



Waldorf School OF BEND

Communicable Disease Management Plan 2020

This Plan Contains:

WSB Communicable Disease Prevention Plan
WSB Exposure Control Plan
WSB Pandemic Response Plan
COVID-19 Specific Considerations

Prepared by: Nicole Blume, Taylor Blacklock & Tess Vining

Table of Contents

[COVID-19 Specific Communicable Disease Management](#)

[Section A: Measures to Limit Spread of Disease](#)

[Hand Hygiene and Respiratory Etiquette](#)

[Section B: COVID-19 Specific Exclusion Criteria](#)

[Monitoring and Enforcing](#)

[Section C: Physical Distancing, Stable Cohorts and Staggered Schedules](#)

[Classroom Orientation and Physical Barriers](#)

[Maintaining Small Cohorts](#)

[Staggered Scheduling](#)

[Communal Spaces](#)

[Section D: POC, Staff Training, PPE](#)

[Designated COVID-19 Points of Contact](#)

[Staff Training](#)

[Personal Protective Equipment](#)

[Section E: Operational Protocols and Shared Item Sanitation](#)

[Food Service](#)

[Shared Objects](#)

[Water Systems](#)

[Section F: Outbreak Plan, Screening and Isolation Measures, Contact Tracing](#)

[Positive Diagnosis](#)

[Screening for, Identifying, and Isolating Ill Students and Staff](#)

[Health Promotion, Prevention, and at Home Screening](#)

[Isolation Measures](#)

[Isolation Space](#)

[Contact Tracing](#)

[Section G: Positive Diagnosis Communication](#)

[Communication Systems](#)

[School Communication](#)

[Staff Communication](#)

[Communication Regarding Confirmed Cases](#)

[Section H: Changes to Stable Groups and Locations](#)

[Visitors and Volunteers](#)

[Gatherings and Field Trips](#)

COVID-19 Specific Communicable Disease Management

The Waldorf School of Bend follows the published Communicable Disease Guidelines from the Oregon Department of Education and the Oregon Health Authority:

https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commdisease.pdf?utm_medium=email&utm_source=govdelivery

This Existing Communicable Disease Management Plan will be deferred to for standards in disease control and prevention.

Additional increased protocols implemented:

1. Both mandatory and regular hand and respiratory hygiene.
2. Screening protocols including: Visual and temperature screening of all students and staff. Isolation and Exclusion Practices: Potentially symptomatic students will be isolated following guidance outline below.
3. Environment sanitation, stable cohorts, PPE and physical distancing as outlined below.

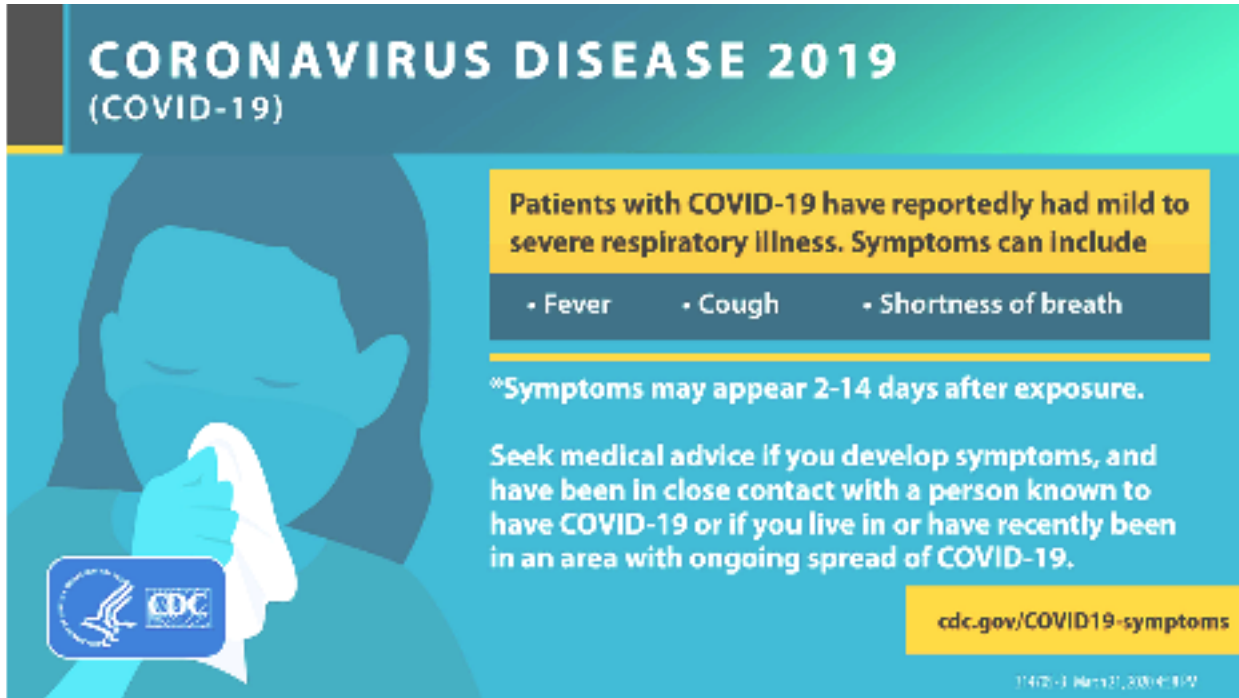
Section A: Measures to Limit Spread of Disease

