



RSSL Resiliency Framework Update

March 2, 2022

Today...

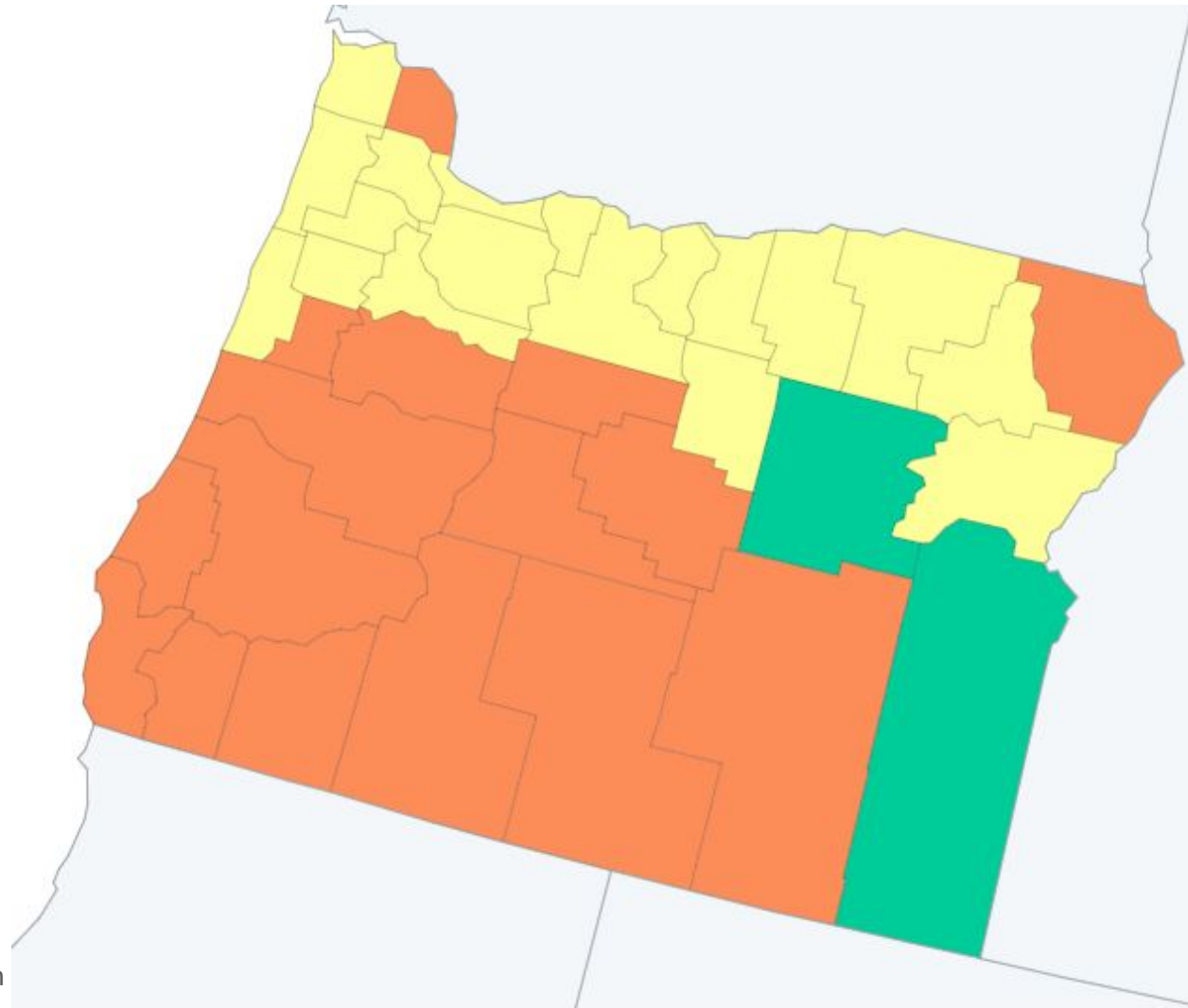
- Current COVID Context
- Guidance Process & Engagement
- Updates: RSSL Resiliency Framework
- Lifting Oregon's COVID-19 Emergency Declaration
- Vaccination Rule - OAR 333-019-1030
- CDC COVID-19 Community Levels
- School Health Advisory for March & April
- Statewide Summative Assessment
- Summer Learning & Enrichment



