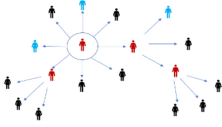




### Systems of Contact Identification and Notification





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### Transparency

This training is a collaborative effort:

- It draws on “best practices” and resources from the Oregon Department of Education (ODE), the Oregon Health Authority (OHA) and the Centers for Disease Control and Prevention (CDC).
- We work closely with state, county and local public health officials as well as community-based partners to respond to changing needs, protocols and capacity.



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### Who we are...

#### Nhu To-Haynes and Nicole Browning

Commitment and Experience:

- We are Public Health educators and practitioners
- We work in academia and in community settings
- We have harm reduction experience and are comfortable conversing about sensitive topics
- We prioritize supporting communities at risk for additional harm
- We value training and outreach as a tool for bridging



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### Training Schedule



**Welcome and Introductions!**

- Module 1: COVID-19
- Module 2: Trauma Informed Principles
- Module 3: Preventing Community Spread

**Break: 5-10 Minutes**

- Module 4: COVID-19 Response in Schools
- Module 5: COVID-19 Case Presentations
- Module 6: Next Steps

**End: Noon**



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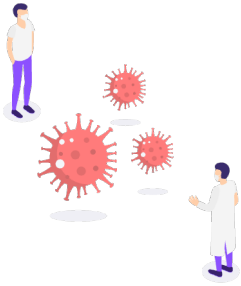
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### 1 COVID-19





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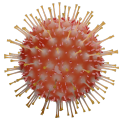
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### What is it?

COVID-19 is a respiratory disease that is caused by the SARS-CoV-2 coronavirus. Coronaviruses aren't new—they are a large family of halo shaped viruses, common in many species of animals, that can be transmitted to humans. Common animal carriers include cats, cattle, camels and bats.

The most common route for human infection is mucous membranes in our eyes, nose and mouth.





Source: CDC.gov

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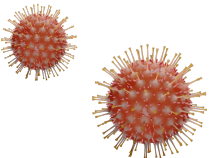


**What's in a name?**

**CO** = Corona

**VI** = Virus

**D** = Disease

**19** = 2019

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English: <https://www.youtube.com/watch?v=BitN-ggy9VOY>  
 Spanish: <https://www.youtube.com/watch?v=PuSlvcdRc>




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**Updates**

- Vaccines are widely available.
- Communities are slowly returning to normal.
- The virus is now endemic and annual booster shots may be recommended.
- New cases will be guided to isolate.
- Unvaccinated close contacts will be guided to quarantine.
- Fully-vaccinated close contacts may be exempt from quarantine.

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### Viral Characteristics

- Viruses change constantly through mutation
  - New variants are expected to occur
  - Don't always result in increased virulence
- Mutations are minor "replication" errors
  - Caused by incompatibilities between virus and "host" cells
  - Multiple strains can infect the same cell
  - New cells may become "unrecognizable"
- 3 Categories of Variants
  - Variants of Interest (VOI)
  - Variants of Concern (VOC)
  - Variants of High Consequence (VOHC)

Source: CDC.gov



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### Variants of Concern

- Alpha (B.1.1.17)
  - First identified: United Kingdom
  - Faster transmission
  - Appears to be more virulent
  - Current vaccines are effective
  - Treatments are effective
- Beta (B.1.351)
  - First identified: South Africa
  - Higher transmission
  - Does not appear to be more virulent
  - Current vaccines are effective
  - Treatments are less effective

Source: CDC.gov



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### Variants of Concern

- Gamma (P.1)
  - First identified: Japan/Brazil
  - Higher transmission
  - Appears to be more virulent
  - Current vaccines are effective
  - Treatments are less effective
- Delta (B.1.617.2)
  - First identified: India
  - Higher transmission
  - Appears to be more virulent
  - Current vaccines are effective
  - Treatments are less effective

