INSTRUCTIONS & TOOLS

for the

School-Level Communicable Disease Management Plan

for the 2023-2024 School Year

Summary of updates to template and instructions for the 2023-2024 school year:

- Updated content throughout template to incorporate consideration of response broadly to communicable diseases in schools.
- Lifted mental health planning section into table 1 to align with other planning schools and districts have completed related to mental health supports in schools.
- Updated suggested resources to current data sources for communicable disease.
- Removed tables 6 and 7 to streamline the template and focus planning on core communicable disease mitigation strategies.

Introduction:

Since March of 2020, schools and districts have developed experience operating in the context of highly transmissible communicable disease. Schools and districts have built operational muscle and practiced health and safety protocols across seasons and at all school levels. As we reflect on the accomplishments of the past years, it can be helpful to look back at the growth and development of school operational planning related to communicable disease prevention and response. Schools and districts have prepared Operational Blueprints (2020-21 school year), Safe Return to In Person Instruction & Continuity of Services Plans (2021-22 school year), and School-Level COVID-19 Management Plans (2022-2023 school year). **This 2023-2024 communicable disease management plan is structured as an update to last year's planning, fine tuning the template and instructions to reflect the operational capacity built over the last three years.** This year's planning represents a shift to annual plan updates to ensure school operational readiness for communicable disease related disruptions to operations.

This document contains instructions and tools which may be utilized to complete the Communicable Disease Management Plan template. Submission of assurances that include the existence of a plan for each public school or program in Oregon combines the requirement for a Safe Return to In-Person Instruction and Continuity of Services Plan[1] and a communicable disease management plan as part of a health services program (Oregon Administrative Rule 581-022-2220). The template is designed to align with other operational plans, protocols and procedures that may be in place. Districts and Education Service District (ESDs) should build on what is already in place to ensure robust planning at the school and program level. Private schools are

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[1] Section 2001(i)(1) of the ARP ESSER and the US Department of Education's Interim Final Requirements for Safe Return/Continuity of Services Plan.

encouraged to participate in operational planning, but Oregon Administrative Rule (OAR) does not require them to participate in operational planning.

Who needs to complete a Communicable Disease Management Plan?

For the 2023-24 school year, school districts, ESDs and public charter schools must submit assurance to ODE that every public school and program has a completed School-Level Communicable Disease Management Plan that verifies the school or program is ready to prevent, detect, respond to and recover from a communicable disease event. This includes school level protocols for:

- Notifying the local public health authority (LPHA) if absence due to illness threshold, as established by the Oregon Health Authority (OHA) or LPHA, of students and staff is attained.
- Exclusion of individuals consistent with OAR 333-019-0010, with a description of an isolation space that is appropriately supervised and adequately equipped and that can be used exclusively for the supervision and care of a sick child when a sick child is present in the school.
- Implementing mitigation measures if cases warrant or if recommended by the Oregon Health Authority or LPHA.
- Identifying, understanding and responding to the needs of students who are more likely to have severe disease outcomes or loss of access to education due to a communicable disease, and responding to those needs.
- Responding to the mental health impacts of a communicable disease outbreak in the school.
- Ensuring continuity of education for students who may miss school due to illness.

In addition, there must be a district-level plan with the following:

- A point of contact to facilitate communication, maintain healthy operations, and respond to communicable disease questions from schools, state or local public health authorities, state or local regulatory agencies, students, families and staff;
- Protocol to provide all staff and families with contact information for the point of contact; and A process to notify as soon as possible all families and other individuals if there has been a case of a restrictable disease as defined by OAR 333-019-0010 on the premises if advised by an LPHA or the OHA.
- Process to notify as soon as possible all families and other individuals if there has been a case of a restrictable disease as defined by OAR 333-019-0010 on the premises if advised by an LPHA or the OHA.

Submitting Assurances, no later than August 25, 2023

Before the start of the school year and no later than August 25, 2023, districts, ESDs, and public charter schools will [submit to the Oregon Department of Education](#) (ODE) a set of assurances that:

1. A School-Level Communicable Disease Management Plan is in place for every public school, public charter school, or program that is not covered by a school plan (including a link to where these plans are available to the public).
2. Schools engaged an intentional process to center equity in communicable disease management planning.
3. Commitment to regularly train school staff in the Management Plan.
4. A link to the district's or charter school's communicable disease management plan.
5. District or charter school has an up-to-date emergency operations plan.
6. Certifications required for ESSSER III funding via the Safe Return plan.

