Planning for COVID-19 Scenarios in Schools
A Toolkit for School Leaders and Local Public Health Authorities

*Updated December 31, 2020*

Any substantial changes in this version made on October 30 have been marked up in *green italics* to help track changes. Changes made on December 31 have been marked up in *red italics with a gray highlight*. The use of italics, highlight and a different color is for meeting accessibility requirements and does not signal any specific emphasis or importance.

**Introduction**

This resource was prepared by the Oregon Department of Education (ODE) and the Oregon Health Authority (OHA) with additional input from local public health authorities (LPHA), school nurses, and school leaders to support school staff’s ability to respond well to COVID-19 related illness events. This document outlines some critical steps and offers an overview of decision points, but it does not replace medical expertise, epidemiologist knowledge, or practical solutions in local schools. Each school leader will need to continually evaluate the response to outbreak protocols, update plans, and balance health and safety with core instructional needs for schools.

**Purpose of this Toolkit**

This toolkit is designed to support school leaders and local public health authorities in their shared role in responding to COVID-19-related illness events in schools. This toolkit details specific scenarios and immediate action steps required to respond and communicate when a student or staff member:

- Is exposed to a confirmed or presumptive case of COVID-19
- Becomes ill with COVID-19 symptoms
- Tests positive for COVID-19
- Tests negative for COVID-19
- Does not get tested for COVID-19

*Each scenario requires action on behalf of the school and close collaboration with the LPHA. The LPHA has authority to make public health decisions, including recommendations for or against isolation and quarantine. This guide is not intended to be the final word for all possible situations; in some situations, an LPHA may make recommendations that differ from those contained in this guide.*

To help school leaders communicate, this guide also includes customizable communication templates, including letters and notifications to families, talking points and a press release to use with the media, and other tools aligned to the scenarios presented above.
Planning for COVID-19 Scenarios in Schools

Common Protocols for COVID-19 School Scenarios

- Exposure Scenarios • Becomes Ill Scenarios • Tests Negative • Does not get Tested • Tests Positive

Communication Tools & Resources

- Letter to Families: Prevention and Information • Letter to Families: Case of COVID-19 in School • Notification to Families: School Closure • Notification to Families: Exposure to COVID-19 • Notification to Families: Student Needs to Self-Isolate • Pre-Recorded Phone Message from Superintendent • Script for Teachers / Staff: Positive Case at School • Talking Points for use with Media • Press Release for use with Media • Frequently Asked Questions for Families • Tips for Communicating about the 2020-21 School Year • Common Terminology

Frequently Asked Questions for School Leaders

- Protecting Student and Staff Privacy • A Single Positive Case of COVID-19 • Initial Response to a Positive Case(s) at School • When to Close School(s) • Authority to Close School(s) • Public Reporting of Cases • Role of State and Local Public Health Authorities

Using This Toolkit

There is no one correct way to access the information in this toolkit. It is intended to be a resource that school leaders can access and use as the need emerges. However, given the highly technical information contained in this toolkit, being able to apply this guidance in a timely manner as the need arises requires that school leaders:

1. Carefully read this document in its entirety before the need to utilize it.
2. Review each scenario and consider how that scenario would unfold, if realized in their local context. Consider:
   a. How well the current operational blueprint supports the school’s response in this scenario and if updates are needed;
   b. How this scenario would impact teaching and learning within the school; and
   c. Which communication tool(s) within this guide would be used and how/how much they would need to be adapted prior to use.
3. Help your staff to understand the content in this toolkit prior to it being needed. The additional stresses related with having positive cases and exposed person(s) in your school community will make it hard for staff to access this information in real time without prior knowledge and understanding.
About Scenarios

Carefully read through the scenarios and terms in this document. Each scenario is an example event that involves a school and LPHA’s response to a COVID-19 illness at a school. The scenarios share required steps for the school leaders as well as the LPHA.

**Exposure Scenarios**: Refers to a student or staff member exposed to a person who is a confirmed or presumptive case of COVID-19.
**Becomes Ill Scenarios**: Refers to a student or staff member who becomes ill with COVID-19 symptoms, either after no known contact with a person with COVID-19 or after close contact with a person with COVID-19.
**Tests Positive Scenarios**: Refers to one or more student or staff member having a positive COVID-19 viral test, including the action necessary if in the same or different cohorts.
**Tests Negative Scenarios**: Refers to an ill student or staff member who has a negative COVID-19 viral test.
**Does not get Tested Scenarios**: Refers to a student or staff member who does not get tested in response to specific events.

Common Protocols

Generally, the closer a person is to a confirmed COVID-19 case, the greater the need for quarantine:

![General Quarantine Protocol](Figure 1. General Quarantine Protocol)
A PDF of this figure is available here.

As an overall framework:

- People who have tested positive for COVID-19 should **isolate**.
- Any person who has been in close contact with a person with positive COVID-19 **should quarantine**.
- Anyone who has been in close contact with someone who was exposed to COVID-19 **does not need to** quarantine.

This framework will need to be applied within an ever-changing local context. The following graphic represents the application of this framework in one possible local context to support school leaders in building the schema necessary to apply this information successfully in their own situation:

**School-Based Examples of Requirements**

*When a Person with COVID-19 is Identified in a School Cohort*

- **This student could be considered A1 because they are in Class A and ride Bus 1.**
  - If student A1 is infected with COVID-19, all of the students in class A (students and teachers) and all of the students on Bus 1 must shift to Distance Learning for 14 days. The students on Bus 1 must quarantine for 14 days as directed by local public health officials.

- **This student could be considered B1 because they are in Class B and ride Bus 1.**
  - Because student A1 is infected with COVID-19, student B1 must shift to Distance Learning for 14 days, since they share a transportation cohort. However, the remainder of Class B can remain in On-Site instruction unless they also directly interacted with student A1.

- **This student could be considered A2 because they are in Class A and ride Bus 2.**
  - Because student A1 is infected with COVID-19, student A2 must shift to Distance Learning for 14 days, since they share a classroom cohort. However, the remainder of class B can remain in On-Site instruction unless they also directly interacted with student A1.

Exposed People must shift to Distance Learning while quarantining for 14 Days!

**Figure 2.** School-Based Examples of Responses Required
A PDF of this figure is available here.

**Identify Area of Responsibility and Next Steps outlined in Scenarios**

The scenario tables offer different examples with critical steps for schools and LPHAs. The roles and responsibilities, including communication protocols, from each entity (the school district and LPHA) will need to include partnership with the LPHA. A list of local public health authorities by county is available here. School and classroom sizes are highly variable across Oregon, and cohort sizes also vary. Schools and LPHAs should consider the sizes of potentially
affected cohorts when determining if closures are necessary. Schools should strive to maintain small “stable cohorts,” as this will minimize schoolwide disruptions when a case of COVID-19 is identified in a school.

The response to a case of COVID-19 in the school setting requires a collaboration among many community partners. The following guidance tables categorize general “involved groups” in the response, in order to fit as many school settings as possible. It is recognized that the tables do not capture the community-level partners that may be critical in supporting public health. This includes the active community partners that support Oregon’s schools, school districts, LPHAs, and the Oregon Health Authority.

