

## INSTRUCTIONS & TOOLS

for the

### School-Level COVID-19 Management Plan

#### Introduction:

Through the enormous challenges and loss of the COVID-19 pandemic, education leaders across Oregon have innovated, strengthened collaboration, and increased resilience to serve students and families. Over the past two school years, schools and districts prepared Operational Blueprints (2020-21 school year) and Safe Return to In Person Instruction & Continuity of Services Plans (2021-22 school year). As Oregon emerges from the response phase of the pandemic and returns to its traditional governance model emphasizing local control and decision-making, the School-level COVID-19 Management Plan (COVID-19 Management Plan) builds upon the lessons learned of these years, including the lasting equity and mental health impacts of, and Oregon's response to, COVID-19.

This document contains instructions and tools which may be utilized to complete the COVID-19 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 an Operational Plan<sup>1</sup>, and a Safe Return to In-Person Instruction and Continuity of Services Plan<sup>2</sup>. The template is designed to align with other operational plans, emergency operational plans (EOP) and district communicable disease management plans (CDMP) that may be in place. Districts and ESDs (Education Service Districts) should build on what is already in place to ensure robust planning at the school and program level. Private schools are encouraged to participate in operational planning but are not required to by Oregon Administrative Rule (OAR).

#### Who needs to complete a School-level COVID-19 Management Plan?

For the 2022-23 school year, school districts, ESDs and public charter schools must ensure that every public school and program has a completed COVID-19 Management Plan. The COVID-19 Management Plan verifies the school or program is ready to:

- Prevent, detect, respond to, and recover from increases in COVID-19 transmission.
- Ensure continuity of instruction for all students, regardless of support needs.
- Ensure continuity of learning during and after periods of increased COVID-19 transmission.
- Communicate their plan to their staff, students, families, and community.

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<sup>1</sup> [OAR 581-022-0106\(4\)](#) Operational Plans. School districts and public charter schools must periodically submit to the Department a plan for operation during the 2021-22 school year. The plan must be submitted on a timeline to be determined by the Department and on a form provided by the Department.

<sup>2</sup> [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.

## **Submitting Assurances, no later than August 26, 2022**

Before the start of the school year and no later than August 26, 2022, Districts, ESDs, and public charter schools will [submit](#) to the Oregon Department of Education (ODE) a set of assurances that:

1. A School-Level COVID-19 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 and mental health and well-being in COVID-19 Management Plan.
3. Commitment to regularly train school staff in the COVID-19 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](mailto: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 this template as a guide to school-level COVID-19 management planning for the 2022-23 school year. Districts, schools, or programs may use a format that best supports planning and alignment locally 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 COVID-19 management in three sections:

1. Clarifying Roles and Responsibilities.
2. Equity and Mental Health Supports: Preparing a plan which centers equity and mental health supports.

3. COVID-19 Outbreak Prevention<sup>3</sup>, Response<sup>4</sup>, & Recovery<sup>5</sup>: Implementing mitigation activities, responding to increases in transmission, resuming regular activities, and debriefing actions to improve process.

**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 \(EOPs\)](#) and established pandemic plans are critical to ensure health and safety in school. In fact, 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 COVID-19 Management Plan will align with other plans and will assist in the development and ongoing improvement of key operational response to COVID-19.

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 vaccination for educators 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.

## **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

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<sup>3</sup> **Prevention** is defined within this document as the capabilities necessary to avoid, deter, reduce or eliminate the communicable disease by lessening the impact.

<sup>4</sup> **Response** is defined within this document as the capabilities necessary to stabilize a communicable disease case or outbreak once it has been discovered.

<sup>5</sup> **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.

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 increases in COVID-19 transmission. 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. Teams can do this by utilizing the training tool at the end of this section.

**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 four scenarios.

Scenario 1: A parent of a 3<sup>rd</sup> grader and 5<sup>th</sup> grader reports that their children have tested positive for COVID-19. The parents are unsure where they may have contracted the virus. The children attended school the previous day.

Scenario 2: After lunch, four students are ill with the primary symptoms of COVID-19. They are all from the same classroom.

Scenario 3: 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 4: 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 Mental Health - preparing a plan which centers equity and supports mental health**

Preparing a school to manage COVID-19 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 COVID-19 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, including COVID-19 management planning be inclusive of, but not limited to, the following groups 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; and
- parents and others

In centering equity, schools and programs need to think carefully about additional COVID-19 mitigation measures that may be implemented or needed as accommodations for students at increased risk of severe COVID-19 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.

**On page 6**, identify, describe, and insert a hyperlink to existing district or school plans and tools that can be utilized when centering equity in prevention, response, and recovery from incidents of COVID-19. 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<sup>6</sup>, etc.

**Also on page 6**, take time to familiarize staff who are part of the response team with the statewide tools and data to inform decision making.