Source: CDC.gov



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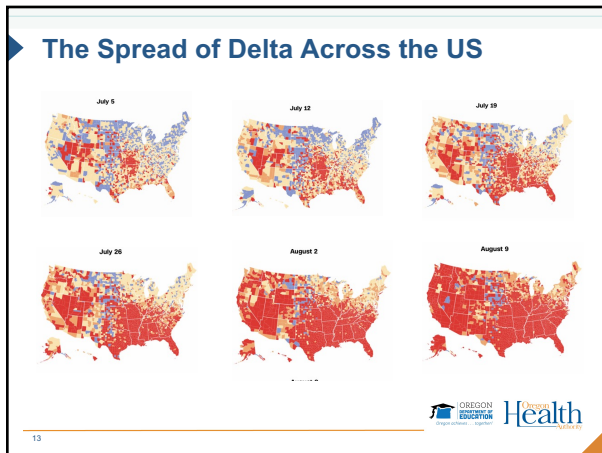
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### How it Spreads

- Airborne—close contact between people (within 6 feet for 15+ mins (cumulative over 24 hours)
  - Droplets/aerosol mist from coughs, sneezes, singing or talking of infected person are inhaled by non-infected person
- Contact with contaminated objects or surfaces
  - Possible but not the most common route
- Survival time on surfaces:
  - Cloth – up to 2 days
  - Plastic and wood – up to 3 days
  - Metal and glass – up to 7 days

Source: CDC.gov

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14

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### Infection Type

**Asymptomatic 40-45%:**  
A person may never develop any symptoms of the illness.

**Symptomatic 55-60%:**  
A person develops symptoms of the disease.

When a person is infected with the virus that causes COVID-19, they may or may not have symptoms:

- Average onset of symptoms is 5 days
- Peak infectiousness is two days *before* and one day *after* symptoms onset
- *Reinfection can occur!*

Source: CDC.gov

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### Symptoms

COVID-19 can cause a range of symptoms; from mild to severe. When symptoms do appear, they usually emerge between 2-14 days after someone is first exposed to the virus and may include:

- Fever
- Cough
- Shortness of breath
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell



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### Higher Risk for Severe Outcomes

- People ages 60+
- People who live or work in congregate settings like skilled nursing, assisted-living, psychiatric hospitals, correctional facilities and schools.
- Pregnant people
- Weakened immune system
- Chronic lung disease or asthma
- Cardiovascular disease
- Serious heart condition
- Uncontrolled diabetes
- Organ disease or organ failure



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### Testing, Immunity, Vaccination

- **Testing**
  - The virus can be detected as early as 3-4 days after exposure, but the entire incubation period is 14 days.
  - A negative test before the end of 14 days is **NOT** a guarantee that the infection won't take hold!
- **Infection-based Immunity**
  - Wanes at approximately 3 months
  - Reinfection is possible
- **Vaccination**
  - Everyone above the age of 12 is eligible to be vaccinated.

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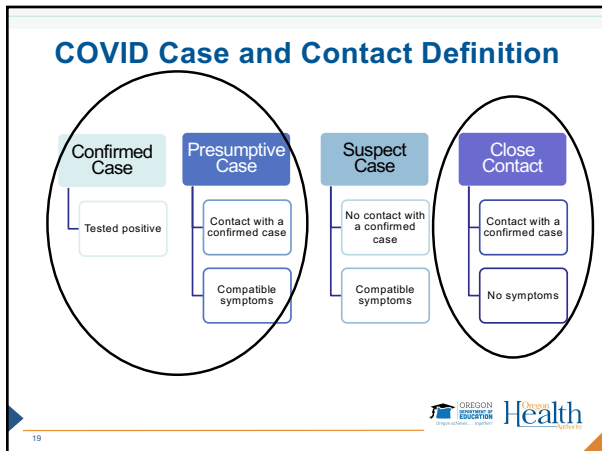
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### Isolation Guidance

Isolation is used to **separate Confirmed and Presumptive Cases separate from people who are not infected** (whether they are symptomatic or asymptomatic).