Questions related to the COVID-19 Management Plan requirement or template can be sent to ODECOVID19@ode.oregon.gov

How to use this document to complete the plan template:

This document mirrors the template in structure offering additional content to further understanding, suggested resources for review, details on completing each numbered table, and training tools in sections 1 and 3 to assist with practicing the plan. The instructions are designed to accompany the template and are laid out by section, then table number.

Template Instructions & Tools:

ODE, the Oregon Health Authority (OHA) and the Oregon School Nurses Association (OSNA) co-developed the 2022-2023 template from which this 2023-2024 template is built. This year's template is a modification of the 2022-23 template based on feedback from school leaders and OSNA. **Districts, schools, or programs may use any format that best supports local planning and alignment while ensuring that the plan includes the content and components laid out in the template**.

The template is designed to assist schools and programs with school-level communicable disease management in three sections:

1. Clarifying Roles and Responsibilities
2. Equity : Preparing a plan which centers equity s

3. Communicable Disease Outbreak Prevention[2], Response[3], & Recovery[4]: Implementing mitigation activities in response to increases in transmission.

On the Title Page, please add your logo and fill out the requested information for your school, district, or program

Schools are encouraged to reference existing policies, protocols, procedures, and plans already in use at the ESD, district and school levels. Existing district-level Communicable Disease Management Plans (CDMPs), Exposure Control Plans, Emergency Operations Plans (EOPs), Aligning for Student Success Integrated Plans, and established pandemic plans are critical to ensure health and safety in school. Oregon has several laws that confer certain responsibilities on school administrators.

- OAR 581-022-2220, Health Services
- OAR 581-022-2225, Emergency Plans and Safety Programs
- OAR 333-019-0010, Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions

With appropriate planning and prevention strategies in place, schools can reduce the need for school exclusions and ensure that all students have access to a full school year. Ideally, the School-level Communicable Disease Management Plan will align with other plans and will assist in the development and ongoing improvement of key operational response to communicable disease.

ODE's School Safety and Emergency Management program provides regional School Emergency Management Consultants who are available to help develop and implement any component of a high-quality school Emergency Operations Plan (EOP). You can contact this program here.

In Table 1. schools have the option to link to policies, protocols, procedures and plans currently in place such as communicable disease management plan, exclusions policies, isolation plans, policies regarding immunizations, and emergency planning. Schools may also proceed to Section 1: Clarifying Roles and Responsibilities if they do not wish to cite existing plans or policies, etc.

Planning for mental health and wellbeing needs within the communicable disease management plan has moved to table 1. This is an opportunity to connect planning for mental health and wellbeing completed as part of Aligning for Student Success the school-level communicable disease management plan. Suggested resources to support this thinking and integration include:

1. Oregon Classroom WISE
2. ODE Mental Health Toolkit

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[2] **Prevention** is defined within this document as the capabilities necessary to avoid, deter, reduce or eliminate the communicable disease by lessening the impact
[3] **Response** is defined within this document as the capabilities necessary to stabilize a communicable disease case or outbreak once it has been discovered.
[4] **Recovery** is defined within this document as the capabilities necessary to assist schools affected by a communicable disease event in restoring the learning environment and improving the overall process.

3. [Mental Health Guidance and Resources](#)
4. [Care and Connection Resources](#)
5. [Oregon Health Authority Youth Suicide Prevention](#)
6. [988 & Crisis Lifeline](#)
7. [OHA School-Based Mental Health Partnerships](#)
8. [Comprehensive School Counseling](#)
9. [School Based Health Centers](#)
10. [Centering Health and Wellbeing in Education](#)
11. [Multi-Tiered Systems of Support in Education-Tiered Systems of Support in Education](#)

Section 1. Clarifying Roles and Responsibilities

Identifying roles central to communicable disease management and clarifying responsibilities related to communicable disease response is a first step in keeping communities healthy and safe. In general, decisions of school health and safety reside with school and district officials. School/district administrators should consult a variety of individuals when making decisions about health and safety in school, including consultation with local public health officials.

Identifying individuals to fill roles and responsibilities ensures direction, control, and coordination in response to a communicable disease event. Proactively planning, preparing, and practicing assigned roles within a school, district or community setting allows for both operationalizing the work and responding effectively to a communicable disease event. Diverse teams should encompass licensed or trained health staff, where available, to assist in identifying and responding to communicable disease. Teams should also include or collaborate with health professionals such as school nurses; mental and behavioral health providers; dental providers; physical, occupational, speech, and respiratory therapists; and School Based Health Center (SBHC) staff giving due consideration to the services delivered in school and thinking through the needs of students receiving these services within a school setting. Each identified staff member will participate in the development of the plan and be a part of the response team when an incident of communicable disease is identified. Staff tasked with each role should be familiar with their role and, ideally, will have practiced their role prior to responding to an event.