	<p><b>Suggested Resources:</b></p> <ol style="list-style-type: none"><li>1. <a href="#">Equity Decision Tools</a> for School Leaders</li><li>2. <a href="#">Oregon Data for Decisions Guide</a></li><li>3. <a href="#">Oregon's COVID-19 Data Dashboards</a> by Oregon Health Authority COVID-19</li><li>4. <a href="#">Data for Decisions Dashboard</a></li><li>5. <a href="#">Community Engagement Toolkit</a></li><li>6. <a href="#">Tribal Consultation Toolkit</a></li></ol>
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**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 identify those in your school setting that are disproportionately impacted, including those who have lost caregivers to COVID-19, and which students and families may need additional support.
- Describe the process by which the school will implement a differentiated plan for those who are disproportionately impacted, historically underserved or at higher risk of negative impacts or complications related to COVID-19.
- What support, training or logistics needs to be in place to ensure that the named strategies are understood, implemented, and monitored successfully.

### **Mental Health Supports:**

Schools are encouraged to continue to prioritize cultivating care, connection and community to support the mental, emotional, and social health and well-being of students, families, staff, and administrators.

ODE recommends that schools and districts include the following actions in their plans.

1. Making time and space for daily care and connection activities. See [Care and Connection Activities](#) and [Preparing for Breaks and Transitions with Care and Connection](#) for ideas.
2. Giving staff permission and dedicated time daily to create opportunities in the classroom and the school building to focus exclusively on care, connection and community building.
3. Explicitly giving staff permission and time to employ creative, expressive teaching and learning strategies (see [Care and Connection Activities](#)) to ensure strengths-based, trauma-informed, equity-

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<sup>6</sup> 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.

centered environments where students can express their experiences and their learnings in ways that are self-directed and empowering.

4. Encouraging students and staff to make use of mental health services and supports. Providing all school community members with a comprehensive list of local resources that are visibly posted on school and district websites.

**On page 7**, identify, describe, and insert a link to existing district or school plans and tools that can be utilized in supporting student and staff wellbeing and mental health during prevention, response, and recovery from periods of increased COVID-19 transmission. Some examples you might include in this list are counseling services, means to connect with community providers to refer for services, SBHC resources, tribal resources, etc.

**On page 7**, take time to review the suggested resources offering tools and examples to build caring, connected school communities.

	<p><b>Suggested Resources:</b></p> <ol style="list-style-type: none"><li>1. ODE <a href="#">Mental Health Toolkit</a></li><li>2. <a href="#">Care and Connection</a> Campaign</li><li>3. Statewide <a href="#">interactive map of Care and Connection examples</a></li><li>4. <a href="#">Care and Connection District Examples</a></li><li>5. Oregon Health Authority <a href="#">Youth Suicide Prevention</a></li></ol>
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**In Table 4**, respond to four prompts within the Planning for Mental Health Supports table, describing or identifying ways your school prioritizes cultivating care, connection and community for students, staff, and community members.

- Describe how you will devote time for students and staff to connect and build relationships.
- Describe how you will ensure ample class time, and private time if needed, for creative opportunities that allow students and staff to explore and process their experiences.
- Describe how you will link staff, students and families with culturally relevant health and mental health services and supports.
- Describe how you will foster peer/student lead initiatives on wellbeing and mental health.

Schools might reference their district’s Safe Return to In-Person Instruction and Continuity of Services Plan building upon those practices for the coming year.

### **Section 3. Outbreak Prevention, Response & Recovery - 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 COVID-19 risks are associated with direct contact with ill individuals or through airborne transmission.

Schools will utilize different mitigation measures based on COVID-19 transmission within their facilities and communities. In Section 3, teams will document their school’s approach to the CDC, OHA and ODE advised health and safety measures at:

- Baseline - Mitigation measures that are present all of the time.
- High COVID-19 transmission - Within the community, high transmission is defined at the county level through [CDC COVID-19 Community Levels](#). Within a school, high transmission may be defined as high absenteeism or unusual spread within a cohort (e.g., a large outbreak in a classroom).
- Gradual return - Steps to gradually roll back the increased mitigating measures, incorporating lessons learned.

**On page 9**, take time to review the suggested resources and tools which offer guidance on reducing the impact of COVID-19 within a school community.

	<p><b>Suggested Resources:</b></p> <ol style="list-style-type: none"><li>1. <a href="#">CDC Guidance for COVID-19 Prevention in K-12 Schools</a></li><li>2. <a href="#">Communicable Disease Guidance for Schools</a> which includes<ul style="list-style-type: none"><li>• Transmission Routes (pages 29-32)</li><li>• Prevention or Mitigation Measures (pages 5-6)</li><li>• Symptom-Based Exclusion Guidelines (pages 8-10)</li><li>• School Attendance Restrictions and Reporting (page 33)</li></ul></li><li>3. <a href="#">COVID-19 Investigative Guidelines</a></li><li>4. <a href="#">Planning for COVID-19 Scenarios in School</a></li><li>5. <a href="#">CDC COVID-19 Community Levels</a></li><li>6. <a href="#">Supports for Continuity of Services</a></li></ol>
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Next consider the 11 recommended layered health and safety measures and respond within the COVID-19 Mitigating Measures tables to three different prompts, describing how your school or district will implement the measures in these situations. Schools are encouraged to review their districts Safe Return to In-Person Instruction and Continuity of Services Plan and the [Ready Schools Safe Learners Resiliency Framework](#) from 2021-2022 as references.