**OHA recommends 10 days.**

People who are in isolation should stay home until it's safe for them to be around others:

- At home, anyone sick or infected should separate themselves from other household members
  - Stay in a specific "sick room" or area
  - Use a separate bathroom (if available)
- Avoid contact with household pets
- Don't share personal household items, like bedding, towels, dishes, and utensils
- Wear a mask when around other people.**

Logos for Oregon Department of Education and Oregon Health Services are at the bottom right. The number 20 is at the bottom left.

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### Quarantine Guidance

Quarantine is intended to **reduce the risk that a Close Contact unknowingly transmits infection to others.**

**OHA recommends 14 days**, but Local Public Health Authorities may establish shorter quarantine options for their jurisdiction.

- 10 Days** – Quarantine may be discontinued after Day 10, if **no symptoms** have been reported during daily monitoring.
- 7 Days** – Quarantine may be discontinued after Day 7, with a **negative test** and if **no symptoms** have been reported during daily monitoring.
  - Test should occur within 48 hours before the time of planned quarantine discontinuation.

Logos for Oregon Department of Education and Oregon Health Services are at the bottom right. The number 21 is at the bottom left.

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**Quarantine Duration**


**Unvaccinated people should:**

- Stay home for 7-14 days.
- Respond to daily symptom monitoring.
- Follow directions from their state or local public health authorities.

**Vaccinated people are not required to quarantine if they:**

- Remain asymptomatic since the current COVID-19 exposure.

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**Stay Home. Save Lives.**

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**State Emergency Health Powers Act**

During a Public Health emergency, State and local authorities are empowered to carry out the following functions:

1. Comprehensive planning for public health emergencies.
2. Surveillance measures to detect and track public health emergencies.
3. Protection of persons, testing, treatment, isolation and quarantine when clearly necessary.
4. Management of property, ensure adequate availability of vaccines, pharmaceuticals and hospitals, as well abate hazards to the public's health; and
5. Communicate clear and authoritative information to the public.

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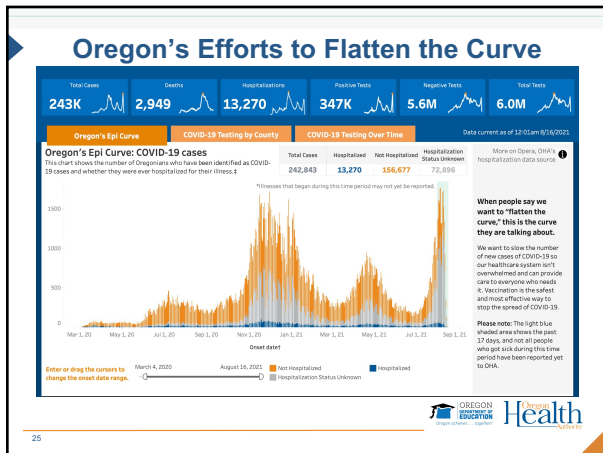
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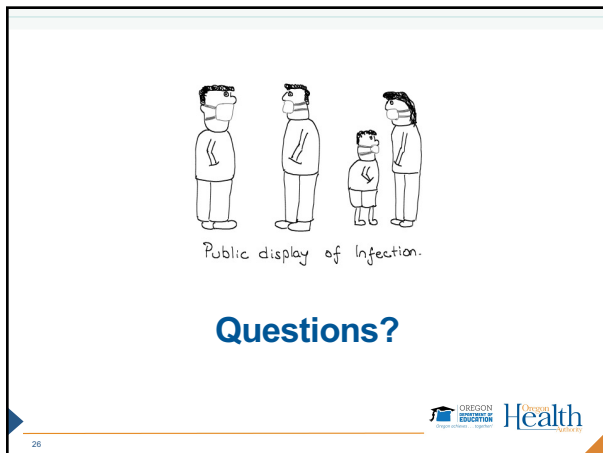
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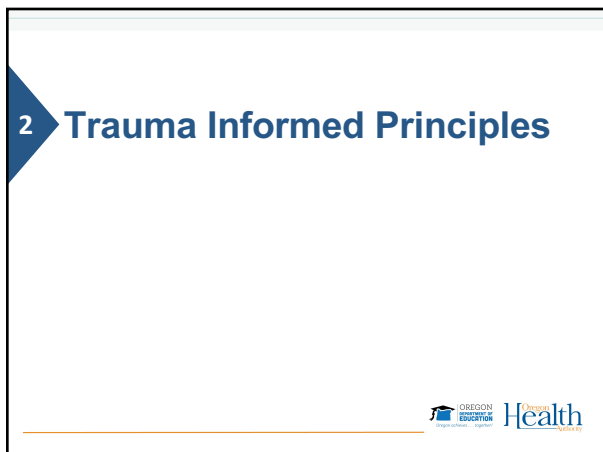
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## Topics