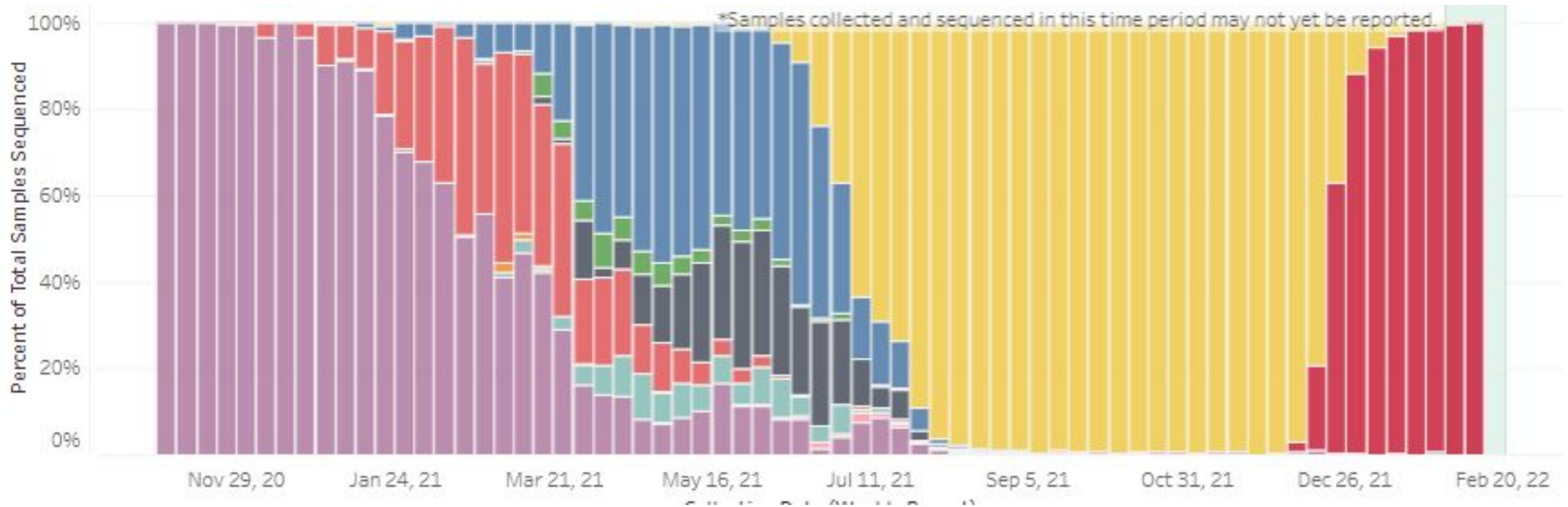
Current Oregon COVID-19 Data

Data Retrieved: February 28, 2022

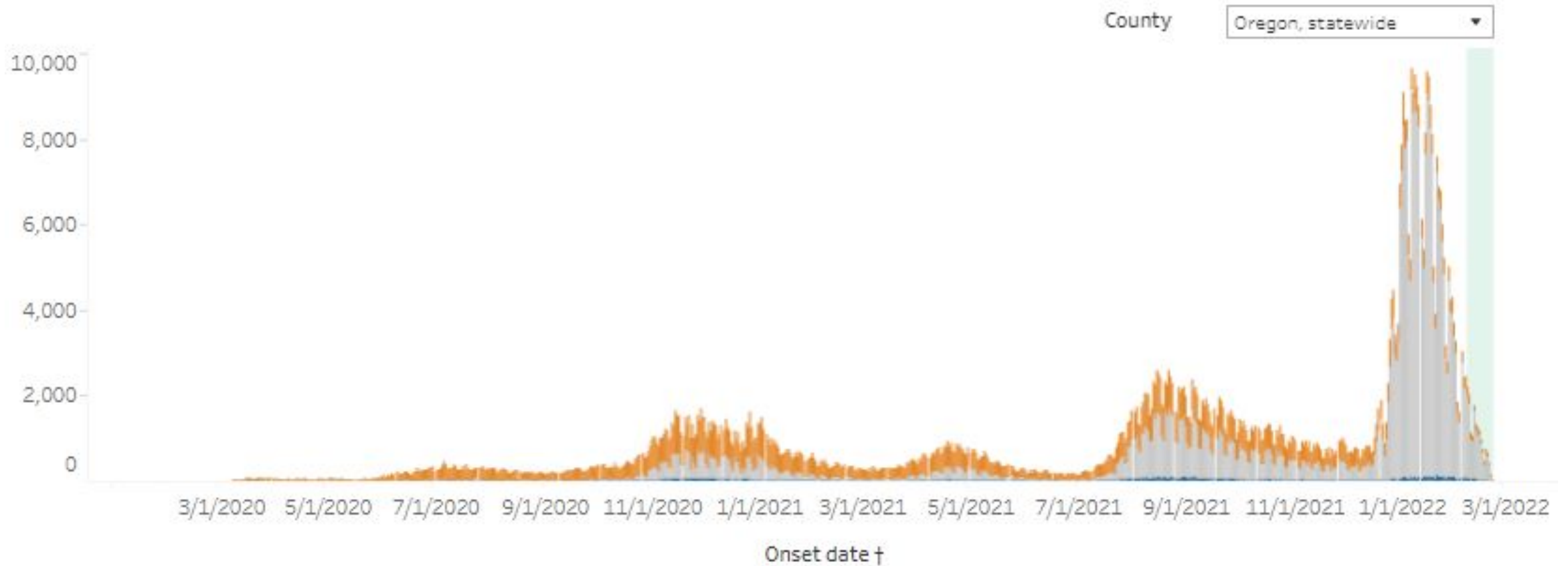
CDC COVID-19 Community Levels