**Symptoms of COVID-19**

People with COVID-19 can have a wide range of symptoms, ranging from mild symptoms to severe illness. Symptoms may appear 2–14 days after exposure to the virus. The “primary” COVID-19 symptoms require exclusion from school. The “non-primary” COVID-19 symptoms can be seen with many other illnesses, in addition to COVID-19. The non-primary symptoms do not always require exclusion. When feasible, ill students and staff with any primary COVID-19 symptoms should be encouraged to seek viral testing. If a student or staff has non-primary symptoms that persist for more than one day, the parent should consider evaluation by the child’s healthcare provider who can determine if viral testing is advised.

**Primary COVID-19 Symptoms:**
- Cough
- Temperature of 100.4°F or higher
- Chills
- Shortness of breath
- Difficulty breathing
- New loss of taste or smell

**Non-primary COVID-19 Symptoms:**
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Nasal congestion or runny nose
- Nausea or vomiting
- Diarrhea
Scenarios

The following table summarizes the scenarios in the tables that follow.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario 1a</td>
<td>A student or staff member has been exposed to a person with confirmed or presumptive COVID-19 within their household. The student or staff member is not currently showing symptoms.</td>
</tr>
<tr>
<td>Scenario 1b</td>
<td>A student or staff member has been exposed to a person with confirmed or presumptive COVID-19 outside of their household. The student or staff member is not currently showing symptoms.</td>
</tr>
<tr>
<td>Scenario 2a</td>
<td>A student or staff member becomes ill with primary COVID-19 symptoms (cough, temperature of 100.4 °F or higher, chills, shortness of breath, difficulty breathing, or new loss of taste or smell). Ill person has no known COVID-19 contacts in past 14 days.</td>
</tr>
<tr>
<td>Scenario 2b</td>
<td>A student or staff member becomes ill with primary COVID-19 symptoms. Ill person was in close contact with someone who had confirmed COVID-19 in past 14 days.</td>
</tr>
<tr>
<td>Scenario 3a</td>
<td>An ill student or staff member has a negative COVID-19 viral test and has no known COVID-19 contacts in past 14 days.</td>
</tr>
<tr>
<td>Scenario 3b</td>
<td>An ill student or staff member with primary COVID-19 symptoms has a negative COVID-19 viral test. Ill person was in close contact with someone who had confirmed COVID-19 in past 14 days.</td>
</tr>
<tr>
<td>Scenario 4a</td>
<td>An ill student or staff member does not get tested with a COVID-19 viral test. Ill person has no known COVID-19 contacts in past 14 days.</td>
</tr>
<tr>
<td>Scenario 4b</td>
<td>An ill student or staff member with primary COVID-19 symptoms does not get tested with a COVID-19 viral test, and a clear alternative non-respiratory diagnosis is not identified. Ill person was in close contact with someone who had confirmed COVID-19 in past 14 days.</td>
</tr>
<tr>
<td>Scenario 4c</td>
<td>An ill student or staff member with primary COVID-19 symptoms does not get tested with a COVID-19 viral test, and a clear non-respiratory diagnosis is identified as cause of illness. Ill person was in close contact with someone who had confirmed COVID-19 in past 14 days.</td>
</tr>
<tr>
<td>Scenario 5</td>
<td>One student or staff member has a positive COVID-19 viral test</td>
</tr>
<tr>
<td>Scenario 6</td>
<td>Two or more people within same cohort have a positive COVID-19 viral test within 14 days</td>
</tr>
<tr>
<td>Scenario 7</td>
<td>Two or more people in different cohorts have a positive COVID-19 viral test within 14 days</td>
</tr>
</tbody>
</table>
Scenario 1a. A student or staff member has been exposed to a person with confirmed or presumptive COVID-19 within their household. The student or staff member is not currently showing symptoms.

<table>
<thead>
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<th>Involved persons</th>
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</table>
| School                                 | ● Send individual home (if not home already).  
● Record the date school became aware and excluded the individual.  
● *Student must be offered instruction under comprehensive distance learning (CDL) while quarantined.*  |
| Exposed person                         | ● Quarantine at home for **up to 14 days after date of last exposure** to the COVID-19-positive contact. *Although a 14-day quarantine is the safest option to prevent the spread of COVID-19 to others, close contacts who have not developed any symptoms may consider ending quarantine after 10 days without any testing, or after 7 days with a negative result on a COVID-19 viral test collected within 48 hours before ending quarantine, unless otherwise directed by the local public health authority (LPHA).*  If additional household members become ill with COVID-19, or if the exposed person cannot avoid continued close contact, the **total duration** of quarantine may **need to be longer**. See CDC for quarantine scenario examples.  
● If exposed person becomes ill during quarantine, see **Scenario 2b**.  |
| Household members, including siblings (if exposed person is a student) | ● Siblings should also quarantine at home for **up to 14 days after date of last exposure** to the COVID-19-positive contact. *The same shortened quarantine options described above apply.*  If additional household members become ill with COVID-19, or if the exposed person cannot avoid continued close contact, the **total duration** of quarantine may **need to be longer**. See CDC for quarantine scenario examples.  
● If exposed sibling becomes ill during quarantine, see **Scenario 2b**.  |
**Scenario 1b.** A student or staff member has been **exposed to a person with confirmed or presumptive COVID-19 outside of their household.** The student or staff member is **not** currently showing symptoms.

<table>
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</table>
| **School**                                                   | ● Send individual home (if not home already).  
● Record the date school became aware and excluded the individual.  
● *Student must be offered instruction under CDL while quarantined.*                                                                                                                                                                                     |
| **Exposed person**                                           | ● Quarantine at home for **up to 14 days after date of last exposure** to the COVID-19 positive contact. *Although a 14-day quarantine is the safest option to prevent the spread of COVID-19 to others, close contacts who have not developed any symptoms may consider ending quarantine after 10 days without any testing, or after 7 days with a negative result on a COVID-19 viral test collected within 48 hours before ending quarantine, unless otherwise directed by the local public health authority (LPHA).*  
● If exposed person develops COVID-19 symptoms during quarantine, see Scenario 2b.                                                                                                                                                     |
| **Household members, including siblings (if exposed person is a student)** | ● If household members were **not** exposed to the person with confirmed COVID-19 they may continue school attendance as long as exposed sibling remains healthy.                                                                                                         |
**Scenario 2a.** A student or staff member becomes ill with primary COVID-19 symptoms (cough, temperature of 100.4°F or higher, chills, shortness of breath, difficulty breathing, or new loss of taste or smell). Ill person has no known COVID-19 contacts in past 14 days.

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| **School**       | ● Isolate student or staff member following RSSL 1i  
|                  | ○ Send student or staff home.  
|                  | ● Record the symptoms reported or observed, and the date school became aware and excluded the individual.  
|                  | ● **Student must be offered instruction under CDL while isolated; any other students in the household who require quarantine (see below) must also be offered instruction under CDL.**  
| **Ill person**   | ● Seek testing from healthcare provider. If individual does not have a provider and needs assistance finding a testing site, use the Oregon Health Authority (OHA) testing map to find the closest testing location: [https://govstatus.egov.com/or-oha-covid-19-testing](https://govstatus.egov.com/or-oha-covid-19-testing) or call 211.  
|                  | ● If the ill person has a **negative** COVID-19 viral test, see Scenario 3a  
|                  | ● If the ill person does not get tested for COVID-19, see Scenario 4a  
|                  | ● If the ill person has a **positive** COVID-19 viral test, see Scenario 5  
| **Household members, including siblings (if ill person is a student)** | ● All household members may continue school attendance while ill student is evaluated for COVID-19 infection. Decision to quarantine depends on ill person’s test result. See above-linked guidance regarding ill person’s test result. |
Scenario 2b. A student or staff member becomes ill with primary COVID-19 symptoms (cough, temperature of 100.4 °F or higher, chills, shortness of breath, difficulty breathing, or new loss of taste or smell). Ill person was in close contact with someone who had confirmed COVID-19 in past 14 days.