- Community Impact
- Trauma Informed Approach
- Security and Confidentiality



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## Community Impact

Those most affected..



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## Most Impacted by COVID-19

## Burden of Disease

Nationally, Black, indigenous and people of color represent a higher percent of COVID-19 confirmed cases compared to the general population.

In Oregon:

- In some regions, hospital bed capacity is at or near limits in both staffed adult ICU (intensive care units) and non-ICU
- Increase in cases among younger age groups
- Delta variant is affecting all communities in Oregon
  - National Guard assistance requested
  - Athletic seasons postponed due to outbreaks



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## Impact on Prohibited Populations

**Systematically Marginalized: Public Health role**

- Communities that already face discrimination are exposed to additional harm
  - communities of color
  - undocumented individuals
  - people experiencing houselessness
  - people impacted by mental health
  - people experiencing addictions
  - people living functional limitations
- People relegated to under-resourced communities
  - low socioeconomic status
  - low educational achievement

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## Bridging with Trauma Informed Principles

- Safety
- Trustworthiness and transparency
- Peer support and mutual self-help
- Collaboration and mutuality
- Empower voice and choice
- Consider, recognize and provide for cultural, historical, and gender issues

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## Trauma Informed Approach

Cultivate Lasting Resilience

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### When will a trauma informed approach be important?

- Conversations with parents and guardians around face covering requirements
- Building trust with school community through transparent communication
- Offering information about resources for those asked to quarantine or isolate
- Listening to concerns and/or grievances
- Being supportive of local public health authorities (LPHAs) guidance

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### Security and Confidentiality

Safety and Privacy






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### Confidentiality

- You have access to confidential information
- This is a delicate and frightening time for people, your community should be able to trust you with their information.



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**Maintain Privacy**

- Remember, this is personal, protected health information.
- Do not share information with anyone in your home or social circle.
- Having access to information or a database does not give you the right to look up your family, friends, acquaintances, nemesis, political figures, etc.

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**Questions?**

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**3 Preventing Community Spread**






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**Topics**

- Roles in Preventing Community Spread
- Centers for Disease Control and Prevention (CDC)
- Oregon Health Authority
- Local and Tribal Public Health Authorities and Community Partners
- Community Members
- Resources

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**Preventing Community Spread**

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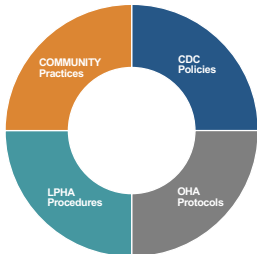
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**Roles in Preventing Community Spread**



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## Centers for Disease Control and Prevention

Principles and Policies

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## Role: CDC NNDSS

### National Notifiable Diseases Surveillance System

<b>Categories (partial list)</b>	<b>Delegated Authority</b>
<ul style="list-style-type: none"> <li>• Vaccine-preventable</li> <li>• Food and waterborne pathogens</li> <li>• Sexually transmitted infections</li> <li>• Outbreaks</li> <li>• Diseases of "possible public health significance"</li> </ul>	<ul style="list-style-type: none"> <li>• State Public Health Authority                             <ul style="list-style-type: none"> <li>– Healthcare Providers</li> <li>– Healthcare Facilities</li> <li>– Licensed Laboratories</li> </ul> </li> </ul>

