issues at home and access to equipment for on-line instruction. If students and families were not able to access on-line instruction, packets of educational materials were distributed to those students. Our staff made weekly (often more frequently) check-ins with each student in the district. These check-ins allowed our staff to determine how our students were progressing on the learning targets. We were successful in engaging over 90% of our district's students.

B. Provide a brief narrative of how the LEA will enable students, teachers, and other program recipients to overcome barriers (including barriers based on gender, race, color, national origin, disability, and age) that prevent equal access to, or participation in, the program. See Section 427 of GEPA (20 U.S.C. 1228a) for more information on this requirement.

It is the priority of our school district to ensure that 100% of our students have access to all opportunities our school district offers. We ensure equal participation for all students and staff in any project or activity that our district sponsors. Our district will continue to use our equity lens to make data driven decisions and look for any disparities or barriers that impact our students to access an equal education. These barriers could include gender, race, national origin, disability, economically disadvantaged or age.

Our leadership team and local school board are committed to ensuring that every student in our district has and equal equitable opportunity to participate in a safe learning environment. We will make changes to our plan if we find that all of our students are not getting the needed support to ensure a quality education.

Signature of LEA Authorized Representative or Designee:

Steve Leskin

Date:

7/4/2020

1.A. Continued

We will also be purchasing materials needed to ensure a safe educational environment for our staff and students in the 2019-20 and 2020-21 fiscal school years. We are also purchasing a new phone service which will enable our staff to improve their communication with our students and families.

By using these funds in the 2019-20 fiscal school year, our ending fund balance will be increased, which will then increase the general fund for the 2020-21 school year. The increase in the general fund balance will allow our LEA to decrease the financial impact that we will experience due to the downturn in the economy which is the result of the COVID-19 pandemic. This increase of general fund dollars for the 2020-21 fiscal school year will mitigate reductions in staff, loss of school days and/or loss of programs.

PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ

Code: IGBAH-AR
Adopted:

Special Education - Evaluation and Eligibility Procedures**

1. Request for Initial Evaluation
 - a. Consistent with its child find and parent consent obligations, the district responds promptly to requests initiated by a parent or public agency for an initial evaluation to determine if a child is a child with a disability.
 - b. Upon receiving a request from a parent or public agency for an initial evaluation, the district designates a team to determine whether an initial evaluation will be conducted.
 - (1) The district team includes the parent and at least two professionals, at least one of whom is a specialist knowledgeable and experienced in the evaluation and education of children with disabilities.
 - (a) The team may make the decision to evaluate with or without a meeting.
 - (b) The district documents team members' input, including parents, whether or not the district convenes a meeting.
 - c. If a meeting is held, the district invites parents to participate.
 - d. If the district agency refuses an evaluation requested by the parent, the district provides the parent with prior written notice of its refusal to conduct an evaluation.
 - e. The district acknowledges the parent's rights to challenge its refusal to conduct an evaluation.
2. The initial evaluation consists of procedures:
 - a. To determine if the child has a disability; and
 - b. To identify the child's educational needs.
3. The district conducts the initial evaluation within 60 school days of receiving parental consent for evaluation unless:
 - a. The district and the parents agree in writing to extend the timeline for an evaluation to determine eligibility for specific learning disabilities;
 - b. The child moves from another district during the evaluation, the district is making sufficient progress to ensure a prompt completion of the evaluation, and the parent and the district agree in writing to a specific time when the evaluation will be completed; or
 - c. The parent repeatedly fails or refuses to produce the child for evaluation.
4. Re-evaluation
 - a. The district conducts re-evaluations:
 - (1) When the educational or related services needs, including improved academic achievement and functional performance of the child, warrant an evaluation;
 - (2) When the child's parents or teacher request a re-evaluation; and

- (3) At least every three years, unless that parent and the district agree that a re-evaluation is unnecessary.
- b. The district does not conduct re-evaluation more than once a year, unless the parent and district agree otherwise.