Hand Hygiene and Respiratory Etiquette

- All individuals entering the school will be asked to wash or sanitize their hands upon entry.
- Reinforcement of frequent handwashing with soap and water for at least 20 seconds, and increased monitoring to ensure adherence among students and staff.
- If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol will be used.

- Staff and students are encouraged to cover coughs and sneezes with a tissue, then immediately discarded in the trash and hands washed properly.

Section B: COVID-19 Specific Exclusion Criteria



Monitoring and Enforcing

Exclusion of illness and syndromes in the school setting will continue per current guidance, rules, and policy as outlined in the Communicable Disease Plan. As an overview of COVID-19 specific concerns, the following symptoms associated with COVID-19 are excludable in the school setting per ODE/OHA Communicable Disease Guidelines:

- **Fever:** a measured temperature of 100.4°F, with or without the symptoms below. Stay home until temperature is below 100.4°F for 72 hours **WITHOUT** the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin.
- **Difficulty breathing or shortness of breath** not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the

stomach, chest, or neck. Seek medical attention; return to school when advised by a licensed healthcare provider.

- Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities. Stay home until 72 hours after the cough resolves. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
- Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so. Stay home until 48 hours after diarrhea resolves. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
- Vomiting: at least 1 episode that is unexplained. Stay home until 48 hours after last episode. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority.
- Headache with a stiff neck and fever. Refer to provider, exclusion as per provider or after hours of no fever.
- Lethargy or Behavior change: unexplained uncharacteristic irritability, uncharacteristic lethargy, decreased alertness, or increased confusion.

Section C: Physical Distancing, Stable Cohorts and Staggered Schedules

Classroom Orientation and Physical Barriers

- Excess furniture will be removed from classrooms to allow for increased spacing of desks or tables.
- Desks or seating will be at least 6 feet apart when feasible.

- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced at appropriate distances.
- Physical barriers, such as sneeze guards and partitions can be installed in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks, cafeteria).
- Physical guides, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating “one way routes” in hallways, if feasible).

Maintaining Small Cohorts

- Student groupings will remain as static as possible by having the same group of children stay with the same faculty.
- Mixing between groups will be limited as much as feasible.
 - When groups will be mixed, or when itinerant staff enter a cohort, ensure that this information is appropriately mapped for contact tracing, if needed.
- Rosters of each cohort must be kept for all group encounters throughout the school day, including transportation.

Staggered Entry and Exit Scheduling

- Arrival and drop-off location will be staggered by cohort, and direct contact with parents will be restricted as much as feasible. Parents will drop children off at designated outdoor location with their primary Teacher, who will then lead cohort in organized manner into the classroom space in staggered schedule with other cohorts. Pick-up routine will follow the reverse model.