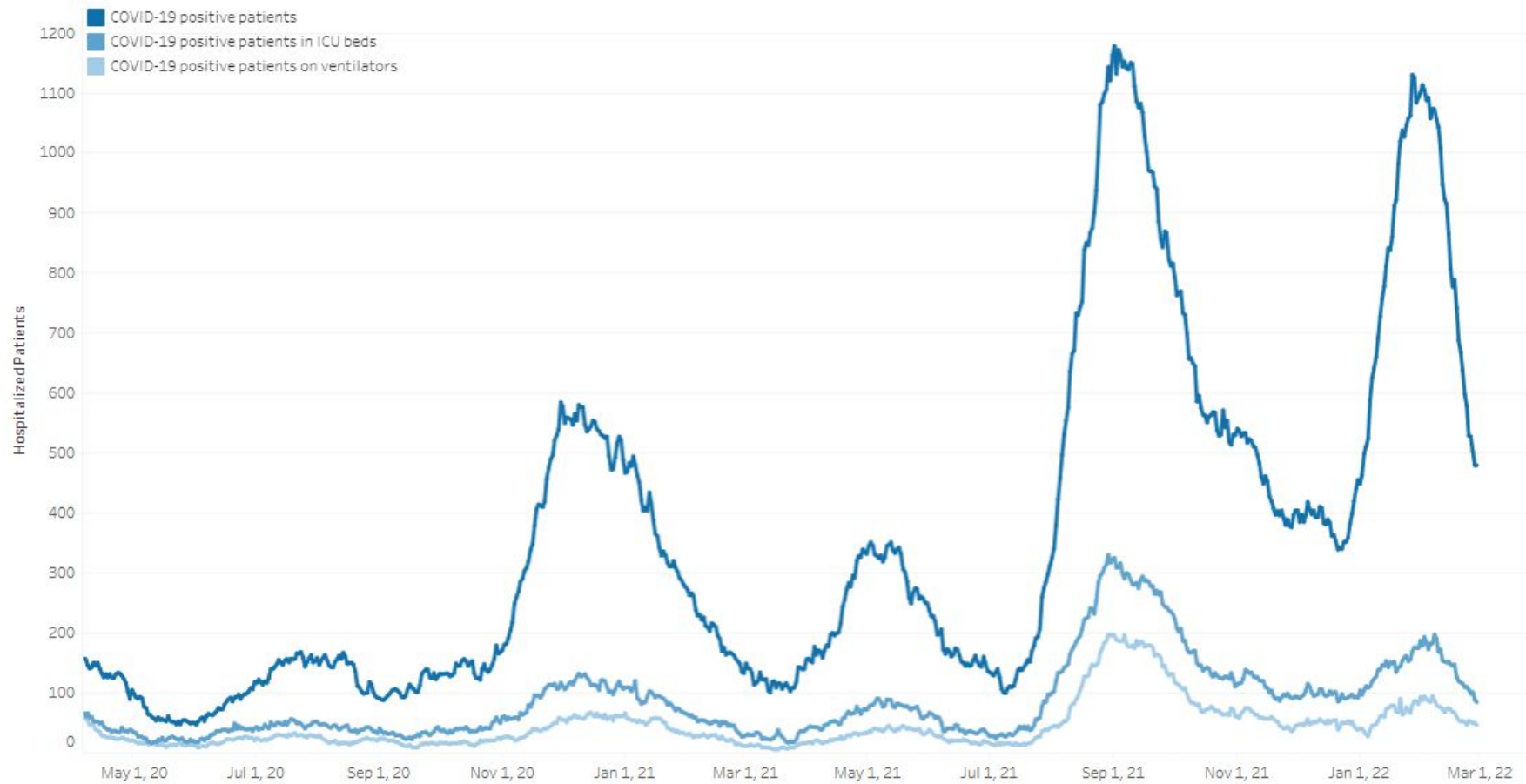
SARS-CoV2 Variant Circulation



Oregon's Epi Curve



Hospitalizations by Severity

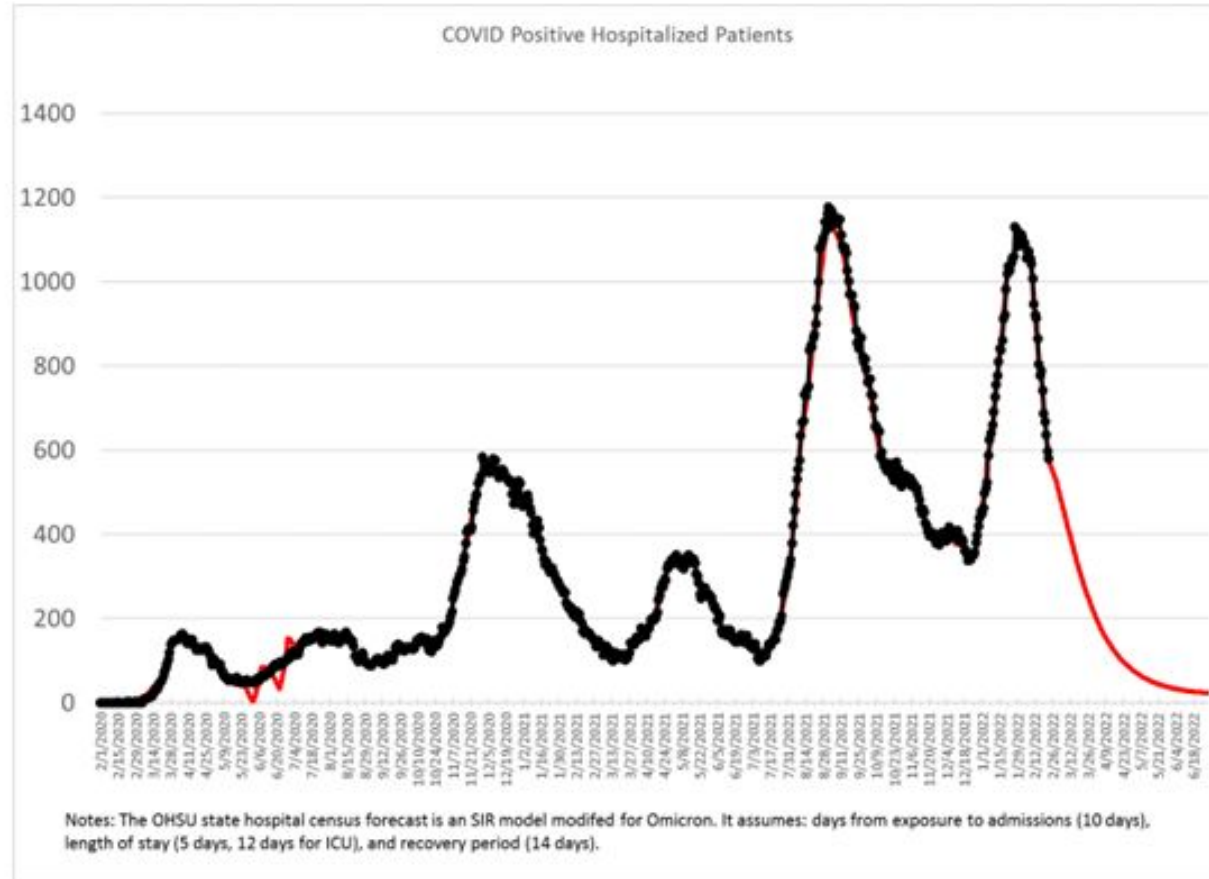