5. Evaluation Planning

- a. ~~The district, or designated referral and evaluation agency for preschool children, ensures that,~~ As part of an initial evaluation (if appropriate), and as part of any re-evaluation, the child's individualized education program (IEP) or individualized family service plan (IFSP) team, including the parents and other qualified professionals, as appropriate, must review and document their review of existing evaluation data information on the child, including:
 - (1) Evaluations and information provided by the child's parents;
 - (2) Current classroom-based, local or state assessments and classroom-based observations;
 - (3) Observations by teachers and related service providers; and
 - (4) Medical, sensory, and health information.
- b. On the basis of that review and input from the child's parents, identify what additional data if any is needed to determine:
 - (1) Whether the child has a disability;
 - (2) The child's present levels of academic achievement and related development needs;
 - (3) Whether the child needs, or continues to need, early intervention/early childhood special education (EI/ECSE) or special education and related services; and
 - (4) For re-evaluation, whether the child needs any additions or modifications to the special education and related services or, for a preschool child, any additions or modification to ECSE services:
 - (a) To enable the child to meet the measurable annual goals in the child's IEP or IFSP; and
 - (b) To participate, as appropriate, in the general education curriculum or, for preschool children, appropriate activities.

6. Evaluation Procedures

- a. The district assesses the child in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities.
- b. The evaluation is sufficiently comprehensive to identify all of the child's special education and related needs, whether or not commonly linked to the disability category in which the child has been classified.
- c. The evaluation includes information provided by the parent and a variety of assessment tools and strategies to gather relevant functional, developmental and academic information about the child that assist in determining:
 - (1) Whether the child has a disability; and
 - (2) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities).
- d. The district ensures that assessments and other evaluation materials, including those tailored to assess specific areas of educational need, used to assess a child:
 - (1) Are selected and administered so as not to be discriminatory on a racial or cultural basis;

- (2) Are provided and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally and functionally, unless it is clearly not feasible to do so;
 - (3) Are used for the purposes for which the assessments or measures are valid and reliable;
 - (4) Are administered by trained and knowledgeable personnel; and
 - (5) Are administered in accordance with any instructions provided by the producer of the assessments.
- e. The district selects and administers assessments to ensure that if an assessment is administered to a child with impaired sensory, manual or speaking skills, the assessment results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual or speaking skills (unless those skills are the factors that the test purports to measure).
 - f. The district uses technically sound instruments that may assess the relative contribution of cognitive factors and behavioral factors in addition to physical or developmental factors.
 - g. The district does not use any single measure of assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child.

7. Requirements if Additional Evaluation Data is not Needed to Determine Eligibility

- a. If the child's IEP or IFSP team determines that no additional data is needed to determine whether or not the child is or continues to be a child with a disability, and to determine the child's educational and developmental needs, the district provides prior written notice of that decision, the reasons for it, and the right of parents to request an assessment.
- b. When the IEP or IFSP team determines that no additional data is needed to determine eligibility, the district does not conduct an assessment of the child unless requested to do so by the parents.

8. Evaluation Procedures for Transfer Students

When a child with disabilities transfers from one district to another district in the same school year, the district coordinates with the previous district to complete any pending assessment as quickly as possible.

9. Eligibility Determination

- a. Once evaluation is completed, the district designates an eligibility team to determine whether the child is eligible for special education services.
- b. This team includes:
 - (1) Two or more professionals, one of whom will be knowledgeable and experienced in evaluating and teaching students with the suspected disability; and
 - (2) The student's parent(s).
- c. For consideration of eligibility in the area of specific learning disabilities, the district eligibility team includes:
 - (1) A group of qualified professionals and the parent;
 - (2) The child's regular classroom teacher or, if the child does not have a regular classroom teacher, a regular classroom teacher qualified to teach a child of his or her age, or for a child of less than school age, a preschool teacher; and
 - (3) A person qualified to conduct individual diagnostic examinations of children, such as a school psychologist, speech-language pathologist or other qualified professional.