In Table 2, review each role along with the suggested responsibilities and identify an individual to fill each role by adding their name and title to the table. Identifying an alternative individual is also recommended. While a team is recommended, members of the team can fill multiple roles to align with school staffing and existing role within the school. **NOTE:** School districts that have Emergency Operations Plans that identify these or similar roles are welcome to refer to those plans.

1. Building Lead / Administrator
2. School Safety Representative/Officer
3. Health Representative
4. School Support Staff as needed
5. Communications Lead

6. District Level Leadership Support
7. Main Contact within Local Public Health Authority (LPHA)
8. Others as identified by team

TRAINING TOOL: Your school team can practice their roles by sitting together and working through these scenarios.

Scenario 1: After lunch four students are ill with vomiting and diarrhea/upset stomach. They are all from the same classroom.

Scenario 2: A staff member who teaches music at two elementary schools in the district was diagnosed with COVID-19. The teacher taught at both schools yesterday but left early due to illness, taking a COVID-19 at home test and receiving a positive result.

Scenario 3: A classroom of 30 individuals has three cases of COVID-19. Exposure testing is offered to the class and 3 additional cases are detected.

Section 2. Equity and Continuity of Education

Preparing a school to manage a communicable disease case or event requires an inclusive and holistic approach to protect access to in-person learning for all students. In this section suggested resources are offered to help prepare for communicable disease management while centering an equitable and caring response.

Centering Equity:

ODE is committed to promoting educational systems that support each child's identity, health and well-being, beauty, and strengths. Equity should be central to informing every decision. This template is operational in nature and every decision is likely to disproportionately impact those whom existing systems most marginalize, as well as historically underserved communities, by exacerbating existing conditions of inequity. Schools should apply an equity-informed, antiracist, and anti-oppressive framework to decision making to promote culturally sustaining and revitalizing education that supports every child. ODE recommends communicable disease planning be inclusive of, but not limited to, the following group in order to incorporate their expertise, lived experience, and wisdom.

- School and district-based administrators;
- Teachers, including specialists (special education, arts, technology, etc.);
- Other school staff including mental health and nursing staff, front office staff, nutrition services, transportation services, and custodial services; community care specialists or coordinators; McKinney-Vento coordinators; and
- Caregivers, students and others

In centering equity, schools and programs need to think carefully about additional mitigation measures that may be implemented or needed as accommodations for students at increased risk of severe illness due to

cognitive or developmental function or who are at increased risk of negative impact/complications related to immunocompromised health status. Staff and school administrators, in partnership with school nurses or other school health providers, should work with interdisciplinary teams to address individual student needs.

Beginning on page 2, identify, describe, and insert a hyperlink to existing district or school plans and tools that can be utilized when centering equity in communicable disease planning and response. Some examples you might include in this list are district or school equity plans/stances/lenses/decision tools, existing agreements or community engagement or consultation models, Tribal Consultation[5], etc.

Beginning on page 3, take time to familiarize staff who are part of the response team with the statewide tools and data to inform decision making.

> **Suggested Resources:**
>
> 1. Equity Decision Tools for School Leaders
> 2. Community Engagement Toolkit
> 3. Tribal Consultation Toolkit

In Table 3., respond to three prompts within the Planning for Equity table, describing how your school places equity at the center when planning for increases in COVID-19 transmission.

- Describe how you will ensure continuity of instruction for students who may miss school due to illness.
- Describe how you identify those in your school setting that are disproportionately impacted by communicable disease and which students and families may need differentiated or additional support.
- Describe the process by which the school will implement a differentiated plan for those that are disproportionately impacted, historically underserved or at higher risk of negative impacts or complications related to communicable disease.
- Describe what support, training or logistics needs to be in place to ensure that the named strategies are understood, implemented, and monitored successfully.

Section 3. Outbreak Prevention and Response - Implementing mitigation activities, responding to periods of increased transmission, resuming regular activities, and debriefing actions to improve the process

Planning for and implementing proactive health and safety mitigation measures assists schools in creating a safe environment for students, staff, and community members. In the school setting, the most frequent communicable disease risks are associated with direct contact with ill individuals. Schools will utilize different mitigation measures based on communicable disease transmission within their facilities and communities. In

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[5] 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*.*

Section 3, teams will document their school's approach to the CDC, OHA and ODE advised health and safety measures.