From OHSU February 24, 2022 Forecast...

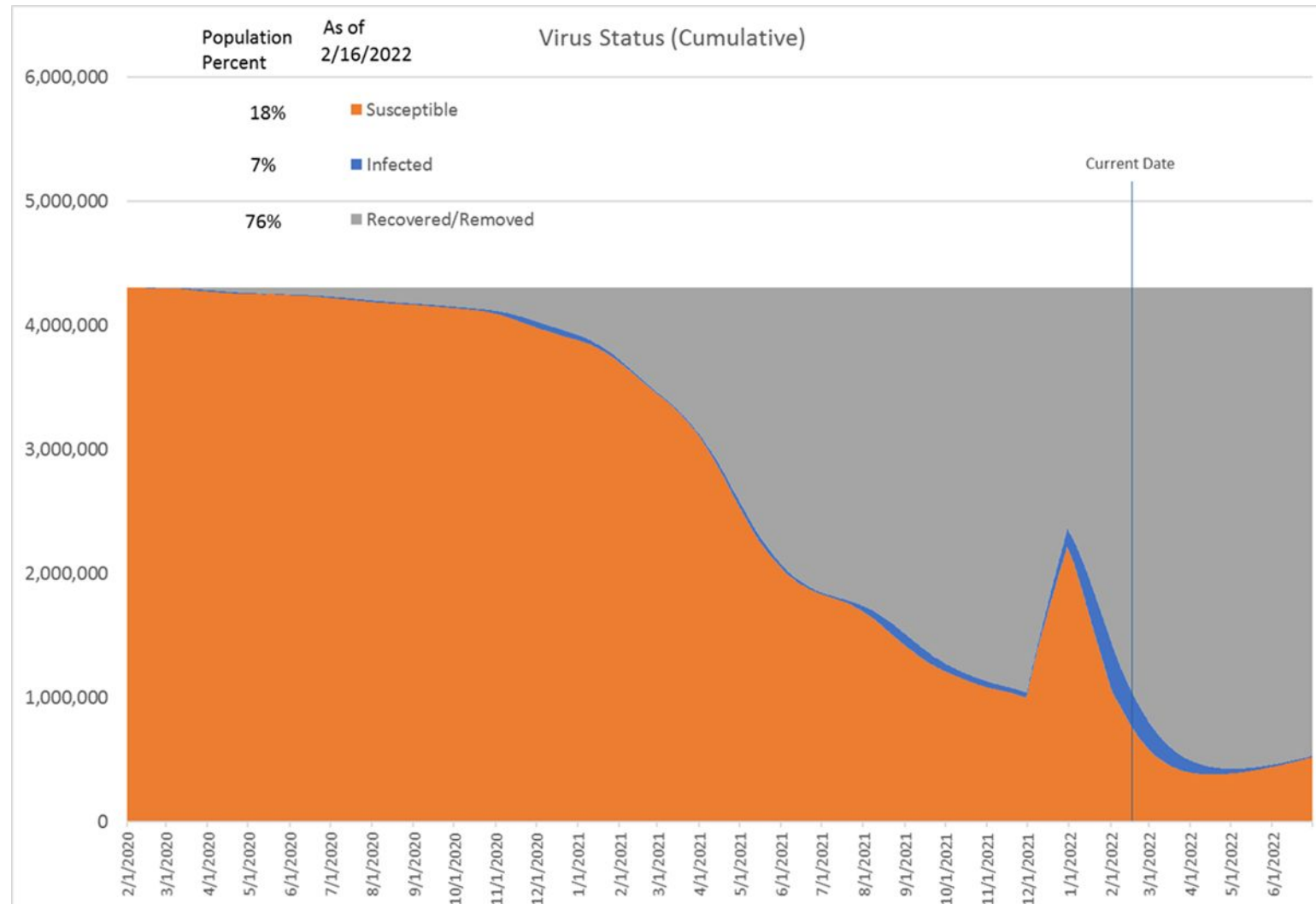
Census Forecast-Primary Scenario

Below are dates that census is expected to reach certain levels.