- d. In interpreting evaluation data, each district team carefully considers and documents information from a variety of sources, including but not limited to, aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background and adaptive behavior and all required elements of the evaluation.
- e. Each eligibility team prepares a written eligibility statement that includes:
- (1) Identification of the evaluation data considered in determining the child's eligibility, including the required evaluation components for the disability under consideration;
 - (2) A determination of whether the child meets the minimum evaluation criteria for one or more of the disability categories in Oregon Administrative Rule;
 - (3) A determination of whether the primary basis for the suspected disability is:
 - (a) A lack of appropriate instruction in reading (including the essential components of reading) or math; or
 - (b) Limited English proficiency.
 - (4) A determination of whether the child's disability has an adverse impact on the child's educational performance;
 - (5) A determination of whether, as a result of the disability, the child needs special education services;
 - (6) The signature of every team member and an indication of whether each agrees with the eligibility determination;
 - (7) For a child suspected of having a specific learning disability, the team's written report includes additional specific documentation as required by Oregon Administrative Rule.
- f. The team does not find a child eligible as a child with a disability if the determinant factor for that eligibility decision is:
- (1) Lack of appropriate instruction in reading, including the essential components of reading instruction or lack of appropriate instruction in math; or
 - (2) Limited English proficiency; and
 - (3) The child does not otherwise meet the eligibility criteria found in Oregon Administrative Rule for the category(ies) of disability under consideration.
- g. The team finds a child eligible if the child has a disability and needs special education and related services, even though the child is advancing from grade to grade.
- h. A child may have disabilities in more than one disability category, but the team needs to find the child eligible in only one category. However, the district evaluates the child in all areas related to the suspected disability or disabilities, and the child's IEP addresses all of the child's special education needs.

SECOND READING

PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ

Code: GBN/JBA
Adopted: July 27, 2020

Sexual Harassment

The district is committed to the elimination of sexual harassment in district schools, activities and programs. Sexual harassment is strictly prohibited and shall not be tolerated. This includes sexual harassment: of students by staff members, other students or third parties; of staff members by students, other staff members or third parties; and of third parties by staff members and students. This policy applies to third parties who are on or immediately adjacent to school grounds or district property, are at any school-sponsored or district-sponsored activity or program, or are off school or district property, if a student or staff member acts toward the person in a manner that creates a hostile environment for the person while at school or a school-sponsored or district-sponsored activity or program. "Third parties" include, but are not limited to, school volunteers, parents, school visitors, service contractors or others engaged in district business, such as employees of businesses or organizations participating in cooperative work programs with the district and others not directly subject to district control at interdistrict and intradistrict athletic competitions or other school events. "District" includes: district facilities; district premises and nondistrict property if the student or staff member is at any district-sponsored, district-approved or district-related activity or function, such as field trips or athletic events, where students are under the jurisdiction of the district; or where the staff member is engaged in district business. The prohibition also includes off duty conduct which is incompatible with a staff member's district job responsibilities.

All staff members, students, and third parties are subject to this policy.

Sexual harassment of students, staff members or third parties shall include:

1. A demand or request for sexual favors in exchange for benefits;
2. Unwelcome conduct of a sexual nature that is physical, verbal or nonverbal and that interferes with a student's educational program or activity or that creates an intimidating, offensive or hostile educational environment; unwelcome conduct of a sexual nature that is physical, verbal or nonverbal and that interferes with the staff member's ability to perform the job or that creates an intimidating, offensive or hostile work environment; or unwelcome conduct of a sexual nature that is physical, verbal or nonverbal and that creates an intimidating, offensive or hostile environment; and
3. Assault when sexual contact occurs without the student's, staff member's or third party's consent because the student, staff member or third party is under the influence of drugs or alcohol, is unconscious or is pressured through physical force, coercion or explicit or implied threats.

Examples of sexual harassment may include, but not be limited to, ¹physical touching or graffiti of a sexual nature; displaying or distributing of sexually explicit drawings; pictures and written materials; sexual gestures or obscene jokes; touching oneself sexually or talking about one's sexuality in front of others; or spreading rumors about or rating other students or others as to appearance, sexual activity or performance.