Communal Spaces

- Communal and shared spaces (such as hallways and playgrounds) will be restricted as much as feasible. When used, use will be staggered and spaces will be cleaned and disinfected between use.
 - Increased restrictions may occur if there have been identified cases in the building.
- Staff will avoid congregating in the same room with other adults without their face coverings, such as the Faculty Room and hallways.
- If feasible, physical barriers such as plastic flexible screens may be added between sinks, or certain sinks can be labeled out of order to ensure spacing, especially when students cannot be at least 3-6 feet apart.

Section D: POC, Staff Training, PPE

Designated COVID-19 Points of Contact

- Designated staff will be responsible for responding to specific COVID-19 concerns within the school property and operations:
 - Nate Brocious, Director- All cohorts
 - Rachel Caldwell, Admissions and Administration- All cohorts
- Designated responsible persons will be assigned per cohort for screening and isolation of ill persons, and appropriate data collection/data entry and data retrieval as needed.
- Designated personnel will be assigned to supervise the isolation space.
- Designated personnel will be assigned to facilitate tracking of documents of individuals entering and leaving schools and classrooms. Designated staff will be specifically trained to enforce social distancing during peak hours, such as arrival and departure, and transition periods.
- Designated staff will be identified to provide visual screening of all individuals entering the school each day.

Staff Training

- All staff will be trained on identification of concerning or excludable symptoms to determine when a student should be referred to the office for further symptom screening and isolation.
- All staff will be trained and advised on the logistical, operational, and physical changes in the building to maintain infection control and appropriate cohorting and physical distancing.
- Designated staff will be trained on appropriate procedures for complete symptom screening, isolation, and enforcement of social distancing.
- Training will be conducted virtually, or social distancing will be maintained during training periods while social distancing orders are in place.

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk of chemical exposure. PPE includes gloves, gowns, masks, goggles and like devices or items.

PPE will be advised based on the interaction with students or the risk involved related to frequency and type of interaction, volume and duration of interaction, and the developmental stages and health status of the individuals involved.

General Principles of PPE/ Standard and Universal Precautions

1. IF... it's wet (it's infectious). THEN... wear gloves, wash hands before and after gloves.
2. IF... it could splash in your face, THEN... wear a face shield.
3. IF... it's spread through the air THEN... mask yourself and the student.
4. IF... it could splash on your clothes THEN... wear a gown.
5. IF... you are providing direct care or first aid THEN... wear gloves, wash hands before and after gloves.
6. IF... you are providing CPR, THEN... use a barrier/CPR mask and gloves.
7. IF... there is a blood spill or body fluid spill THEN... summon BBP trained staff for appropriate disinfection.

Facial coverings are required for all people age 5 and up, unless exempt.

Facial covering are NOT recommended for:

- Children under the age of 2;
- Individuals of any age who:
 - Have a medical condition that makes it difficult for them to breathe with a face covering;
 - Experience a disability that prevents them from wearing a face covering;
 - Are unable to wear it correctly, thereby increasing potential transmission risk;
 - Are unable to remove the face covering independently; or
 - Are sleeping.
- Face coverings are not required for use by children under age 5 and should never prohibit or prevent access to instruction or activities.

If face coverings are used:

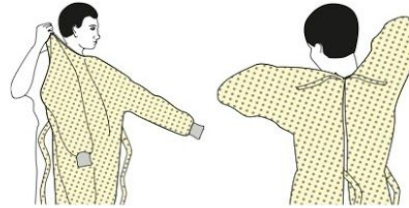
- Cloth face coverings must be laundered regularly or new disposable face covering must be used daily
- Face shields are reusable, but should be designated to individual staff, and disinfected regularly.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



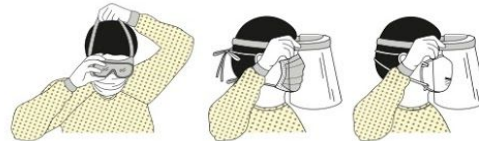
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



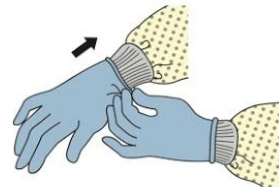
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



CS250672-4

Section E: Operational Protocols and Shared Item Sanitation

Food Service

- Food service and food sharing will be eliminated from daily operations. All student food will be brought from home in individual containers.
- Children will wash hands prior to and after eating.