| Level | Date |
|-------|-----------|
| 500 | 3/3/2022 |
| 400 | 3/12/2022 |
| 300 | 3/21/2022 |
| 200 | 4/2/2022 |
| 100 | 4/23/2022 |



Population Immunity Estimates





OR, CA, WA Governors' Announcement

Governors Announced lifting Mask Requirements

With declining case rates and hospitalizations across the West, California, Oregon, and Washington are moving together to update their masking guidance. After 11:59 p.m. on March 11, California, Oregon, and Washington will be adopting new indoor mask policies and moving from mask requirements to mask recommendations in schools.

- State policies do not change federal requirements, which still include masks on public transit.
- Effective February 25 (OAR will continue through March 11), CDC does not require wearing of masks on buses or vans operated by public or private school systems, including early care and education/child care programs.



Process & Engagement...

Engagement for Updating the RSSL Resiliency Framework

- ODE and OHA have been holding small group engagements with superintendents, school nurses, reopening advisors, local public health authority personnel and other key partners.
- The aim has been two-fold:
 - Hear and understand current and predicted implementation challenges.
 - Get feedback on proposed solutions for a practical approach to quarantine and other mitigation efforts in settings where universal masking is not in place.
- This has included discussions on the challenges related to the date for local decision making.

Feedback we heard:

- Our school leaders and local public health officials expressed a strong need to keep alignment between dates for lifting the statewide face covering expectations in the K-12 settings with the lifting of the general indoor public spaces masking requirement.
- School and district leaders told us they can thoughtfully prepare and plan for this transition earlier than March 31.



RSSL Resiliency Framework

Key Framework Updates

- Local decision making on face covering requirements in schools *and* on buses
- Isolation Updates
- Pausing Quarantine and Contact Tracing
- Diagnostic Testing for students and staff; offering an enhanced exposure test to stay protocol
- Screening Testing for unvaccinated students and staff removing reporting for case investigation or contract tracing

Key Framework Updates

- Strong recommendations to:
 - Retrain staff to ensure that health and safety protocols are reviewed and strengthened.
 - Continue immediate notification to parents and families about COVID-19 cases within the classroom/school.
 - Offer families centralized support through the [Positive COVID Test website](#) and COVID-19 Case Support Hotline (866-917-8881).
 - Provide a safe and respectful environment for students and staff who choose to continue to wear a mask.

Definitions

- **Isolation** separates people who have a contagious disease from people who are not sick.
- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease and could become infectious themselves to limit further spread of the disease.

Pausing Quarantine and Contact Tracing

Effective March 12, 2022, Oregon will pause contact tracing and quarantine for the general population, including K-12 settings.

- The decision to pause contact tracing and quarantine is based in science and acknowledges that these practices now have very limited if any impact on the transmission of COVID-19 in our communities. SARS-CoV-2, the virus that causes COVID-19, has evolved to become one of the most transmissible viruses known. By the time an exposure is identified and contact tracing is performed, transmission has already occurred.
- Following the Omicron surge, and for the first time during the COVID-19 pandemic, Oregon will have very high levels of vaccine- and infection-induced immunity. The duration of this immunity is unknown, but is believed to provide protection from reinfection for at least 90 days.
- Schools are strongly encouraged to provide cohort notifications when exposures occur. These notifications allow individuals and families to take additional precautions according to their individual needs.

Isolation

Individuals who had COVID-19 and had symptoms, should isolate for at least 5 days.

- To calculate the 5-day isolation period, day 0 is the first day of symptoms or a positive test result. Day 1 is the first full day after the symptoms developed or a positive test result.
- Isolation may end after 5 full days if the individual is fever-free for 24 hours without the use of fever-reducing medication and other symptoms have improved.
- Individuals should consider wearing a well-fitting mask around others at home and in public for 5 additional days (day 6 through day 10) after the end of the 5-day isolation period.

Testing Updates

Because quarantine is no longer required in K-12 settings, regardless of vaccination status or implementation of universal masking, test to stay will shift from a form of modified quarantine to enhanced exposure testing.

- Students and staff may continue to attend school regardless of their participation in enhanced exposure testing.
- Testing all exposed individuals in a population with high levels of immunity is neither feasible nor likely to benefit health and safety.
- Schools may offer enhanced exposure testing to individuals at increased risk of severe illness, e.g., cohorts which include medically fragile individuals.
- Schools are strongly encouraged to provide cohort notifications when exposures occur. These notifications allow individuals and families to take additional precautions according to their individual needs.



Lifting Oregon's COVID-19 Emergency Declaration

Lifting Oregon's Emergency Declaration

On February 24 Governor Kate Brown [announced](#) that she will be lifting Oregon's COVID-19 emergency declaration, effective April 1.