All complaints or reports about behavior that may violate this policy shall be promptly investigated.

Any staff member who becomes aware of behavior that may violate this policy shall report to a district official so that the district official (and the reporting staff member when the victim of the harassment is a student or third party) may coordinate efforts to take any action necessary to ensure the:

1. Student is protected and to promote a nonhostile learning environment;
2. Staff member is protected and to promote a nonhostile work environment; or
3. Third party who is subjected to the behavior is protected and to promote a nonhostile environment.

This includes providing resources for support measures to the student, staff member or third party who was subjected to the behavior and taking any actions that are necessary to remove potential future impact on the student, staff member or third party, but are not retaliatory against the student, staff member or third party being harassed or the staff member who reported to the district official.

Any student or staff member who feels they are a victim of sexual harassment are encouraged to report their concerns to district officials, this includes officials such as the principal, compliance officer or superintendent. Students may also report concerns to a teacher, counselor or school nurse, who will promptly notify the appropriate district official.

Upon receipt of a complaint from a student or the student's parents, a staff member or a third party alleging behavior that may violate this policy, the district shall provide written notice as required by Oregon Revised Statute (ORS) 342.704(5) to the complainant.

The person who initiated the complaint and if applicable the student's parents or person's parents shall be notified when the investigation is initiated and concluded and as to whether a violation of this policy was found to have occurred to the extent allowable under state and federal student confidentiality laws.

The initiation of a complaint, and the participation in an investigation, in good faith about behavior that may violate this policy may not adversely affect the educational assignments or any terms or conditions of employment or of work or educational environment of the person who initiated the complaint or who participates in the investigation. There shall be no retaliation by the district against any person who, in good faith, reports, files a complaint or otherwise participates in an investigation or inquiry of sexual harassment.

¹ OAR 581-021-0038 requires that the policy include a "list of examples of harassing behaviors covered by policy". The bracketed list in this policy reflects OSBA's recommendations. The district does have discretion in what is included in this list. If you are listing behaviors not reflected in our recommendations, please make sure that you have your list reviewed by your school district's legal counsel.

It is the intent of the Board that appropriate corrective action will be taken by the district to stop the sexual harassment, prevent its recurrence and address negative consequences. Students in violation of this policy shall be subject to discipline up to and including expulsion and/or counseling or sexual harassment awareness training, as appropriate. The age and maturity of the student(s) involved and other relevant factors will be considered in determining appropriate action. Staff members in violation of this policy shall be subject to discipline, up to and including dismissal and/or additional sexual harassment awareness training, as appropriate. Other individuals whose behavior is found to be in violation of this policy shall be subject to appropriate sanctions as determined and imposed by the superintendent or the Board. Additionally, the district may report individuals in violation of this policy to law enforcement officials. Licensed staff, staff registered with the Teacher Standards and Practices Commission (TSPC) and those participating in practicum programs, as specified by Oregon Administrative Rules, shall be reported to TSPC.

The superintendent shall ensure appropriate periodic sexual harassment awareness training or information is provided to all supervisors, staff members and students and that annually, the name and position of district officials responsible for accepting and managing sexual harassment complaints, business phone numbers, addresses or other necessary contact information is readily available. This policy as well as the complaint procedure will be made available upon request to all students, parents of students, staff members and third parties, posted on the district’s website and published in student/parent and staff handbooks. The district’s policy shall be posted on a sign in all schools. Posted signs shall be at least 8-1/2 inches by 11 inches in size.

The superintendent will establish a process of reporting incidents of sexual harassment.

END OF POLICY

Legal Reference(s):

[ORS 243.706](#)
[ORS 332.107](#)
[ORS 342.700](#)
[ORS 342.704](#)
[ORS 342.708](#)

[ORS 342.850](#)
[ORS 342.865](#)
[ORS 659.850](#)
[ORS 659A.006](#)
[ORS 659A.029](#)

[ORS 659A.030](#)
[OAR 581-021-0038](#)
[OAR 584-020-0040](#)
[OAR 584-020-0041](#)

Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d (2018).

Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000e (2018).

Title IX of the Education Amendments of 1972, 20 U.S.C. §§ 1681-1683 (2018); Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. Part 106 (2019).

Bartsch v. Elkton School District, FDA-13-011 (March 27, 2014).

SECOND READING

<p>PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ</p>

Code: GBN/JBA-AR

Revised/Reviewed: July 27, 2020

Sexual Harassment Complaint Procedure

Principals and the superintendent have responsibility for reports, complaints and investigations concerning sexual harassment. The investigator(s) shall be a neutral party having had no involvement in the complaint presented.

Step 1 Any sexual harassment information (i.e., reports, complaints, rumors, etc.) shall be presented to district officials, this includes officials such as the principal, compliance officer or superintendent. All such information shall be reduced to writing and will include the specific nature of the sexual harassment and corresponding dates.

The district official receiving the complaint shall cause the district to provide written notice from the district to the complainant that includes:

1. The rights of the student, student's parents, staff member, person or person's parents who filed the complaint;
2. Information about the internal complaint processes available through the school or district that the student, student's parents, staff member, person or person's parents may pursue, including the person designated for the school or district for receiving complaints;
3. Notice that civil and criminal remedies that are not provided by the school or district may be available to the complainant through the legal system and that those remedies may be subject to statutes of limitation;
4. Information about services available to the student or staff member complainant through the school or district including any counseling services, nursing services or peer advising;
5. Information about the privacy rights of the student, student's parents, staff member, person or person's parents and legally recognized exceptions to those rights for internal complaint processes and services available through the school or district;
6. Information about, and contact information for, state and community-based services and resources that are available to persons who have experienced sexual harassment; and
7. Notice that students who report information about possible prohibited conduct and students who participate in an investigation under this policy may not be disciplined for violations of the district's drug and alcohol policies that occurred in connection with the reported prohibited conduct and that were discovered as a result of a prohibited conduct

report or investigation unless the student gave another person alcohol or drugs without the person's knowledge and with the intent of causing the person to become incapacitated and vulnerable to the prohibited conduct.

This written notification must:

1. Be written in plain language that is easy to understand;
2. Use print that is of the color, size and font that allow the notification to be easily read; and
3. Be made available to students, students' parents, staff members and members of the public at each school office, at the district office and on the school or district website.

Step 2 The district official receiving the information or complaint shall promptly initiate an investigation and will notify the complainant when such investigation is initiated. The official will arrange such meetings as may be necessary to discuss the issue with all concerned parties within five working days after receipt of the information or complaint. All findings of the investigation, including the response of the alleged harasser, shall be reduced to writing. The official conducting the investigation shall notify the complainant in writing that the investigation is concluded and if a violation of the policy was found to have occurred to the extent allowable by law. The parties will have an opportunity to submit evidence and a list of witnesses.

A copy of the notification letter provided in step 1 and the date and details of notification to the complainant of the results of the investigation, together with any other documentation related to the sexual harassment incident, including disciplinary action taken or recommended, shall be forwarded to the superintendent.

Step 3 If a complainant is not satisfied with the decision at step 2, the complainant may submit a written appeal to the superintendent or designee. Such appeal must be filed within 10 working days after receipt of the step 2 decision. The superintendent or designee will arrange such meetings with the complainant and other affected parties as deemed necessary to discuss the appeal. The superintendent or designee shall provide a written decision to the complainant within 10 working days.

Step 4 If a complainant is not satisfied with the decision at step 3, the complainant may submit a written appeal to the Board. Such appeal must be filed within 10 working days after receipt of the step 3 decision. The Board shall, within 20 working days, conduct a hearing at which time the complainant shall be given an opportunity to present the appeal. The Board may use executive session if the subject matter qualifies under Oregon law. The Board shall provide a written decision to the complainant within 10 working days following completion of the hearing.