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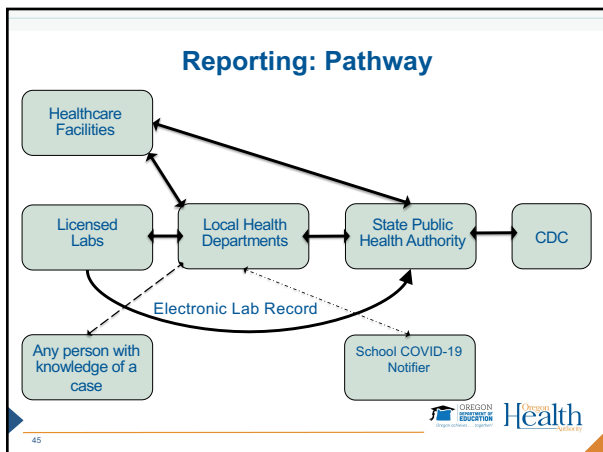
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## Oregon Health Authority

Policies and Protocols

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## COVID-19 Reporting

In Oregon, the following COVID-19 events are reportable:

- COVID-19 laboratory results (positive and negative)
- COVID-19 related hospitalizations
- COVID-19 related deaths

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[https://www.youtube.com/watch?v=HKr0BO\\_dG5I](https://www.youtube.com/watch?v=HKr0BO_dG5I)

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**Results...**

<https://dzone.com/articles/contact-tracing-apps-for-proximity-alerts>

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**Local and Tribal Health Authorities and Schools**

Procedures

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**Role: Case Investigator**

- Contact positive and presumptive Cases to conduct investigative interview.
- Collect demographics, health history, discuss travel, social interactions, and identify close contacts.
- Provide isolation guidance and information or education about reducing the risk of transmitting COVID-19 for themselves or their household members.
- Provide navigation or connection to case management when other services are needed.
- Link Cases to medical care and treatment, if needed.

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51

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**Role: Contact Tracer**

- Notify Contacts of their exposure.
- Collect demographics and assess Contact for symptoms.
- Refer Contacts to COVID-19 testing.
- Provide quarantine guidance and information or education about reducing the risk of further exposure or acquiring COVID-19 for themselves and their household members.
- Check-in daily to monitor Contact for symptoms.
- Provide navigation/refer to Pandemic Relief Programs.
- Refer to LPHA or CBO for case management when other services are needed.
- Link Contacts to medical care and treatment, if needed.

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**Role: School COVID-19 Notifier**

- Assess individuals for symptoms.
  - Conduct COVID-19 testing and report results (where available)
  - Report Cases to LPHA (when applicable)
- Notify of need to Quarantine/Isolate
  - Cases are asked to **promptly isolate.**
  - Close contacts are asked to **promptly quarantine.**
  - Reinforce Quarantine/Isolation guidance.
- Respond to inquiries with referrals to:
  - Pandemic relief programs and services
  - LPHA or CBO for case management for other unmet needs
  - Medical care

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**Community Members**

Practices

School Safety  
Everything Working Together



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**Role: Families and Community Members**

- **Review Initial COVID-19 Guidance**
  - Letter to Caregivers, Parents, and Families: Prevention and Information
  - COVID-19 Guidance Document for Caregivers, Parents, and Families
  - Prepare with Isolation and Quarantine Home Checklist
  - Return signed consent forms for COVID-19 testing (where requested)
- **Comply with Quarantine or Isolation Guidance**
  - When notification is received from school
  - Follow guidance provided by LPHA

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**Questions?**

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**4 COVID-19 Response in Schools**