- Safety requirements in place regarding vaccinations for K-12 staff were not established by the emergency declaration. Instead they are covered by state agency administrative rules issued under existing non-emergency state authority.
- [HB 4402 \(2020\) Limited Liability](#) related to COVID-19 will likely lift as it applies when the school is operating in compliance with COVID-19 emergency rules.
 - SECTION 6. (1) Sections 1 to 3 of this 2020 third special session Act apply to claims arising during the period in which any declaration of a state of emergency related to COVID-19 and issued by the Governor on March 8, 2020, and any extension of the declaration, is in effect.



Vaccination Rule

OAR 333-019-1030

Vaccination Rule - OAR 333-019-1030

Masks for unvaccinated staff is a local employer decision:

- There no plan to change to the OAR requiring vaccination for school staff. This is related to our goal to maintain in-person learning. Vaccinations help our staff stay healthy and working directly with students.
- The OAR requires school districts that grant a medical or religious exception to the vaccination requirement to take reasonable steps to ensure that unvaccinated teachers, school staff and volunteers are protected from contracting and spreading COVID-19.
- Many school districts agreed to the use of a specific kind of mask as a reasonable step to protect from contracting and spreading COVID-19.
- Districts *may* consider options other than a mask to protect individuals with exceptions from contracting and spreading COVID-19.



CDC COVID-19 Community Levels

CDC announces COVID-19 Community Levels

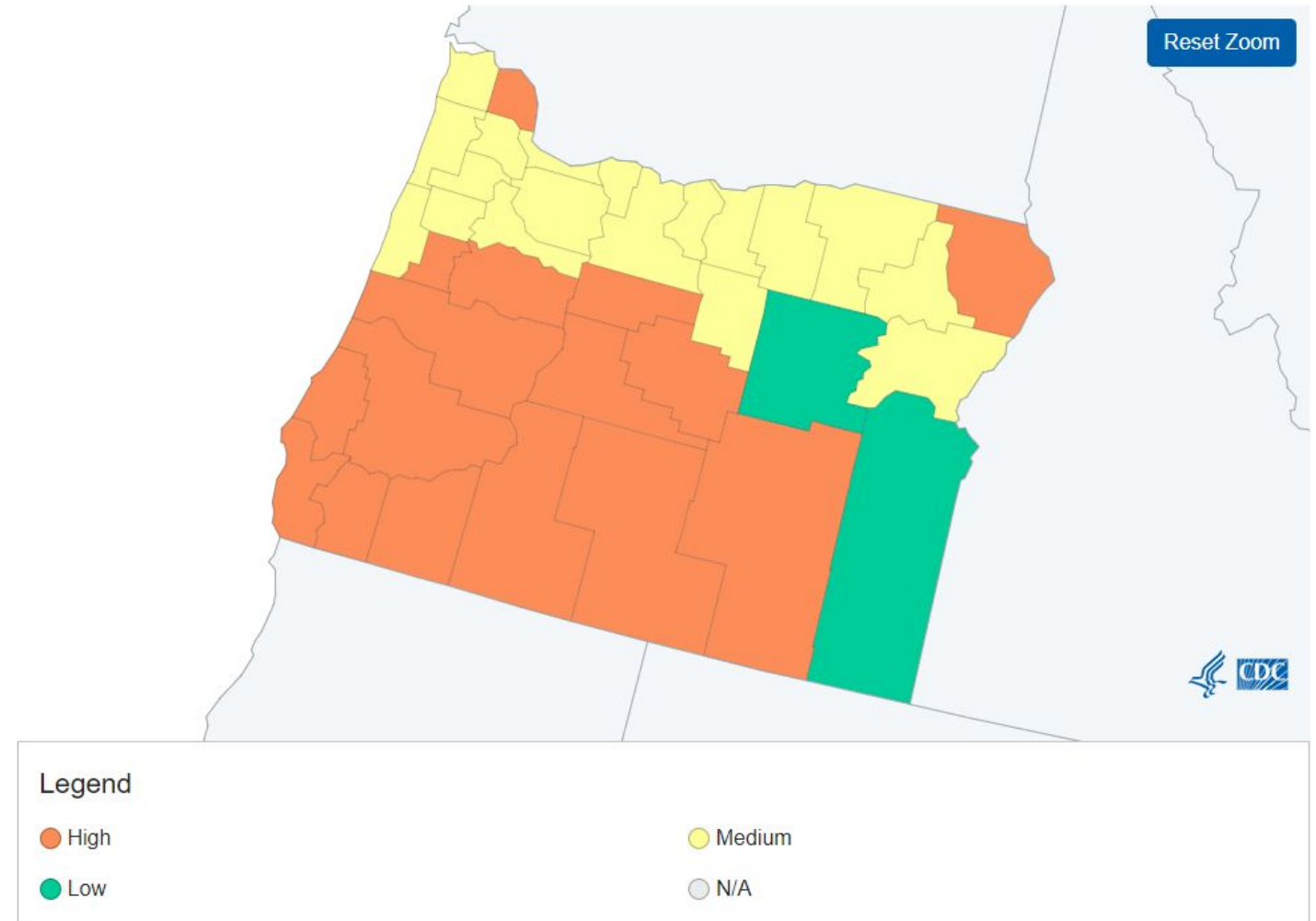
The introduction of the COVID-19 Community Levels is a significant change—it reflects a shift in strategy now that we have so many effective tools to protect us at the individual level.