Shared Objects

- All frequently touched surfaces (e.g., playground equipment, door handles, sink handles), within the school will be cleaned and disinfected daily and between use as much as possible. School buses are not utilized and bus sanitation is not applicable.
- Use of shared objects (e.g., physical education equipment, art supplies, toys, games) will be limited when possible, or cleaned between use.
- A schedule will be designated by the Facilities Manager for increased routine cleaning and disinfection during pandemics.
- Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children. Use products that meet EPA disinfection criteria.
- Cleaning products will not be used near children, and staff will ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
- Items that are difficult to clean or disinfect will be discouraged or eliminated.
- Each child's belongings will be separated from others' and in individually labeled containers, cubbies, or areas.

- Adequate supplies will be ensured to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment, or desk). Sharing will be limited to use of supplies and equipment by one group of children at a time, and cleaned and disinfected between use.
- Sharing of toys, books, and other games will be avoided. If used, items will be placed in sanitize bin to be cleaned before next use.
- If individual supplies are a challenge, at least students who are immunocompromised or in otherwise vulnerable populations for COVID-19 illness will have their own supplies.

Water Systems

- Drinking fountains and self serve water stations will be closed. Water bottles to be brought from home and cleaned regularly.
- To minimize the risk of diseases associated with water, steps will be taken to ensure that all water systems and features (e.g., sink faucets) are safe to use after a prolonged facility shutdown.

Section F: Outbreak Plan, Screening and Isolation Measures, Contact Tracing

Positive Diagnosis

Scenario 1

IF: Staff/ Student has tested positive for COVID-19, or they are symptomatic for COVID-19 and have been identified as a close contact of a positive case

THEN: Individuals should stay at home as directed by their provider and/or the local health department. This should be a minimum of 10 days since the onset of illness and 72 hours symptom free without the use of fever reducing medication.

Scenario 2

IF: Individual has recently had close contact with a person with COVID-19, but they are showing no symptoms of illness

THEN: Individuals should stay home until 14 days after the last exposure, and monitor for symptoms of illness.

Scenario 3

IF: Individual has symptoms of COVID- 19, but no identified close contact with a positive case

THEN: Individual should seek testing from their provider, health department, or SBHC. They should stay home until 72 hours have passed without a fever, without the use of medication to reduce symptoms.

Scenario 4

IF: There has been COVID-19 currently identified in the school setting

THEN: Follow public health guidance. Encourage cohorts to monitor for signs and symptoms regularly. Increase sanitizing of high touch surfaces in the affected cohort.

Screening for, Identifying, and Isolating Ill Students and Staff

Identification of ill students and staff is crucial in illness prevention in school buildings. All staff and students will have education provided on symptoms, in order to self-identify when developmentally possible. Screening will happen through a multi-layered approach:

- Parents will be educated on and asked to screen their students each morning before sending to school.
- Designated school staff will perform visual screening on all individuals entering the building each day – sending symptomatic individuals to designated area for further screening and possible isolation.

- Cohort instructors/staff will provide passive screening throughout school day for symptoms of exclusion – sending symptomatic individuals to designated area for further screening and possible isolation.
- Additional screening will be provided in isolation room to determine need to isolate individual.

Health Promotion, Prevention, and at Home Screening

- Parents will be advised to screen their students prior to sending to school. Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school.
- Families and staff will additionally be provided with COVID-19 symptom checkers to use as tools to determine follow up.
- School staff should not provide medical advice.

Isolation Measures

- Immediately separate students who are determined to have symptoms meeting exclusion criteria to isolation area.
- Students awaiting pick up are supervised by staff in the designated isolation area.
- Students will be provided a face covering (if they can safely wear one).
- Staff should wear a facial covering and maintain physical distancing, and never leave a child unattended.
- While exercising caution to maintain safety is appropriate when working with children exhibiting symptoms, it is also critical that staff maintain sufficient composure and disposition so as not to increase worry in a student or family.
- If more than one student is in an isolation space, appropriate distance must be maintained, and appropriate barriers and privacy must be in place.