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| School           | ● Isolate student or staff member following [RSSL 1i](#)  
● Send student or staff home. The ill person may be a “presumptive case,” due to their symptoms and recent contact with a COVID-19 case.  
● Record the symptoms reported or observed, and the date school became aware/excluded the individual.  
● Student must be offered instruction under CDL while isolated; any other students in the household who require quarantine (see below) must also be offered instruction under CDL. |
| Ill person       | ● Seek testing from healthcare provider. If individual does not have a provider and needs assistance finding a testing site, use the Oregon Health Authority (OHA) testing map to find the closest testing location: [https://govstatus.egov.com/or-oha-covid-19-testing](https://govstatus.egov.com/or-oha-covid-19-testing) or call 211.  
● If the ill person has a negative COVID-19 viral test, see Scenario 3b  
● If the ill person does not get tested for COVID-19, see Scenario 4b  
● If the ill person has a positive COVID-19 viral test, see Scenario 5 |
| Household members, including siblings (if ill person is a student) | ● All household members must quarantine at home for up to 14 days after date of last exposure to the COVID-19 positive contact. Refer to Scenario 1a for details. |
Scenario 3a. An ill student or staff member has a **negative** COVID-19 viral test and has **no known COVID-19 contacts** in past 14 days.

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| **School**       | ● Send individual home (if not home already).  
|                   | ● *Student must be offered instruction under CDL while isolated.*  |
| **Ill person**   | ● Isolate at home until 24 hours after fever is resolved, without use of fever-reducing medicine, *and* symptoms are improving.  |
| **Household members, including siblings (if ill person is a student)** | ● Healthy household members *without symptoms* may continue school attendance.  |
Scenario 3b. An ill student or staff member with primary COVID-19 symptoms (cough, temperature of 100.4 °F or higher, chills, shortness of breath, difficulty breathing, or new loss of taste or smell) has a negative COVID-19 viral test. Ill person was in close contact with someone who had confirmed COVID-19 in past 14 days.

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| **School**                            | ● Send individual home (if not home already). The ill person may be a “presumptive case,” due to their symptoms and recent contact with a COVID-19 case.  
  ● School nurse or designated staff contact LPHA to verify case and to begin collaboration on contact tracing.  
  ● If LPHA verifies that ill person is a presumptive case, use Common Communication protocol to notify class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.  
  ● Document on cohort logs when 6 feet physical distancing was not maintained during school day.  
  ● Provide cohort logs to LPHA to assist with identifying exposed individuals.  
  ● If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.  
  ● Student must be offered instruction under CDL while isolated; any other students who require quarantine (see below) must also be offered instruction under CDL. |
| **Ill person**                        | ● Even though the COVID-19 test was negative, the ill person may be considered a presumptive case because of symptoms and recent close contact; the negative viral test may be a false negative result.  
  ● Ill person should isolate at home for 10 days since symptoms first appeared, and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving. |
| **Local public health authority (LPHA)** | ● Verify that ill person is a presumptive case (i.e., they meet symptom criteria and they were exposed to a confirmed case).  
  ● Work with school to review cohort logs to identify exposed individuals.  
  ● Review if 6-feet physical distancing was consistently maintained during school day. Identify exposed contacts.  
  ● If cannot confirm that 6-feet distancing was consistently maintained during school day, recommend cohort quarantine.  
  ● Notify exposed contacts to initiate quarantine period. |
| **School District Superintendent or Executive Leadership** | ● Collaborate with LPHA to determine if cohort quarantine is indicated.  
  ● Use Common Communication protocol when communicating decision to quarantine the cohort. |
| Exposed persons | • Refer to [Scenario 1a](#).  
• If student rides school district transportation (not public transit) for transportation and bus ride is >15 minutes, all students on bus should be considered an exposed cohort. |
| Household members, including siblings (if ill person is a student) | • All household members must quarantine at home for up to 14 days after date of last exposure to the COVID-19 positive contact. Refer to [Scenario 1a](#) for details. |
**Scenario 4a.** An ill student or staff member does not get tested with a COVID-19 viral test. Ill person has no known COVID-19 contacts in past 14 days.

<table>
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</table>
| **School**       | ● Send individual home (if not home already).  
|                   | ● *Student must be offered instruction under CDL while isolated.* |
| **Ill person**   | ● If the ill person has *one or more primary COVID-19 symptoms*, isolate at home for 10 days after symptoms first appeared *and* until 24 hours after fever is resolved, without use of fever-reducing medicine, *and* other symptoms are improving.  
|                   | ● *If the ill person has one or more primary COVID-19 symptoms and a clear alternative non-respiratory diagnosis is identified by a healthcare provider as the cause of the person’s illness (e.g., a positive urine culture in a child with fever), then usual disease-specific return-to-school guidance should be followed and person should be fever free for 24 hours, without use of fever-reducing medicine.*  
|                   |   ○ A healthcare provider note is required for return to school before 10 days of isolation, ensuring that the person is no longer contagious.  
|                   | ● *If the ill person has no primary COVID-19 symptoms, then usual disease-specific return-to-school guidance should be followed.* |
| **Household members, including siblings (if ill person is a student)** | ● *If the ill person has one or more primary COVID-19 symptoms and no alternative diagnosis is identified by a healthcare provider as the cause of the person’s illness, all household members must quarantine at home. Refer to Scenario 1a.*  
|                   | ● *If the ill person has one or more primary COVID-19 symptoms and a clear alternative non-respiratory diagnosis by a healthcare provider, then all household members may continue school attendance.*  
|                   | ● *If the ill person has no primary COVID-19 symptoms, then all household members may continue school attendance.* |
**Scenario 4b.** An ill student or staff member with primary COVID-19 symptoms (cough, temperature of 100.4 °F or higher, chills, shortness of breath, difficulty breathing, or new loss of taste or smell) does not get tested with a COVID-19 viral test, and a clear alternative non-respiratory diagnosis is not identified. Ill person was in close contact with someone who had confirmed COVID-19 in past 14 days.

<table>
<thead>
<tr>
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</thead>
</table>
| **School**       | • Send individual home (if not home already). The ill person may be a “presumptive case,” due to their symptoms and recent contact with a COVID-19 case.  
  • School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing.  
  • If LPHA verifies that ill person is a presumptive case, use Common Communication protocol to notify affected class/cohoot/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.  
  • Document on cohort logs when 6 feet physical distancing was not maintained during school day.  
  • Provide cohort logs to LPHA to assist with identifying exposed individuals.  
  • If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.  
  • Student must be offered instruction under CDL while isolated; any other students in the household who require quarantine (see below) must also be offered instruction under CDL. |
| **Ill person**   | • The ill person should isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.  
  • If an alternative respiratory diagnosis is identified by a healthcare provider as the cause of the person’s illness (e.g., positive influenza test), COVID-19 is still not ruled out as co-infection is possible. The ill person should follow LPHA guidance on isolation or quarantine. |
| **Local public health authority (LPHA)** | • Verify that ill person is a presumptive case (i.e., they meet symptom criteria and they were exposed to a confirmed case).  
  • Work with school to review cohort logs to identify exposed individuals.  
  • Review if 6 feet physical distancing was consistently maintained during school day. Identify exposed contacts.  
  • If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to quarantine the cohort.  
  • Notify exposed contacts to initiate quarantine period. |
| School district | Collaborate with LPHA to determine if cohort quarantine is indicated.  
|                 | Use Common Communication protocol when communicating decision to quarantine the cohort. |
| Exposed persons | Refer to [Scenario 1a](#)  
|                 | If student rides school district transportation (not public transit) for transportation and bus ride is >15 minutes, all students on bus should be considered an exposed cohort. |
| Household members, including siblings (if ill person is a student) | All household members must quarantine at home for up to 14 days after date of last exposure to the COVID-19 positive contact. Refer to [Scenario 1a](#) for details. |
**Scenario 4c.** An ill student or staff member with primary COVID-19 symptoms (cough, temperature of 100.4 °F or higher, chills, shortness of breath, difficulty breathing, or new loss of taste or smell) does not get tested with a COVID-19 viral test, and a clear non-respiratory diagnosis is identified as cause of illness. Ill person was in close contact with someone who had confirmed COVID-19 in past 14 days.