- This approach still relies on all of us to protect each other and our communities.
- We must ensure that everyone has equitable access to these tools to protect themselves and their communities.

U.S. COVID-19 Community Levels by County

Local health authorities should consider the area's COVID-19 Community Level and other local conditions and factors when deciding to implement prevention measures.

Data provided by CDC
Updated: Feb. 24, 2022



CDC announces COVID-19 Community Levels

| COVID-19 Community Levels – Use the Highest Level that Applies to Your Community | | | | |
|--|---|--------|------------|--------|
| New COVID-19 Cases Per 100,000 people in the past 7 days | Indicators | Low | Medium | High |
| Fewer than 200 | New COVID-19 admissions per 100,000 population (7-day total) | <10.0 | 10.0-19.9 | ≥20.0 |
| | Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average) | <10.0% | 10.0-14.9% | ≥15.0% |
| 200 or more | New COVID-19 admissions per 100,000 population (7-day total) | NA | <10.0 | ≥10.0 |
| | Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average) | NA | <10.0% | ≥10.0% |

CDC announces COVID-19 Community Levels

| COVID-19 community level | Individual- and household-level preventive behaviors | Community-level preventive strategies |
|--------------------------|--|--|
| <p>Low</p> | <ul style="list-style-type: none"> • Stay up to date with COVID-19 vaccines and boosters • Maintain ventilation • Mask based on individual preference, informed by individual risk • Follow recommendations for isolation and quarantine • Seek testing when exposed or symptomatic; isolate promptly if symptomatic or infected • People who are immunocompromised or at <u>high risk for severe disease</u>: <ul style="list-style-type: none"> • Have a plan for rapid testing • Know if a candidate for antivirals/monoclonals | <ul style="list-style-type: none"> • Plan for distribution and administration of vaccines to achieve high community coverage • Maintain improved ventilation for public indoor spaces • For people who are immunocompromised or at increased risk for severe disease: <ul style="list-style-type: none"> • Increase access to testing |

This chart is abbreviated, for a full version go to: https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html#anchor_47145