WELCOME BACK TO SCHOOL



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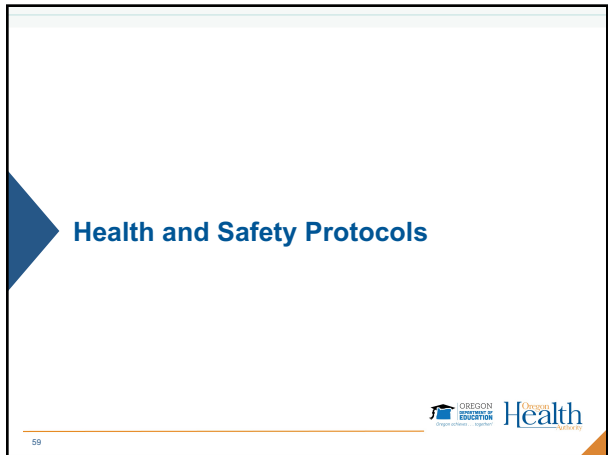
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# Health and Safety Protocols


- Last school year districts implemented layers of mitigating measures.
- The mitigating measures allowed schools to stay open and limit transmission amongst staff and students.
- While safety measures are *strongly advised* we also know they allow districts to keep children in school.

## KEY PRACTICES FOR REDUCING SPREAD OF COVID-19 IN SCHOOLS


The mainstays of reducing exposure to the coronavirus and other respiratory pathogens are:




**Vaccination** – The most powerful tool available to stop the spread of COVID-19.




**Protective Equipment** – Use of face coverings and barriers.




**Physical Distancing** – At least three feet with other people.




**Hand Hygiene** – Frequent washing with soap and water or using hand sanitizer.




**Airflow & Circulation** – Outdoor activities are safer than indoor activities, maximize airflow in closed spaces.




**Isolation & Quarantine** – Isolation separates people who have a contagious disease from people who do not. Quarantine separates and restricts the movement of people who were exposed to a contagious disease.




**Environmental Cleaning & Disinfection** – Especially of high touch surfaces.



**Cohorts** – Conducting all activities in small groups that remain together over time with minimal mixing of groups.



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EDUCATION  
*Oregon achieves... together!*



**OREGON**  
HEALTH  
DIVISION

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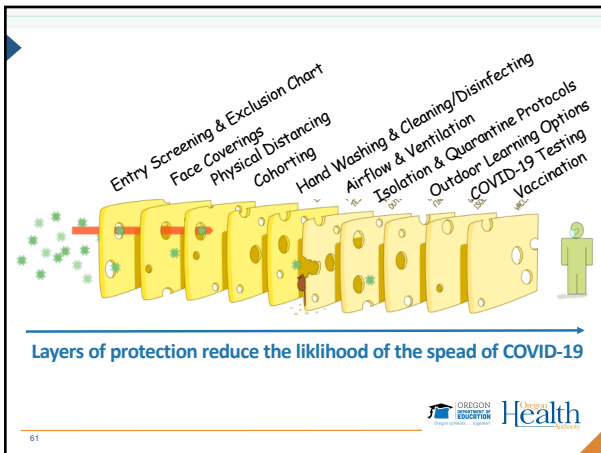
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### Cohorting

Cohorts help manage risks in the potential spread of COVID-19. In particular, the size of a cohort, or the number of students who interact with each other, matters for risk management.

Student cohorting:

1. Limits the number of exposed people when a COVID-19 case is identified in the school
2. Quickly identifies exposed individuals when a COVID-19 case is identified
3. Minimizes the number of people who may need to be quarantined as well as school-wide disruptions in student learning.

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### Effective Mask Wearing

**UNIVERSAL AND CORRECT USE OF FACE COVERINGS KIDS LEARNING IN-PERSON, WHICH WE ALL AGREE IS BEST FOR STUDENTS.**

Face coverings mean more days in school for students.

**✓**

When students are at least 3' apart and everyone is wearing a face covering, students who are in close contact with someone with COVID-19 don't need to quarantine unless they have symptoms.

**✗**

Without face coverings and at least 3' of distance, students in close contact with someone with COVID-19 will need to quarantine, and miss school days. This could include all members of the stable small group (cohort).

**✗**

If no face coverings are worn and students do not distance, it becomes more difficult to track close contacts. Exposure to a confirmed case can compound when students shift to new classrooms or visit other indoor spaces in the school, such as the library or gym. This could lead to quarantining of full grades or full school closure.