<table>
<thead>
<tr>
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</table>
| **School**       | • Send individual home (if not home already). The ill person is not considered a “presumptive case” due to alternative diagnosis.  
  • **Student must be offered instruction under CDL while isolated; any other students in the household who require quarantine (see below) must also be offered instruction under CDL.** |
| **Ill person**   | • Because a clear alternative non-respiratory diagnosis is identified by a healthcare provider as the cause of the person’s illness (e.g., a positive urine culture in a child with fever), then usual disease-specific return-to-school guidance should be followed. However, this student also requires quarantine, due to recent exposure to COVID-19 case. Person must quarantine at home for up to 14 days after date of last exposure to the COVID-19 positive contact (refer to Scenario 1a), and meet usual return-to-school guidance for diagnosis. If person develops new COVID-19 symptoms during quarantine, refer to Scenario 2b. |
| **Household members, including siblings (if ill person is a student)** | • Because a clear alternative non-respiratory diagnosis is identified by a healthcare provider as the cause of the person’s illness (e.g., a positive urine culture in a child with fever), then all household members may continue school attendance, as long as the family member develops no COVID-19 symptoms during quarantine. |
**Scenario 5. One student or staff member has a positive COVID-19 viral test**

<table>
<thead>
<tr>
<th>Involved persons</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>School</strong></td>
<td>● Send student/staff home, if not already isolated.</td>
</tr>
<tr>
<td></td>
<td>● School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing.</td>
</tr>
<tr>
<td></td>
<td>● After confirming positive case, use Common Communication protocol to notify class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.</td>
</tr>
<tr>
<td></td>
<td>● Document on cohort logs when 6 feet physical distancing was not maintained during school day.</td>
</tr>
<tr>
<td></td>
<td>● Provide cohort logs to LPHA to assist with identifying exposed individuals.</td>
</tr>
<tr>
<td></td>
<td>● If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.</td>
</tr>
<tr>
<td></td>
<td>● <strong>Student must be offered instruction under CDL while isolated; any other students in the household who require quarantine (see below) must also be offered instruction under CDL.</strong></td>
</tr>
<tr>
<td><strong>Ill person</strong></td>
<td>● Isolate at home for 10 days after symptoms first appeared <strong>and</strong> until 24 hours after fever is resolved, without use of fever-reducing medicine, <strong>and</strong> other symptoms are improving.</td>
</tr>
<tr>
<td></td>
<td>● A negative viral COVID-19 test is <strong>not</strong> needed for return to school.</td>
</tr>
<tr>
<td><strong>Local public health authority (LPHA)</strong></td>
<td>● Work with school to review cohort logs to identify exposed individuals.</td>
</tr>
<tr>
<td></td>
<td>● Review if 6 feet physical distancing was consistently maintained during school day. Identify exposed contacts.</td>
</tr>
<tr>
<td></td>
<td>● If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to quarantine the cohort.</td>
</tr>
<tr>
<td></td>
<td>● Notify exposed contacts to initiate quarantine period.</td>
</tr>
<tr>
<td><strong>School District Superintendent or Executive Leadership</strong></td>
<td>● Collaborate with LPHA to determine if cohort quarantine is indicated.</td>
</tr>
<tr>
<td></td>
<td>● Use Common Communication protocol when communicating decision to quarantine the cohort.</td>
</tr>
<tr>
<td><strong>Exposed persons</strong></td>
<td>● Refer to <strong>Scenario 1a</strong></td>
</tr>
<tr>
<td></td>
<td>● If student rides school district transportation (not public transit) for transportation <strong>and</strong> bus ride is &gt;15 minutes, all students on bus should be considered an exposed cohort.</td>
</tr>
<tr>
<td><strong>Household members, including siblings (if ill person is a student)</strong></td>
<td>● All household members must quarantine at home <strong>for up to 14 days after date of last exposure to the COVID-19 positive contact.</strong> Refer to <strong>Scenario 1a for details.</strong></td>
</tr>
</tbody>
</table>
## Scenario 6. Two or more people within same cohort have a positive COVID-19 viral test within 14 days

<table>
<thead>
<tr>
<th>Involved persons</th>
<th>Action</th>
</tr>
</thead>
</table>
| **School** | ● Send student/staff home, if not already isolated outside the school setting.  
● School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing.  
● After confirming positive cases with LPHA, use Common Communication protocol to notify affected class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.  
● Document on cohort logs when 6 feet physical distancing was not maintained during school day.  
● Provide cohort logs to LPHA, to assist with identifying exposed individuals.  
● If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.  
● *Student must be offered instruction under CDL while isolated; any other students in the household who require quarantine (see below) must also be offered instruction under CDL.* |
| **Ill persons** | ● Isolate at home for 10 days after symptoms first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.  
● A negative viral COVID-19 test is not needed for return to school. |
| **Local public health authority (LPHA)** | ● Work with school to review cases and cohort logs.  
● Review if 6 feet physical distancing was consistently maintained during school day. Identify exposed contacts.  
● If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to quarantine entire cohort.  
● Notify exposed contacts to initiate quarantine period. |
| **School District Superintendent or Executive Leadership** | ● Collaborate with LPHA to determine if cohort quarantine is indicated.  
● Use Common Communication protocol when communicating decision to quarantine the cohort. |
| **Exposed person** | ● Refer to Scenario 1a  
● If student with confirmed COVID-19 rides school district transportation (not public transit) for transportation and bus ride is >15 minutes, all students on bus should be considered an exposed cohort. |
| **Household members, including siblings (if ill person is a student)** | ● All household members must quarantine at home for up to 14 days after date of last exposure to the COVID-19 positive contact. Refer to Scenario 1a for details. |
### Scenario 7. Two or more people in different cohorts have a positive COVID-19 viral test within 14 days