Complaints against the principal may start at step 3 and may be filed with the superintendent. The superintendent will cause the notice requirements identified in step 1 to be completed and the notice to the complainant when the investigation is initiated. The superintendent will investigate the complaint and will notify the complainant in writing that the investigation is concluded and if a violation of the policy was

found to have occurred to the extent allowable by law. If the complaint remains unresolved within 10 working days of receipt by the superintendent, the complainant may appeal to the Board in step 4.

Complaints against the superintendent may start at step 4 and should be referred to the Board chair on behalf of the Board. The Board chair will cause the notice requirements identified in step 1 to be completed and the notice to the complainant when the investigation is initiated. The Board chair shall present the complaint to the Board. The Board may use executive session if the subject matter qualifies under Oregon law. If the Board decides an investigation is warranted, the Board may refer the investigation to a third party. When the investigation is complete, the results will be presented to the Board. The Board chair shall notify the complainant in writing that the investigation is concluded and if a violation of the policy was found to have occurred to the extent allowable by law. After receiving the results of the investigation, the Board shall decide, within 20 days, in open session what action, if any, is warranted.

Direct complaints related to employment may be filed with the U.S. Department of Labor, Equal Employment Opportunity Commission or Oregon Bureau of Labor and Industries.

Direct complaints related to educational programs and services may be made to the Regional Civil Rights Director, U.S. Department of Education, Office for Civil Rights, Region X, 915 2nd Ave., Room 3310, Seattle, WA 98174-1099.

Additional information regarding filing of a complaint may be obtained through the principal, compliance officer or superintendent.

All documentation related to sexual harassment complaints may become part of the student's education record or employee's personnel file, as appropriate. Additionally, a copy of all sexual harassment complaints and documentation will be maintained as a confidential file and stored in the district office.

The superintendent shall report the name of any person holding a teaching license or registered with Teacher Standards and Practices Commission (TSPC) or participating in a practicum under Oregon Administrative Rule (OAR) Chapter 584, Division 17, when, after appropriate investigation, there is reasonable cause to believe the person may have committed an act of sexual harassment. Reports shall be made to TSPC within 30 days of such a finding. Reports of sexual contact with a student shall be given to a representative from law enforcement or Oregon Department of Human Services, as possible child abuse.

**Port Orford Langlois School District
45525 Highway 101, Sixes, OR 97476
541-348-2455**

SEXUAL HARASSMENT COMPLAINT FORM

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____

Name of alleged harasser: _____

Date and place of incident or incidents: _____

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of sexual harassment, i.e., letters, photos, etc. (attach evidence if possible): _____

Any other information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

**Port Orford Langlois School District
45525 Highway 101, Sixes, OR 97476
541-348-2455**

WITNESS DISCLOSURE FORM

Name of Witness: _____

Position of Witness: _____

Date of Testimony/Interview: _____

Description of Instance Witnessed: _____

Any Other Information: _____

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

SECOND READING

<p>PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ</p>

Code: JHH
Adopted: July 27, 2020

Student Suicide Prevention**

The district shall develop a comprehensive student suicide prevention plan for students in kindergarten through grade 12.

The district may consult with state or national suicide prevention organizations, the Oregon Department of Education (ODE), school-based mental health professionals, parents, guardians, employees, students, administrators and school boards associations when developing the required plan.

The plan shall include, at a minimum:

1. Procedures relating to suicide prevention, intervention and activities that reduce risk and promote healing after a suicide;
2. Identification of the school officials responsible for responding to reports of suicidal risk;
3. A procedure by which a person may request the district to review the actions of a school in responding to suicidal risk;
4. Methods to address the needs of high-risk groups, including:
 - a. Youth bereaved by suicide;
 - b. Youth with disabilities, mental illness or substance abuse disorders;
 - c. Youth experiencing homelessness or out of home settings, such as foster care; and
 - d. Lesbian, gay, bisexual, transgender, queer and other minority gender identity and sexual orientation, Native American, Black, Latinx, and Asian students.
5. A description of, and materials for, any training to be provided to employees as part of the plan, which must include:
 - a. When and how to refer youth and their families to appropriate mental health services; and
 - b. Programs that can be completed through self-review of suitable suicide prevention materials.
6. Supports that are culturally and linguistically responsive;

7. Procedures for reentry into a school environment following a hospitalization or behavioral health crisis¹; and
8. A process for designating staff to be trained in an evidence-based suicide prevention program.²

The plan must be written to ensure that a district employee acts only within the authorization and scope of the employee’s credentials or licenses.