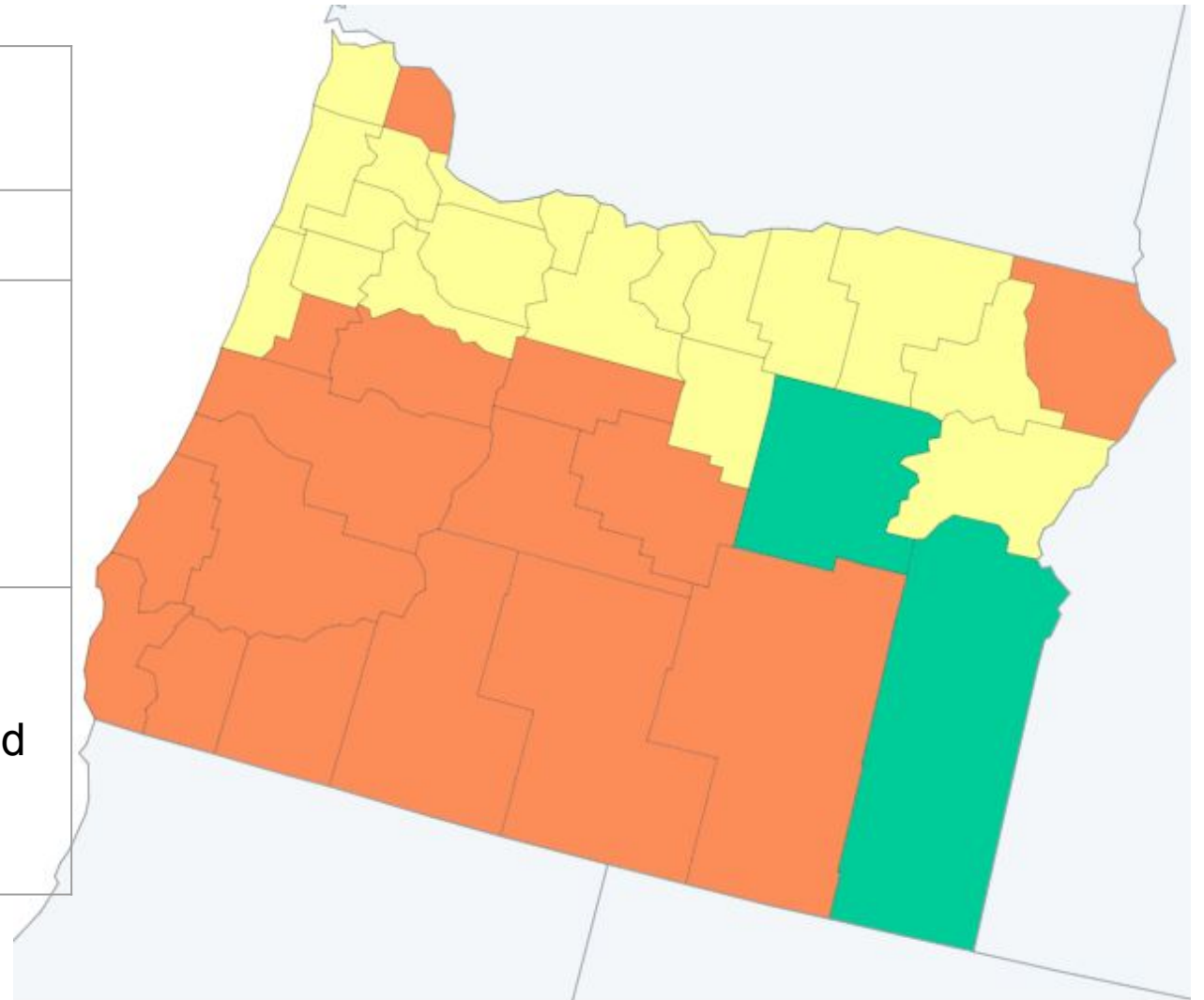
CDC announces COVID-19 Community Levels

| COVID-19 community level | Individual- and household-level preventive behaviors | Community-level preventive strategies |
|--------------------------|---|---|
| Medium | <ul style="list-style-type: none"> People who are immunocompromised or at <u>high risk</u>: <ul style="list-style-type: none"> May choose to mask indoors in public People with household/social contact with individuals who are immunocompromised or at increased risk may consider self-testing to detect infection before contact and may choose to mask when indoors with them | <ul style="list-style-type: none"> Protect persons most at risk for severe illness or death by identifying populations at high risk and expanding access to vaccination, testing, treatments, support services, and messaging Consider implementing screening testing in workplaces, schools, or other community settings as appropriate Enhanced prevention measures in high-risk congregate settings |
| High | <ul style="list-style-type: none"> Wear a mask indoors in public, regardless of vaccination status (including in K-12 schools) People who are immunocompromised or at <u>high risk</u> may consider using masks or respirators that provide greater protection to the wearer People who are immunocompromised or at <u>high risk</u> may choose to avoid indoor public settings where they may be exposed for non-essential activities | <ul style="list-style-type: none"> Implement universal indoor masking in settings that serve populations at high risk for severe disease (e.g., older adults) Implement healthcare surge support as needed |

This chart is abbreviated, for a full version go to: https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html#anchor_47145

CDC COVID-19 Community Levels

| Community Level | Mask Recommendation |
|-----------------|--|
| Low | No recommendation |
| Medium | If you are immunocompromised or high risk for severe disease, talk to your healthcare provider about whether you need to wear a mask |
| High | Wear a well-fitting mask indoors in public, regardless of vaccination status (including in K-12 schools and other indoor community settings) |





School Health Advisory for March & April

Advisories for Schools

1. Schools must establish and clearly communicate to students, staff and families their expectations for use of face covering. Depending on [local COVID-19 Community Levels](#), the CDC recommends the continued use masks for those who are or who live with other who are immunocompromised or [high risk](#) for severe disease.
2. Prioritize care, connection and community to support the mental, emotional and social health and well-being of students, families, staff and administrators utilizing [care and connection recommendations](#).
3. Reteach to all staff, students and families your school's [layered mitigation safety protocols](#)
4. If students or staff show COVID-19 symptoms they must exclude the individual per [OAR 333-019-0010 \(3\) & \(4\)](#). Schools may offer testing to the individual through OHA's Diagnostic Testing Program.

Advisories for Individuals

1. Center grace and patience through this transition supporting the mental, emotional and social health and well-being of your child. Depending on [local COVID-19 Community Levels](#), the CDC recommends the continued use masks for those who are or who live with other who are immunocompromised or [high risk](#) for severe disease.
2. If your child has COVID-19 symptoms, do not send them to school. Seek a COVID-19 test. COVID-19 symptoms can be found on page 9 of the [Planning for COVID-19 Scenarios in Schools A Toolkit for School Leaders and Local Public Health Authorities](#).
3. Eligible students ages 5 and up should get vaccinated and boosted now if they're not.
 - a. Vaccination remains the best protection against serious illness from COVID-19 and reduces spread of the disease.
[Get Vaccinated Oregon](#).



Statewide Summative Assessment

Statewide Summative Assessments

Statewide Summative Assessments are required for all public schools in Oregon for spring 2022 under both state and federal law.

- [SB 1583](#) - Directs Department of Education to ensure that standardized summative assessments are administered to minimum extent practicable. Directs department to apply for waiver of federal state assessment requirements. Declares emergency, effective on passage.
- [HB 4124B](#) - Requires Department of Education to conduct survey related to academic assessments administered to students by school districts and to develop recommendations and best practices related to assessments. Directs department to report results of survey and recommendations and best practices to State Board of Education and to interim committee of Legislative Assembly related to education no later than May 1, 2024.



Summer Learning & Enrichment

Summer Learning & Enrichment

| Summer Program | General Fund | Notes |
|---|----------------------|---|
| Summer K-8 Enrichment Grants | \$67,000,000 | Requires a 25% local match by districts |
| Summer High School Academic Grants | \$33,000,000 | Requires a 25% local match by districts |
| Summer Community Activity Grants | \$50,000,000 | Administered through the Oregon Community Foundation |
| Total: | \$150,000,000 | (program totals may be reduced to account for administration costs) |



Questions?