<table>
<thead>
<tr>
<th>Involved persons</th>
<th>Action</th>
</tr>
</thead>
</table>
| **School**      | • Send student/staff home, if not already isolated outside the school setting.  
                 • School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing.  
                 • After confirming positive cases with LPHA, use Common Communication protocol to notify affected class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.  
                 • Document on cohort logs when 6 feet physical distancing was not maintained during school day.  
                 • Provide cohort logs to LPHA, to assist with identifying exposed individuals.  
                 • If LPHA determines an entire cohort (or other identified group) requires quarantine, follow Common Communication protocol.  
                 • **Student must be offered instruction under CDL while isolated; any other students in the household who require quarantine (see below) must also be offered instruction under CDL.** |
| **Ill persons** | • Isolate at home for 10 days after symptom first appeared and until 24 hours after fever is resolved, without use of fever-reducing medicine, and other symptoms are improving.  
                 • A negative viral COVID-19 test is **not** needed for return to school. |
| **Local public health authority (LPHA)** | • Work with school to review cases and cohort logs. |
|                 | • **If cases are related** (e.g., same household, or same exposure source outside of school setting), may not be due to transmission across different cohort.  
                 • Review if 6 feet physical distancing was consistently maintained during school day in each cohort. Identify exposed contacts.  
                 • If cannot confirm that 6 feet distancing was consistently maintained during school day, recommend to quarantine affected cohorts.  
                 • Notify exposed contacts to initiate quarantine period. |
|                 | • **If cases are unrelated** (e.g., not from same household, cannot identify a common source outside of school setting), these may be sporadic cases. Refer to **Scenario 5**.  
                 • **If the cases are unrelated but have definite exposure to each other during school day** (e.g., not assigned to same cohort, but attend same after-school activity), this may be due to transmission during groups outside of cohorts.  
                 • Recommend to quarantine if specific groups can be identified. If specific overlapping groups cannot be identified, recommend quarantine of all affected cohorts.  
                 • Notify exposed contacts to initiate quarantine period. |
| School District Superintendent or Executive Leadership | - Collaborate with LPHA to determine if cohort quarantine is indicated.  
- Use Common Communication protocol when communicating decision to quarantine the cohort. |
|---|---|
| Exposed person | - Refer to Scenario 1a  
- If student with confirmed COVID-19 rides school district transportation (not public transit) for transportation and bus ride is >15 minutes, all students on bus should be considered an exposed cohort. |
| Household members and siblings (if ill person is a student) | - All household members must quarantine at home for up to 14 days after date of last exposure to the COVID-19 positive contact. Refer to Scenario 1a. |
Communication Tools & Resources

Each of the scenarios require a differentiated approach to communication. School and district leaders should customize these tools for their local scenario and context.

Plan Communication Methods

When it comes to communicating with staff, students and families, school and district leaders are a trusted source. Parents, families and the community want to feel listened to, valued, and considered in decision-making regarding events that impact the school community.

To the extent possible, schools should initiate routine status updates to keep staff, students and families informed before a crisis occurs. Build your network of key messengers, ensuring all communities have access to relevant and timely information and post information and resources on the homepage of your website. Follow these tips:

- **Keep it simple!** (who, what, were, when, why, how, how much)
- **Be clear, concise, and factual.** Information moves quickly in times of crisis.
- **Customize the sample templates in this resource.** Modify for your school community.
- **Use methods that work best for families and students** which can direct people to additional resources and information on the web, which may include:
  - Voice
  - Text
  - Push notifications
  - Email
  - Social media
  - Web

Schools also must adhere to FERPA regulations when communicating with families and the community. Schools must take extra precautions when sending communications.
Letter to Families: Prevention and Information

Use this letter to help prepare parents and families for COVID-19 events in your school or district. Let them know how they’ll be updated and where to go for more information.

Dear Parents and Families,

This letter will help your family prepare should our school or school district have a COVID-19 event occur. Events may include positive cases, outbreaks or exposures. It is important to know that currently there are no positive cases in our school community. However, we want you to know that your health and safety is our top priority.

We are partnering closely with local public health officials and they will provide support and direction for managing COVID-19 related scenarios that impact our school community.

When an event occurs in our school or district you will receive information via (email, alert, notification). This webpage will have the most up to date information.

We want our community to protect themselves against COVID-19. Here are some ways to protect your family:

✓ Keep children who are sick at home. Don’t send them to school.
✓ Teach your children to wash hands with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
✓ Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
✓ Teach your children to stay at least six feet away from people who are sick.
✓ People who are sick should stay home from work or school and avoid other people until they are better. If you have questions, please contact your school nurse, healthcare provider, or your local board of health or check the CDC website

More information can be found on the Oregon Department of Education’s Ready Schools, Safe Learners page, the Oregon Health Authority’s COVID-19 page and [INSERT district website with COVID information, if applicable]. If you have any questions, please contact [INSERT contact information].

Sincerely,

Principal __________
Letter to Staff and Families: Case of COVID-19 in School

Dear Staff and Families of XXXX School,

Recently, we were notified that a person in _______________ school has been diagnosed with COVID-19. As members of the school community, we understand that this might raise concerns alongside a caring response. We are working closely with [INSERT local health department] to respond to this news and protect the health of our community by temporarily closing [INSERT name of cohort/classroom/grade level/school here].

Each situation calls for different protocols. In this case, we will follow the following steps:

1. (customize steps)
2. [INSERT steps taken here. They can include – but are not limited to – explaining cohort impacts, addressing contact tracing, any relevant information on staying home or testing, a deep clean of classrooms and common areas in the school, manual wiping of surfaces, and other disinfection plans.]

The best way to prevent the spread of COVID-19 is through staying home when ill, wearing face coverings, physical distancing, and practicing good health hygiene habits. Be sure to wash your hands frequently with soap and water, cover your coughs and sneezes, and avoid contact with people who have signs of illness. Get plenty of rest, exercise, and eat a healthy diet. Protect the community by following the Governor’s safety requirements. Wearing cloth face coverings reduces the spread of virus. [INSERT any additional physical distancing requirements that may have been approved by your city or county government]

We will keep you updated with any new information as it comes out, while meeting the requirements to honor everyone’s right to privacy.

More information can be found on the Oregon Department of Education’s Ready Schools, Safe Learners page, the Oregon Health Authority’s COVID-19 page and [INSERT district website with COVID information, if applicable]. If you have any questions, please contact [INSERT contact information].

Sincerely,

Superintendent
Notification to Families: Schools Close
to In-Person Instruction

*Use this letter to inform parents and families about a school closure*

Dear Parents and Families,

We have worked in partnership with health officials to recommended that __________ school(s) in ________________________ school district to close immediately.

This shift to Comprehensive Distance Learning is due to an outbreak in the school with an increased number of positive COVID-19 cases. ________ school(s) is/are immediately closed until ____________ and children should stay home. The school(s) may be closed for several days or weeks to reduce contact among children and stop the spread of the virus.

We know this is a hard time for our community and our hearts go out to those who are ill. We will remain in contact with you to update the status of the school(s). Please check our school district webpage for updated information.

We will contact you as soon as we have information about when school will reopen, and we will inform the local news media.

This closure will result in Comprehensive Distance Learning for all students.
Notification: Exposure to COVID-19

Use this notification message to alert families when their child has been exposed to a positive case of COVID-19 or to alert Staff members when they have been exposed to a positive case of COVID-19.

Dear Parents and Families (or staff),

The _______________________health officials have worked closely with school officials to review cohort logs to identify individuals who may have been exposed to a person with COVID-19. It has been determined that your child (you) may have had close exposure to an ill person with COVID-19 symptoms/a person with a confirmed positive COVID-19 case.

In consultation with the local public health authority, we are immediately closing the following cohorts: ____________ who will remain at home for 14 days under Comprehensive Distance Learning, with a tentative plan to return to in-person learning on ____________(insert date).

It’s important to notify us if additional household members become ill with COVID-19. Additional protocols will be followed to ensure a safe return to school.

We know this is a hard time for everyone and our hearts go out to those who are ill. We will remain in contact with you to update the status of the school(s). Please check our school district webpage for updated information.