On page 8, take time to review the suggested resources and tools which offer guidance on reducing the impact of communicable disease within a school community.

> **Suggested Resources:**
>
> - [Communicable Disease Guidance for Schools](#) which includes
>   - Transmission Routes (pages 29-32)
>   - Prevention or Mitigation Measures (pages 5-6)
>   - Symptom-Based Exclusion Guidelines (pages 8-10)
>   - School Attendance Restrictions and Reporting (page 33)
> - [Symptom-Based Exclusion Guidelines (pages 8-12)](#)
> - [CDC Guidance for COVID-19 Prevention in K-12 Schools](#)
> - [Supports for Continuity of Services](#)

Next consider the recommended layered health and safety measures and respond within the Mitigating Measures table to three prompts, describing how your school will implement the measures to prevent and respond to a communicable disease event.

Some schools may have included this information within a Continuity of Operations Plan (COOP) Annex within the Continuity of Education section.

TRAINING TOOL: Below are guiding questions to assist schools with planning various mitigation strategies.

- Immunizations
  - When does the school communicate with students and families about vaccination effectiveness and availability? How is vaccination information distributed? When does the school offer vaccination clinics?
- Face Coverings
  - When does the school or district strongly recommend or require face coverings?
- Isolation
  - What spaces within your school are designated as isolation spaces separate from spaces where day-to-day health care is provided to students? During periods of high transmission, would these spaces be sufficient?
- Symptom Screening
  - What is needed in order to scale up this mitigation measure?
- COVID-19 Testing
  - What testing programs will your school offer? Will consent for testing be collected at the beginning of the school year? Will students with symptoms be tested? Will students with exposure to cases of COVID-19 be offered exposure testing during periods of high transmission?

- o How will the school increase testing, if needed?
- Airflow and Circulation
    - o When will strategies to increase natural ventilation be needed?
    - o What is the planned cleaning schedule of the HVAC conditioning system filtration?
- Cohorting
    - o How will cohorts be created so that all students (including those protected under ADA and IDEA) maintain access to general education, grade-level academic content standards, and peers?
    - o What is the process by which cohorts may be notified when cases of illness occur?
    - o What is the process by which attendance logs and seating charts are easily accessible to determine who may have been exposed?
- Physical Distancing
    - o What are strategies to increase physical distancing throughout the school day? When would these strategies be utilized?
- Hand Hygiene
    - o How will handwashing and use of hand sanitizer be taught at the school?
    - o How are school expectations of students and staff to maintain good handwashing practices communicated and taught?
    - o How and when is the school creating time and space for hand hygiene during the day?
- Cleaning and Disinfecting
    - o When will enhanced cleaning occur?
- Training and Public Health Education
    - o When will training/practicing the plan be scheduled for staff during the school year?
- Others
    - o At what point is in-person learning unable to be maintained?
    - o What is the plan for educational continuity should in-person learning be suspended for health or safety reasons?

PRACTICING PLAN TO BE READY

Training exercises are essential to ensuring individuals understand their role in a communicable disease event. Exercises can also help identify gaps in the planning, thereby building upon and strengthening the plan over time. Communicating the plan to school staff is just the initial step in preparation. Schools, districts, and ESDs should schedule time to practice or exercise this plan annually at a minimum, and again when any revisions are made to the plan. The plan, or component(s) of the plan, can be tested through conversations, reviewing, and working through scenarios, debriefing use of the plan or other activities.

TRAINING TOOL: Below are four scenarios your team can walk through to practice the Communicable Disease Management Plan from roles and responsibilities, centering equity, mental health supports and responding to increase communicable disease transmission.

Scenario 1: Multiple members of the school administration, including the principal and vice principal are feeling ill at school with a sore throat, stuffy nose, and cough. The principal goes into the isolation room, completes a BinaxNOW test and is positive. Now what?

Scenario 2: A sizable percentage of high school students are absent from school. Several parents have called to report their student has diarrhea with vomiting and recently attended either the high school dance or an away track meet. What is next?

Scenario 3: Respiratory illness is spreading quickly throughout your county, putting an increased strain on an already scarce workforce. Your food service team of three employees have all called in sick, two reporting that they have tested positive for flu. Now what?

On the last page, insert the link where the School-level Communicable Disease Management Plan is available for public viewing. Additionally insert the date the plan was last updated and last practiced by the school-level team.