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### Daily Logs

A system for maintaining daily logs for each student/cohort is recommended for the purposes of contact tracing.

- Developed in consultation with school/district nurse or LPHA.
- Sample logs are available as part of the Oregon School Nurses Association COVID-19 Toolkit.

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### LPHA Relationship

1. Protocol for notifying the LPHA when there is a confirmed or suspected case among staff or students.
2. Process to report to LPHA any cluster of illness among staff or students.
3. Provide logs to LPHA of any confirmed COVID-19 cases or staff **OR** when notified of a confirmed COVID-19 case among students or staff.
4. Protocol to cooperate with LPHA recommendations related to COVID-19 health protections and quarantine timelines.

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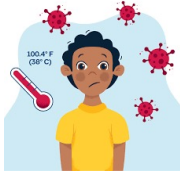
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### Identification

Assess



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**Assessment**

- **Primary symptoms require exclusion**
  - Cough
  - Temperature of 100.4F or higher
  - Chills
  - Shortness of breath
  - Difficulty breathing
  - New loss of taste or smell
- **On-site Testing (where available)**
  - Report positive results to LPHA

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**Notification**

Inform



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**Common Communications**

- **Guidance**
  - Letter to Caregivers, Parents, and Families: Prevention and Information
  - COVID-19 Guidance Document for Caregivers, Parents, and Families
  - Isolation and Quarantine Home Checklist
- **Notification**
  - Letter of Notification - Exposure to COVID-19
  - Letter to Staff and Caregivers - Case of COVID-19 in School
- **Resources**
  - COVID-19 FAQs for School Staff When Speaking to Caregivers and Families
  - Resources During COVID-19

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## Isolation/Quarantine Alert

Clarification and Support

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## Needs and Resources

### Reinforce Guidance

**Isolation**

Cases

10 days


**Quarantine**



*Close Contacts*

7-14 days

**Common Concerns**

- Lost/reduced wages
- Risks to employment
- Housing security
- Food security
- Energy bills



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## Referral Resources

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<https://coronavirus.oregon.gov>

Tracking COVID-19  
What's Open in My County?  
Housing and Food Resources  
Testing and Vaccination

5,430,266  
208,834  
2,778

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Oregon's  
LIFE

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<https://www.211info.org>

COVID-19 INFORMATION  
CLICK HERE

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EDUCATION  
Oregon achieves... together!

Health  
Oregon's  
LIFE

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Questions?



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Health  
Oregon's  
LIFE

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# COVID-19

## School Case Presentations

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# South Coast Region




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# South Coast Region

## Significant Challenges

- Figuring out how to keep cohorts as low as possible. The more the students transition between activities the more contacts they have.
- What to do for lunch and recess? The students generally congregate in the same place during these times.
- How do we keep the outside public from interacting with the school populations?
- Communicating calmly and effectively to students, staff and families when cases and exclusions arise.

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## South Coast Region

### Most Beneficial

- Setting a consistent system and touchpoint between the district and the LPHA to communicate for positive cases and exclusions.
- Designing and training on contact logs with clear and accurate information.
- Utilizing effective signage.
- Proactive training of staff, families and students.

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## South Coast Region

### What I Would Do Differently

- Do a dry run of the protocols for exclusion and isolation before the first case.
- Prepare 2-3 of the most frequent communications prior to the first case.
- Take contact information for students and staff home with you or ensure you have remote access.
- Understand and utilize metrics located in the CDMP in order to make decisions on loosening measures.

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## South Coast Region

### Thankful For

- OHA and LPHA Partners.
- Staff who had safety in their minds eye.
- Colleagues to share ideas and resources.
- Students who hung in with us when we were learning.

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## Oregon School for the Deaf




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## Oregon School for the Deaf

### Significant Challenges

- Becoming the perfect vector “super spreader” situation due to our students coming to OSD campus from 49 different school districts, from all areas in Oregon, to one central location during the week.
- Having a dorm element – many of our students stay during the week in dorms with mixed ages, then travel home on the weekend. Keeping masks on and remaining physically distanced from each other is a challenge past the school day and keeping the cohorts separated by age, limiting exposure to each other.