If you have questions, please contact _________________.

Script for Teachers / Staff - Positive Case at School

A positive case of COVID-19 was reported today (date).

This is difficult news and impacts all who are part of the (school / district) community.

While we are not able to share personally-identifiable information, we care about keeping our community informed.

Here’s what we know about the COVID-19 case(s) reported:

- On [date], an employee / student at [District / School Name] notified us of their positive test result for COVID-19.
- It has been ___ days since the employee / student was last in contact with staff or students in our district.
- The individual(s) involved have been asked to stay home and self-isolate, as have any those who were in close contact.

The safety and well-being of our staff and students is our top priority.

Our district has taken these action steps:

- They’ve contacted, and are working closely with, the Local Public Health Authority
- They’ve contacted all person(s) who were in close contact with the individual.
- They’ve (closed the school building) and launched deep cleaning efforts.
- They’ve notified all students and families.
Phone Call (Pre-Recorded Message)

This is Superintendent (name) from (name) school district.

Recently, we were notified that a school district employee / student has tested positive for COVID-19. If you have not been notified that your child was exposed to this person, they can return to school.

As members of the school community, we understand that this might raise concerns and questions about how this impacts your child and family.

We are working closely with [INSERT local health department] to respond to this news and protect the health of our community by temporarily closing [INSERT name of cohort/classroom/grade level/school here].

We have taken immediate action:

(list steps)

We care about the health and safety of our community.

For more information, visit the homepage of our website at _________________.


Media Talking Points for COVID-19 Events
For School Leaders to Customize.

About the COVID-19 Scenario
- On X date, at X school located in X county, X number of individuals were confirmed positive for the COVID-19 virus.
- The individual(s) involved have been asked to stay home and self-isolate, as have any of those who were in close contact.
- The safety and well-being of our staff and students is our top priority.
- We have contacted the local health department and are working cooperatively and collaboratively with any additional direction given by them.

As a School District, we have initiated a Response Plan:
- We have notified staff, students and families of the event.
- We are undertaking additional cleaning and disinfection protocols throughout the school (or “affected places in” the school).
- We also continue to follow and maintain Oregon Health Authority and Oregon Department of Education guidelines; namely practicing handwashing, physical distancing to the degree we can, requiring people wear masks inside the building, and upholding cleaning and disinfecting protocols.

(Optional - When the school building closes temporarily or students are asked to quarantine after being exposed or testing positive for COVID-19)
- While our school buildings have had to close for on-site instruction, learning has continued because of our dedicated teachers and school leaders.
- Throughout this crisis, we have come to recognize the importance of face-to-face interaction and look forward to students and teachers returning to school buildings as soon as it is safe for all students and teachers.
- Our goal is for students and staff to be able to return once it is safe to do so.
- Students will continue learning at home, online, and in their communities for (e.g., the remainder of the 2019-2020 school year)
- The school is working to address questions and decisions necessary to reopen school buildings safely, and we will engage parents, teachers, school leaders and policymakers throughout this process.
- We are working with our district and school leaders to make accommodations for vulnerable people.
Media Press Release

NEWS RELEASE

September XX, 2020

Media Contact:

______________ School District Responds to Positive COVID-19 Case(s)

The ________ School District and ________ Health Authority Partner in Response to Ensure Safety of All Students and Staff Members

(CITY, Ore.) - A ________School District employee / student at ________ School has tested positive for COVID-19.

We are working closely with ____________[INSERT local health department] to respond to this news and protect the health of our community.

Each situation calls for different protocols. In this case, we will follow the following steps:

1. (customize steps)
2.

We will post updates on the homepage of our website.
Initiate a Flexible, Comprehensive Distance Learning Plan
Consider the following if a confirmed COVID-19 case impacts school operations:

- **Communicable Disease Management Plan:**
  - Define roles and responsibilities for school leaders, staff, and students.
  - Develop clear communication protocols.
  - Establish a crisis management team.
  - Prepare for potential quarantine and isolation scenarios.

- **Families and Students:**
  - Inform families and students of the case in a timely manner.
  - Provide clear, consistent information.
  - Offer support and resources for students.

- **Safety and Health Measures:**
  - Implement hygiene protocols.
  - Provide personal protective equipment.
  - Ensure ventilation and air quality in classrooms.

- **Teaching and Learning:**
  - Adjust teaching methods to accommodate remote learning.
  - Maintain academic rigor and support student well-being.
  - Monitor student progress and provide additional support as needed.

- **Counseling and Support:**
  - Offer counseling services to students and staff.
  - Provide resources for mental health support.
  - Conduct follow-up assessments to monitor student well-being.

- **School Operations:**
  - Adjust schedules and routines to accommodate distance learning.
  - Ensure equitable access to resources for all students.
  - Communicate with parents and guardians regarding changes.

- **Prevention Strategies:**
  - Enhance cleaning and disinfection protocols.
  - Promote social distancing and mask wearing.
  - Educate students and staff on best practices for disease prevention.

- **Remote Learning Support:**
  - Provide technical support for students and staff.
  - Offer virtual academic and counseling services.
  - Ensure accessibility for all students, including those with disabilities.

- **Communication Plan:**
  - Develop a comprehensive communication plan for all stakeholders.
  - Regularly update families, students, and staff on the status of the situation.
  - Maintain open lines of communication with community partners.

- **Data Collection and Reporting:**
  - Collect and report data on COVID-19 cases and exposures.
  - Monitor trends and adjust strategies as needed.
  - Share data with relevant stakeholders.

By implementing a comprehensive, flexible, and supportive approach, schools can effectively manage COVID-19 cases while maintaining educational quality and ensuring the health and well-being of all members of the school community.
## Terms to Know

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Coronavirus</td>
<td>A large family of viruses that are common in people and many different species of animals.</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Abbreviation for the coronavirus diseases 2019, a disease caused by a novel (or new) coronavirus called SARS-CoV-2 that has not previously been seen in humans.</td>
</tr>
<tr>
<td>Outbreak</td>
<td><em>For the purposes of this document, an outbreak is two or more COVID-19 cases occurring in the same cohort (linked by time and place) in people from different households, suggesting viral spread within the cohort.</em></td>
</tr>
<tr>
<td>Viral test</td>
<td>A test for the presence of an active viral infection (e.g., a PCR test or an antigen test). Antibody tests are not viral tests.</td>
</tr>
<tr>
<td>Presumptive Positive</td>
<td>Individual who is sick with COVID-19 symptoms who does not have a positive COVID-19 viral test but had close contact with a confirmed case in the past 14 days.</td>
</tr>
<tr>
<td>Community Spread</td>
<td>When people have been infected with the virus in an area and some are not sure how or where they became infected.</td>
</tr>
<tr>
<td>Epidemic</td>
<td>Affecting or tending to affect a disproportionately large number of individuals within a population, community or region at the same time.</td>
</tr>
<tr>
<td>Pandemic</td>
<td>Occurring over a wide geographic area and affecting an exceptionally high proportion of the population.</td>
</tr>
<tr>
<td>Isolation</td>
<td>Separates sick people with a contagious disease from people who are not sick.</td>
</tr>
<tr>
<td>Quarantine</td>
<td>Separates and restricts the movement of people who were exposed to a contagious disease, to monitor if they become sick.</td>
</tr>
<tr>
<td><em>Physical Distancing</em></td>
<td>Measures intended to limit the movement of people in order to interrupt the transmission of infectious, contagious diseases.</td>
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</tbody>
</table>
Oregon Physician or Healthcare Provider Return to School Template

Patient name ___________________________________________ DOB _______________________

Date of medical evaluation ___________________ Date of symptom onset ___________________

Date of COVID-19 viral test (if applicable) ___________________

Name of physician or healthcare provider ________________________________________________

Please check the appropriate assessment below:

_____ Patient has a NEGATIVE test for COVID-19. Child may return to school after 24 hours fever free
and all symptoms improving.