The plan must be available annually to the community of the district, including district students, their parents and guardians, and employees and volunteers of the district, and readily available at the district office and on the district website.

END OF POLICY

Legal Reference(s):

[ORS 332.107](#)

[ORS 339.343](#)

[OAR 581-022-2510](#)

¹ “Behavioral health crisis” as defined by Oregon Administrative Rule (OAR) 581-022-2510, means a disruption in an individual’s mental or emotional stability or functioning resulting in an urgent need for immediate treatment to prevent a serious deterioration in the individual’s mental or physical health.

² ODE will provide a list of available programs.

SECOND READING

<p>PORT ORFORD-LANGLOIS SCHOOL DISTRICT 2CJ</p>

Code: GBL
Adopted: July 27, 2020

Personnel Records *

An official personnel file will be established for each person employed by the district. Personnel files will be maintained in a central location.

All records containing employee medical condition information such as workers' compensation reports and release or permission to return to work forms will be kept confidential, in a separate file from personnel records. Such records will be released only in accordance with the requirements of the Americans with Disabilities Act or other applicable law.

The superintendent will be responsible for establishing procedures regarding the control, use, safety and maintenance of all personnel records. Employees will be given a copy of evaluations, complaints and written disciplinary actions placed in their personnel file. All charges resulting in disciplinary action shall be considered a permanent part of a teacher's personnel file and shall not be removed for any reason. Employees may submit a written response to any materials placed in their personnel file.

Except as provided below, or required by law, district employees' personnel records will be available for use and inspection only by the following:

1. The individual employee. An employee may arrange with the personnel office to inspect the contents of their personnel file on any day the personnel office is open for business;
2. Others designated by the employee in writing may arrange to inspect the contents of the employee's personnel file in the same manner described above;
3. The comptroller or auditor, when such inspection is pertinent to carrying out their respective duties, or as otherwise specifically authorized by the Board. Information so obtained will be kept confidential. No files will be removed from their central location for personal inspection;
4. A Board member when specifically authorized by the Board. Information will be kept confidential. No files will be removed from their central location for personal inspection;
5. The superintendent and members of the central administrative staff designated by the superintendent;
6. District administrators and supervisors who currently or prospectively supervise the employee;
7. Employees of the personnel office;
8. Attorneys for the district or the district's designated representative on matters of district business;

9. Records created pursuant to ORS 339.388(8)(c) are confidential and are not public records as defined in ORS 192.311. The district may use the record as a basis for providing the information required to be disclosed about an employee under ORS 339.378(1);
10. Upon request from a law enforcement agency, the Oregon Department of Human Services, the Teacher Standards and Practices Commission, or the Oregon Department of Education, in conducting an investigation related to suspected abuse or suspected sexual conduct, to the extent allowable by state and federal law, including laws protecting a person from self-incrimination.

The superintendent may permit persons other than those specified above to use and to inspect personnel records when, in their opinion, the person requesting access has a legitimate official purpose. The superintendent will determine in each case, the appropriateness and extent of such access.

Release of personnel records to parties other than those listed above, will be in line with Board policy KBA - Public Records. The district will attempt to notify the employee of the request and that the district believes it is legally required to disclose certain records.

END OF POLICY

Legal Reference(s):

[ORS 339.370 – 339.374](#)
[ORS 339.388](#)

[ORS 342.143](#)
[ORS 342.850](#)

[ORS 652.750](#)
[OAR 581-022-2405](#)

OSEA v. Lake County Sch. District, 93 Or. App. 481 (1988).

Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12112 (2018); 29 C.F.R. Part 1630 (2019); 28 C.F.R. Part 35 (2019).

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

**WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE
DISEASES INCLUDING COVID-19**

Student Name: _____

Grade: _____ Home Phone: _____

Address: _____

Parent(s)/Guardian(s) Names: _____

Parent/ Guardian phone: Work: _____ Home: _____ Other: _____

ACTIVITY: _____

The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **Port Orford Langlois School District 2CJ cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in sports or activities. Participation in sports or activities includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**

In consideration for providing my child the opportunity to participate in sports or activities and any related transportation to and from sports or activities events, both my child and I voluntarily agree to waive and discharge any and all claims against District and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the District or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in [sport or activity]

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the sport or activity, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release District from all liability for any loss regardless of cause, and claims arising from the student's participation in the sport or activity.

Student Signature

Date

Parent/Legal Guardian Signature

Date

**Port Orford Langlois SD 2CJ
Facility Use Liability Release and Hold Harmless Addendum (Communicable
Diseases including COVID-19)**

Name of User/Business/Group (User): _____

Phone Number: _____ Email: _____

Address: _____

Facility being requested: _____

Description of Activity (Activity): _____

Communicable Diseases Including COVID-19: The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. Port Orford Langlois SD 2CJ **cannot completely mitigate the transfer of communicable diseases like COVID-19. [Name of group using facility] understands there is some risk associated with using District facilities and assumes said risk. Use of District facilities includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.** User understands the hazards of COVID-19 and is familiar with the Centers for Disease Control Prevention (“CDC”) guidelines; and federal, state, and local orders regarding COVID-19. User acknowledges that it understands the circumstances regarding COVID-19 and will take all necessary precautions as provided by the CDC and federal, state, and local governments.

Indemnification: In consideration for use of the Port Orford Langlois SD 2CJ’s (District) property, **User agrees to waive and discharge any and all claims against the District and release it from liability for any loss regardless of cause**, including claims for any negligent actions of the District or its employees or agents and any and all claims, demands, lawsuits, judgments, losses, or expenses of any nature arising out of User’s failure to follow the CDC, federal, state, or local orders or guidance regarding COVID-19 and that leads to, directly or indirectly, the infection of COVID-19 or any other illness or injury related to COVID-19, to the fullest extent allowed by law, for User, its members, employees, agents, contractors, suppliers, or guests. User also agree to release, exonerate, discharge and **Hold Harmless** the District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, arising out of injuries of any kind to User, or to its property, or losses of any kind which may result from or in connection with the use of the District’s facility, up to and including injuries stemming from the negligent actions of the District or its employees or agents. **User certifies and represents that it has the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of itself and its members, employees, agents, contractors, suppliers, or guests.**

Insurance: User understands that the District does not carry insurance for communicable diseases including Covid-19 and User is financially responsible for any injuries arising from User’s activities and use of District facilities that are sustained by any communicable disease, including but not limited to, COVID-19. The User agrees to carry, maintain, and provide proof of general liability insurance coverage that covers communicable diseases including coverage for injuries arising from infection of COVID-19 with limits of not less than \$1 million per occurrence and to name the District as a named insured under the general liability insurance policy.

COVID-19 Termination. [insert school name] may terminate this Agreement immediately and without notice if it is found that User has failed to follow any regulations, orders, or guidance as provided by the

Port Orford Langlois SD 2CJ
Facility Use Liability Release and Hold Harmless Addendum (Communicable Diseases including COVID-19)

CDC and federal, state, and local governments. Either District or User may cancel this agreement in the event of a Covid-19 related reason. In the event User terminates this Agreement, User remains responsible for the full amount of the facility use fee and this money will not be refunded to User.

User certifies to have read this document and fully understand its contents.

Signature of User or User's Authorized Representative: _____

Printed Name of Authorized Representative: _____

Date: _____