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## Oregon School for the Deaf

### Significant Challenges – continued

- Feeding students safely with the monotony of limited food choices.
- Communication between student and home is stressed at best – many parents do not use ASL fluently. Educating the students to our communal responsibility and helping them understand the WHY is paramount. Differing political views and criticism of mandatory mask wearing for Deaf children remains a challenge.

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## Oregon School for the Deaf

### Most Beneficial

- Having consistent and regular messages from leadership in English/Spanish/ASL going to staff/students and families.
- OSD Safety Officer has the last word – our maintenance supervisor has a military background and is very convincing.
- Daily OSD Facility Entry COVID-19 Screening – no exceptions. No volunteers, no fieldtrips, no outside fans for sports – less people to mitigate the risk we expose our students to.
- Safe room for isolation set up, individual cafeteria tables, signage, example set by Deaf adults.

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## Oregon School for the Deaf

### What I Would Do Differently

- Create more opportunities for expressing feelings through the process, using student/staff stories to educate each other about the risks of being infected with COVID.
- Engage with medical professionals who know ASL to share videos instead of having materials interpreted.
- Time construction projects differently so that when we came back we weren't in the midst of improvements and contractors in our school.
- Not worried so much about how much it cost us to ensure every student had access online, or mailings of packets of materials, or home visits. Every interaction was valuable.

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## Oregon School for the Deaf

### Thankful For

- Flexible staff who showed innovation and creativity, in the midst of seemingly impossible situations.
- Our School Nurse who communicated with our LPHA and OHA and kept us all as safe as possible.
- A Safety Committee, already well-established, who would calmly communicate and keep the rumor mill at bay.
- Solid guidance from ODE: since we are a school that serves the state, it feels good to have clear guidance that we can take and translate for our population

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## Questions?



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## Next Steps



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## Preparedness Review

### Recommended Activities

- Planning for COVID-19 in Schools Toolkit (*August 16, 2021*)
- School Infection Prevention and Control training

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### Preparing to Respond/Report

- **Contact Logs/Documentation**
  - What tool will you use to track student and staff interactions?
  - What is the protocol to implement these tools?
- **What happens if there is a positive case in my school?**
  - What is the district's communication plan?
  - Who oversees communication and decision making?
- **Local Public Health Engagement**
  - Do you know who to contact in your LPHA?
  - Does your LPHA know you and your contact info?



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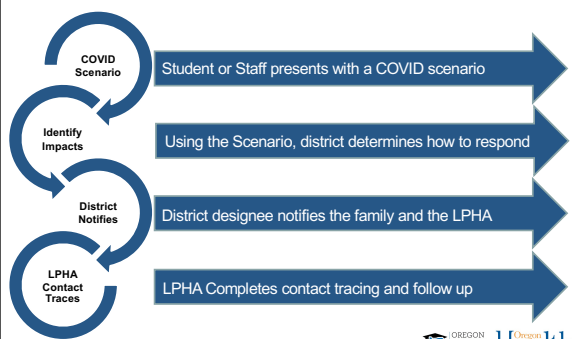
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### Processing COVID Scenarios In School




COVID Scenario: Student or Staff presents with a COVID scenario

Identify Impacts: Using the Scenario, district determines how to respond

District Notifies: District designee notifies the family and the LPHA

LPHA Contact Traces: LPHA Completes contact tracing and follow up



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### Evaluation

We can only improve with your feedback!

**We have provided a link in the chat!**

(If you are unable to complete the evaluation now, you will receive another opportunity with the post-training email)



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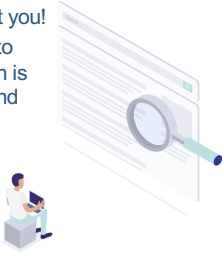
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# THANK YOU!

- This would not be possible without you!
- Your dedication and commitment to protecting your community's health is what we need to keep folks well and reduce the spread of the virus.



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