_____ Patient has a POSITIVE test for COVID-19. Child may return to school/childcare after a minimum
of 10 days after the start of symptoms, and after 24 hours fever free, and all symptoms improving.

_____ COVID-19 testing was not done. Patient has at least one primary COVID-19 symptom* and has
no other source of symptoms. Child may return to school a minimum of 10 days after the start of
symptoms, and after 24 hours fever free and all symptoms improving.

[note: A child should still be excluded from school x 10 days even if a non-COVID-19 ‘respiratory test,’ such as a
positive throat swab for rapid strep or a positive influenza test, is positive. Co-infection with COVID-19 was not
ruled out].

_____ COVID-19 testing was not done. Patient has at least one primary COVID-19 symptom* and was
found to have another clear non-respiratory source of symptoms. Child may return to school after 24
hours fever free and other symptoms improving.

[note: A child should still be excluded from school x 10 days even if a non-COVID-19 ‘respiratory test,’ such as a
positive throat swab for rapid strep or a positive influenza test, is positive. Co-infection with COVID-19 was not
ruled out].

_____ COVID-19 testing was not done. Patient has no primary COVID-19 symptoms*. Child may return to school ________________________________________________.

_____ Patient is not ill but has a known exposure to someone with COVID-19 and must quarantine for
___ days from the date of the last exposure.

Last date of exposure: ___________________________ (enter date or “unknown”)
Immediate Household Contact: Yes_______ No_______

Signature of physician or healthcare provider ________________________________________________

Definitions:
Fever free: No fever for at least 24 hours, without the use of fever-reducing medication.
**Primary” symptoms: Cough, fever of 100.4°F or higher, chills, shortness of breath, difficulty breathing, new loss of taste or smell.
**Non-primary” symptoms: Fatigue, muscle/body aches, headache, sore throat, nasal congestion or runny nose, nausea, vomiting, diarrhea.
†Although a 14-day quarantine is the safest option to prevent the spread of COVID-19 to others, close contacts who have not developed any symptoms may consider ending quarantine after 10 days without any testing, or after 7 days with a negative result on a COVID-19 viral test within 48 hours before ending quarantine, unless otherwise directed
by the local public health authority (LPHA).
Sample: Frequently Asked Questions for Families

How will parents and families be informed about outbreaks in their schools?
In XX district, we will use XX method to communicate information. Parents will be informed about how their children were exposed, such as whether it was in a classroom or other part of the school, but they will not be given any information about the identity of the individual to whom they were exposed to protect that individual’s confidentiality.

How else will the district communicate the latest information about COVID-19?
In emergency situations, X District relies on three methods of communication:
1. Messenger service / push notifications (automatic messages delivered instantly to your mobile device)
2. Website homepage for alerts and notifications
3. Social Media

What information will be shared when there is an outbreak at my child’s school?
Per the Oregon Health Authority, we will share the school of the person who was ill as well as notify staff/students when they have been in direct contact with a positive or presumptive case.

Will I know whether there was a sick person in my child’s classroom?
All staff and students who have come into close contact with the individual, will be informed. We value protecting the identities of individuals. In some schools and locations, disclosing this information could lead to identification of individuals who test positive or may be ill and in addition to that being an unauthorized disclosure of personal health information, and could result in stigmatization of these individuals and their families.

Why isn’t school closing?
Our school has taken the following steps to reduce the spread of COVID-19. 
XX
XX
XX

How do you define an “outbreak?”
An outbreak of COVID-19 is defined as two or more cases of the virus in a population within a particular geographic area, and which are epidemiologically linked, such as by sharing a specific location or source.
Tips for Communicating about the 2020-21 School Year

Tips to consider when preparing for the 2020 – 2021 academic year:

Establish a communications strategy. Consider these methods:

- Administer a survey to educators, parents, and/or students to gather their views around reopening and the role of summer learning as part of the equation.
- Appoint a family liaison in charge of overseeing all communications with families, if one is not present already.
- Ensure a dedicated COVID-19 email address or telephone number run by the district is functional, messages are monitored, and timely responses are provided.
- Host virtual town halls to communicate the results of the survey and work of the Task Force.
- Publish a press release articulating a detailed vision for the 2020-21 school year and how community input was/will be incorporated.
- Create and run public service announcements encouraging steps such as filling out the survey.
- Publish opinion pieces that articulate the district’s reasoning behind its reopening plans and describe health and safety precautions being taken.
- Conduct a media briefing to communicate the district’s reopening plans.

Provide concrete, parent-friendly information.

- Avoid ‘education jargon’ or difficult instructions that are not plain language and can confuse parents. Explain what the changes will mean and provide step by step instructions for what they can expect when an outbreak occurs. For example, if they will receive an alert message through the school’s messenger service.
- Translate updates into school community native languages as needed.
- Be empathetic and personalize the tone of updates as much as possible (parents care first and foremost on how changes will affect their child rather than the system). COVID 19 and school closures are stressful for parents, teachers, and students. Communication should acknowledge this difficult time and offer opportunities for the school community to support each other as much as possible.

Engage partners and key stakeholders

- Co-host meetings with educator organizations, community groups, parents and families, and other civic-minded bodies to hear concerns and provide clarity on the district’s vision.
- Record meetings and post to website.
- Discuss and review parent-friendly materials.
- Work with partners to identify additional stakeholders and opportunities for deeper engagement.
Communicate new information frequently using multiple channels and platforms

- Update your website (homepage) regularly with the concrete, easy to understand information and resources. In addition to the updates, consider posting items that are being worked on and let parents know when to check back. (Example: Fall School Plans: In Progress. Check back for updates soon).
- Include all links to district digital learning platforms in one place as well as additional mobile-friendly digital resources or families who may not have access to high speed internet.
- If possible, also include the latest information regarding COVID 19 assistance (i.e. how students can get free meals if they qualify, or technology or internet connectivity assistance if available.)
- Have materials reviewed by civil rights, advocacy groups, and organizations that represent vulnerable communities for tone, cultural competency, and to ensure key issues are addressed and that the communication resources are reaching underserved populations.
- Take steps to ensure that all materials are available in multiple languages and are accessible to parents and other stakeholders with disabilities.
- Communicate via local media (earned, donated, and paid) channels including print, TV, and radio.
- Track questions that are raised and post an FAQ online with clear, detailed answers to respond to common concerns and issues.
- Engage with stakeholders on various social media channels.
- Utilize social media, voice and text to reach parents with key information.
- In addition to the above channels, share information through community-based organizations such as PTAs, Boys & Girls Clubs, and places of worship.

Send Regular updates on a consistent schedule so parents know to expect them. (For example, every Monday night.)

- Use multiple communication methods in a coordinated way to ensure you’re reaching all families, including those without email/internet access. For example, share updates by text, phone, and social media.
- If updates are too long for text/social media, link to the website page and/or one pager that can easily be opened from those platforms.
- Consider leveraging an existing auto phone call system or chain (or create one) to contact families and/or students that you haven’t been able to reach online. Phone calls should also be used for communicating sensitive or personal information.
- If possible, provide printed updates and instructions for home learning.