- Staff will maintain student confidentiality as appropriate.
- Ensure students are appropriately logged into shared Symptom Tracker Log.
- Reinforce appropriate exclusion action with parents (e.g. if student has fever they must remain home until 72 hours symptom free without use of anti-fever medications).

Isolation Space

An appropriate isolation space as described in the Communicable Disease Plan and consistent with state legislation, should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals.

The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per Transmission Based Controls and COVID-19 guidance correctly.

CDC guidelines should be visited with four driving principles in mind:

- Isolation space must be separate from routine health room
- Students must be supervised
- Staff must have appropriate PPE
- Physical distancing must be maintained

Isolation Space CDC Guidelines:

- Physical distance Maintain a distance of 6 feet or more between cots, chairs, or isolated individuals.
- Establish a non-permeable barrier between isolation spaces, which can be sanitized or removed between isolated individuals, such as plastic sheeting. A barrier should be high and long enough to prevent direct transfer of air between spaces, i.e. 6 feet or more in all directions from isolated individuals.
- Cleaning and sanitizing
 - After dismissal of ill students, close off areas used by a sick person and do not use these areas until after cleaning and disinfecting.

- Hand hygiene Care providers should wash hands frequently and thoroughly before and after providing care, including after removal of gloves.

Contact Tracing

- We have created a system for maintaining daily logs for each student/cohort for the purpose of contact tracing, using the ODE provided sample template that includes:
 - Child's name
 - Drop off/pick up time
 - Parent/guardian name and emergency contact information
 - All staff (including itinerant staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student.
- Physical logs will be maintained in confidential, lockable file drawers in our front office for a minimum of 4 weeks.

Section G: Positive Diagnosis Communication

Communication Systems

- The school will implement and provide communications, including health promotion, communication of policies and restrictions, and communication regarding potential exposures or exclusions.

School Communication

- Signs and Messages
 - Signs will be posted in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering where applicable)
 - Regular announcements will be given on reducing the spread of COVID-19
 - Messages will be included on websites, in newsletters, and on school social media
- Direct Communication

- Health promotion material will be sent during the summer in advance of school reopening, specific to COVID-19
- In addition to posting exclusion criteria on web pages and in newsletters, families will be advised on policies related to sick students, potential home isolation criteria, and student exclusion criteria
- Families and staff will receive communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors

Families will be advised to report if:

- Their student has symptoms of illness
- Their student has had a positive test for COVID-19,
- Their student was exposed to someone with COVID-19 within the last 14 days.
- The staff point of contact, to the best of their ability should attempt to obtain:
 - Date of onset of illness
 - Date of positive test, if applicable
 - Last day of exposure to confirmed case (for case contacts)
 - For students, list of household contacts in the school
 - Last day present in the school building
- Staff should not advise other staff or families of potential exposures
- Confidentiality should be strictly observed

Staff Communication

Staff will be given the opportunity to self-identify as high risk. Staff will be advised to report to administration if they:

- Have symptoms of COVID-19
- Have had a positive test for COVID-19
- Were exposed to someone with COVID-19 within the last 14 days

- Sick staff members or students should not return until they have met criteria to discontinue home isolation

Communication Regarding Confirmed Cases

If a confirmed case occurs among staff or students the LPHA will be notified directly. There are also OHA/ODE Requirements including:

- A letter or communication to staff will be shared at the start of on-site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease.
- Protocols developed for communicating with students, families, and staff who have come into close contact with a confirmed case.
 - Including consultation with our LPHA on the current definition of close contact.
- Protocols developed for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school is responding.
- Provide all information in languages and formats accessible to the school community.

Section H: Changes to Stable Groups and Locations

Visitors and Volunteers

- Non-essential volunteers/visitors will be unable to work in our school, or complete other volunteer activities that require in person interaction at this time. Adults in schools will be limited to essential personnel only.

Gatherings and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.

- Limit activities involving external groups or organizations as possible and under executive orders – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, etc.