- **In Table 5**, Baseline Measures: Describe what mitigating measures the school will implement all of the time, each and every day of the school year to reduce the spread of COVID-19 and protect in-person instruction.
- **In Table 6**, Measures During Periods of High Transmission<sup>7</sup>: Describe what modifications the school will make to COVID-19 mitigating measures during periods of high transmission to reduce spread and protect in-person instruction. Within the community, high transmission is defined at the county level through [CDC COVID-19 Community Levels](#). Within a school, high transmission may be defined as high absenteeism or unusual spread within a cohort (e.g., a large outbreak in a classroom).

<sup>7</sup> Within the community, high transmission is defined at the county level through [CDC COVID-19 Community Levels](#). Within a school, high transmission may be defined as high absenteeism or unusual spread within a cohort (e.g., a large outbreak in a classroom).

- Schools should notify their LPHA about unusual respiratory disease activity if the following absence thresholds are met and at least some students are known to have symptoms<sup>8</sup> compatible with COVID-19:
  1. At the school level: ≥ 30% absenteeism, with at least 10 students and staff absent
  2. At the cohort<sup>9</sup> level: ≥ 20% absenteeism, with at least 3 students and staff absent
- Where LPHA partners can provide guidance, schools should work in collaboration. If LPHA partners are unable to provide guidance, continue to follow your planned approach during periods of high transmission in Table 6.
- **In Table 7, Steps for Gradual Return to Baseline Response:** Describe how the school will gradually return to a baseline response. Describe how the school team will decide what measure(s) should remain at an increased level which others may not, prioritizing some measure(s) over others. How does the school reduce or make permanent implementation of enhanced mitigation measures once high transmission has ended?

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.

- COVID-19 Vaccination
  - When does the school communicate with students and families about vaccination effectiveness and availability? How is vaccination information distributed? When does the school offer COVID-19 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?
  - How will the school increase testing, if needed?
- Airflow and Circulation

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<sup>8</sup> Primary COVID-19 symptoms include cough, temperature of 100.4o F or higher or chill, shortness of breath or difficulty breathing, new loss of taste or smell. Non-primary COVID-19 symptoms include fatigue, muscle or body aches, headache, sore throat, nasal congestion or runny nose, nausea or vomiting, diarrhea.

<sup>9</sup> Cohorting refers to establishing a consistent group of students that stays together for a significant portion of the school day. Examples include stable mealtime cohorts, classrooms, table groups, lunch bunches, and other group situations. Cohorts should be as small as feasible to minimize exposure.

- When will strategies to increase natural ventilation be needed?
- What is the planned cleaning schedule of the HVAC conditioning system filtration.
- Cohorting
  - What is the process by which cohorts may be notified when cases of COVID-19 occur?
  - What is the process by which attendance logs and seating charts are easily accessible to determine who may have been exposed?
  - 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?
- Physical Distancing
  - What are strategies to increase physical distancing throughout the school day? When would these strategies be utilized?
- Hand Hygiene
  - How will handwashing and use of hand sanitizer be taught at the school?
  - How are school expectations of students and staff to maintain good handwashing practices communicated and taught?
  - How and when is the school creating time and space for hand hygiene during the day?
- Cleaning and Disinfecting
  - When will enhanced cleaning occur?
- Training and Public Health Education
  - When will training/practicing the plan be scheduled for staff during the school year?
- Others
  - At what point is in-person learning unable to be maintained?
  - What is the plan for educational continuity should in-person learning be suspended for health or safety reasons?

## **PRACTICING PLAN TO IMPROVE PROCESS**

Training exercises are essential to preparedness 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 COVID-19 Management Plan from roles and responsibilities, centering equity, mental health supports and responding to increase COVID-19 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 tested positive for COVID and recently attended either the high school dance or an away track meet. What is next?

Scenario 3: A new variant of COVID-19 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 COVID-19. Now what?

Scenario 4: There are two students with COVID-19 in the choir class and 6 additional students in the same class who stayed home sick but refuse to be tested. There is a winter music concert this coming Friday night and attendance is expected to be high. How should the school respond?

**On page 12**, insert the link where the School-level COVID-19 Management Plan is available for public viewing. Additionally insert the date the plan was last updated and last practiced by the school-level team.