Create Opportunities for Two-way Communication

- Consider a way for parents to submit questions, ideas, and share resources.
- Provide a question/contact us box either on the website or Facebook page.
- Based on what parents are asking, post FAQ’s on the website.
- Use social media and/or PTA/parent group pages as an avenue for parents to share ideas and resources on both academic as well as social/emotional development.
Protecting Student and Staff Privacy

What information can a school / district share in the event of a positive case or outbreak of COVID-19?

Schools are required to protect student privacy under the federal FERPA law. Schools can maintain this privacy right by adhering to the letter templates above, consulting with legal counsel, or reviewing FERPA requirements in light of their own tools for communication. We value protecting the identities of individuals. Schools are discouraged from providing any personally identifiable information and should consider the cohort size when notifying a small group of direct exposure. *Schools continue to be required to share students/staff specific information with the LPHA as required in Section 1a of RSSL.

Can parents and students find out who the COVID-positive cases are?

No. The identities of individuals who test positive for COVID-19 will be kept confidential to protect their privacy. This information is only shared with the LPHA.

A Single Positive Case of COVID-19

Can a school / district stay open when it has one positive case of COVID-19?

Yes. The school must take these immediate action steps outlined in Scenario 5 above:

- Send student/staff home, if not already isolated.
- School nurse or designated staff contact LPHA to confirm case and to begin collaboration on contact tracing.
- After confirming positive case, use Common Communication protocol to notify class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.
- Document on cohort logs when 6 feet physical distancing was not maintained during school day.
- Provide cohort logs to LPHA, to assist with identifying exposed individuals.
- If LPHA determines an entire cohort requires quarantine, follow Common Communication protocol.
- Collaborate with LPHA to determine if cohort quarantine is indicated.
- Use Common Communication protocol when communicating decision to quarantine the cohort.

Initial Response to a Positive Case(s) at School

How will school districts find out if there are COVID-positive cases in their schools?
Local public health authorities will be informed of positive cases within schools and will notify the school district superintendent or designee. Families and/or staff may also contact the school directly. Schools and LPHAs should plan for continual communication regarding known cases.

**What will schools have to do in response to positive cases?**
Decisions about when or how schools need to respond to a COVID-19 event depends on the specific scenarios; refer to scenario table above. School and classroom sizes are highly variable across Oregon and therefore, the response and protocols may vary and will require school leaders to make critical decisions in partnership with the LPHA. For all COVID-19 events, school and district leaders are required to partner with the local public health authority (LPHA). The school and school district will coordinate on specific action steps as detailed in the scenario table. School and district leaders will serve as trusted communicators in notifying staff, students, families, and their community about the situation and the action steps taken by the school and district. It is critical that the school and district work with local health officials to protect the privacy of those impacted.

**How will schools, parents, students and staff be informed, and how quickly?**
Schools will be informed about cases by their local public health authorities. Schools should have as many communication methods as possible for communicating to parents, students and staff to ensure as many people as possible are reached. These methods can include text messages, push notifications, voice messages and email, which direct people to additional information on the web, but it should be done within XX hours after being informed of the cases by the local public health authorities and notifying the school district and Oregon Department of Education.

**Will each school need to be cleaned after a COVID-positive case is reported there?**
Yes, and the size of the cleaning area depends on the number of people infected and where they and their close contacts spent time. For example, it may only be necessary to clean, beyond normal procedures, one part of the building if those who tested positive only spent time in that area of the school. If the school is experiencing a large outbreak that affects multiple parts of the facility, a school may choose to close the school and move to a hybrid or Comprehensive Distance Learning model.

**Will everyone in the school be tested?**
Unless individuals are displaying symptoms or COVID-19 or they were in close contact with confirmed cases, OHA does not recommend universal testing for everyone in a school facility if there are only a handful of cases. Testing may be recommended for a large group of people—up to and including everyone in a school—that may include individuals without symptoms if it’s determined that such testing would be useful in limiting the spread of the virus in a facility. This will be determined by the LPHA and OHA.
When to Close School(s) to In-Person Instruction

How many positive cases are needed to close a school to In-Person Instruction?
This depends on the size of the school, the cohort interactions, and the number of cases within different cohorts. Schools are encouraged to use small stable cohorts with little interaction with other cohorts to limit the potential for full school closure to In-Person Instruction.
The school will:
- Take immediate action to send students/staff home who have tested positive for COVID-19, if not isolated already.
- Contact the LPHA to confirm the case and begin collaboration on contact tracing, by providing cohort logs to identify exposed individuals.
- Use established communication protocol and customize communication templates to notify affected class/cohort/staff that LPHA is aware of COVID-19 case, and will assist in determining and notifying exposed individuals.

If the LPHA recommends an entire cohort (or other identified group) requires quarantine, a notification will be sent to those impacted to isolate at home for 10 days after symptoms first appear and until 24 hours after fever us resolved, without use of fever-reducing medicine and other symptoms are improving. More information can be found in Scenario 7.

If the percentage of cases within a particular school population goes above a level at which managing or containing an outbreak becomes more difficult, schools should consider closing In-Person Instruction to limit the spread of the virus among students and staff, and to allow the facility to be thoroughly cleaned.

Can a school be partially closed to In-Person Instruction when there are COVID-positive cases?
Yes. It depends on the size of the school and the number of people infected. A school could potentially continue offering in-person instruction if, for example, local public health authorities, in their investigation, determine that the outbreak was contained within a certain part of the facility, and that confirmed cases and their close contacts spent time only in certain areas.

Authority to Close School(s) to In-Person Instruction

Who has the authority to close schools?
Decisions about when or how schools need to respond to an outbreak of COVID-19 involve collaboration across multiple jurisdictions. If part or an entire school needs to close to in-person instruction and transition from On-Site or Hybrid Instructional models to Comprehensive Distance Learning models as a matter of public health, or return from Comprehensive Distance Learning Models to Hybrid or On-Site models, it is also important that educators, students, families, and the general public have a clear understanding of how decisions are made and who makes those decisions.
When determining if part or an entire school needs to close, schools should work in a collaborative manner with Local Public Health Authorities (LPHAs). LPHAs are vital partners to advise and consult on health and safety in schools with school officials but in general decisions of public health at the local level reside with school and district officials. There can be exceptions within local law and any additional authorities should be clarified at the local level.

Public Reporting of School Cases

**Why is it important to report outbreaks of positive COVID-19 cases?**

Public reporting of outbreaks can help people better understand how disease transmission is happening in their communities. For example, if there are suddenly many more cases in a smaller county, reporting of a school outbreak responsible for many new cases can better illustrate why cases have spiked. This information also can prompt people within a particular area or location to take steps to protect themselves, such as by social distancing or wearing face coverings.

Role of State and Local Public Health Authorities

**What is OHA’s role in responding to outbreaks in school districts around the state?**

OHA supports local public health authorities and schools in responding to cases and outbreaks through data sharing, technical assistance—recommendations for limiting the spread of the virus within a facility—and case investigation, which includes interviewing individuals who test positive for COVID-19 and tracing their close contacts.

**What is the LPHA’s role in responding to outbreaks in school districts around the state?**

Local public health authorities, with support from the Oregon Health Authority, conduct case investigation and contact tracing activities, as well provide recommendations on ways to limit the spread of the virus in a particular location, such as separating groups of people, quarantine and isolation, and good disinfection and hygiene practices.