



Waldorf School OF BEND

Communicable Disease Management Plan 2021-2022 (Updated .9.2.21)

This Plan Contains:

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

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COVID-19 Specific Communicable Disease Management

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

[OHA ODE Communicable Disease Guidance 2021 \(oregon.gov\)](#)

The Communicable Disease Guidelines listed above states: “During the 2021-2022 school year, please refer to the Ready Schools, Safe Learners Resiliency Framework and Planning for COVID-19 Scenarios in Schools (“Resiliency Framework”) for the most current recommendations and required actions related to COVID-19 mitigation in Oregon.” WSB will follow the recommendations and required actions outlined in the Resiliency Framework.

[Oregon COVID-19 Resiliency Framework 2021-22](#)

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

WSB will also be in compliance with the Oregon health Authority Public Health Division Chapter 33, Division 19 333-019-1030 COVID-19 Vaccination Requirements for Teachers and School Staff, which specifies that: “After October 18, 2021: (a) Teachers, school staff and volunteers may **not** teach, work, learn, study, assist, observe, or volunteer at a school unless they are fully vaccinated or have provided documentation of a medical or religious exception.”

[Public Health Division - Chapter 333 Division 19 INVESTIGATION AND CONTROL OF DISEASES: GENERAL POWERS AND RESPONSIBILITIES](#)

Additional increased protocols implemented:

- A protocol to notify the Local Public Health Authority (LPHA) of any confirmed COVID-19 cases among children or staff
- A protocol for exclusion of individuals with COVID-19 or susceptible to COVID-19 consistent with Oregon Health Authority rules
- A protocol to end program activities if cases or risk levels warrant
- A process for keeping daily logs and record-keeping to assist state or local public health authorities with contact tracing, consistent with Oregon Health Authority
- A designated COVID-19 Point of Contact to facilitate communication, maintain healthy operations, and respond to COVID-19 questions from state or local public health authorities, state or local regulatory agencies, families and staff. All staff and families should be provided the contact information for the COVID-19 Point of Contact
- As of 09/23/21, KN-95 masks will be worn by all staff and faculty when indoors and in the presence of students or other faculty [Study 1 Article 1](#)
- Weekly testing for COVID will be implemented for all staff and faculty

Section A: Measures to Limit Spread of Disease

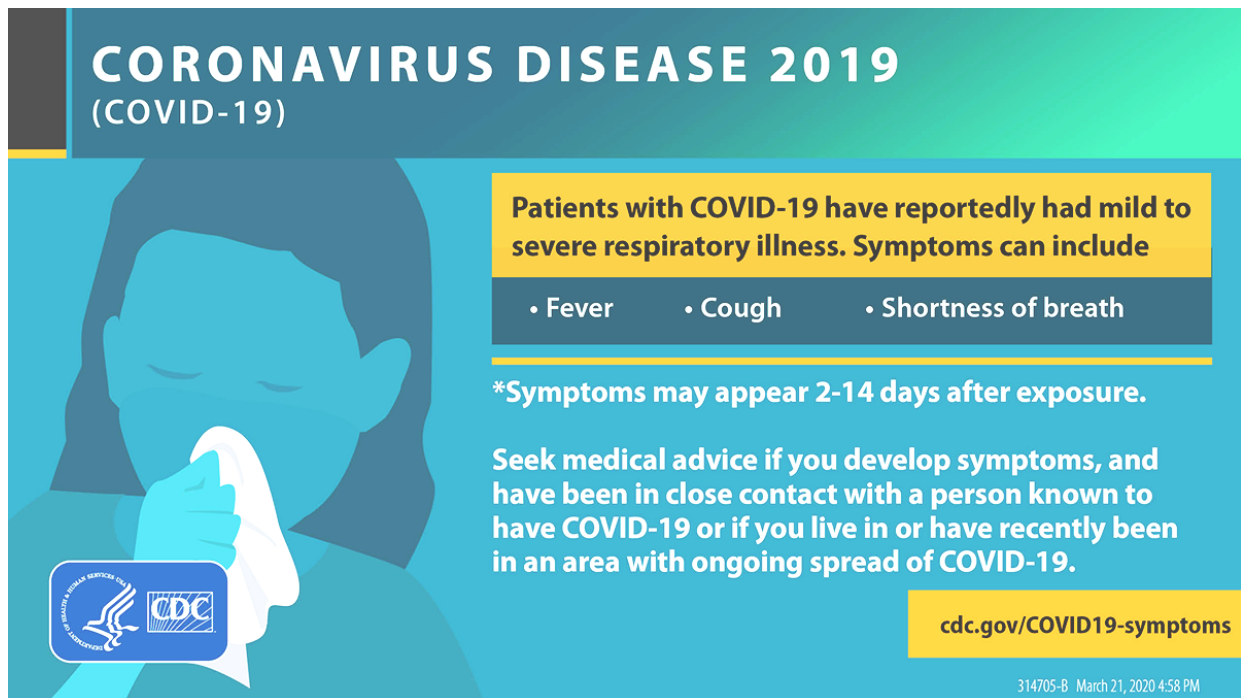
Hand Hygiene and Respiratory Etiquette

- Staff and children should wash hands for at least 20 seconds and/or use hand sanitizer containing at least 60% alcohol* for all of the following:
 - Before and after eating, preparing food, and or bottle preparation
 - Before and after administering medication
 - After toileting or assisting with toileting
 - Before and after diapering
 - After wiping a nose, coughing, or sneezing*
 - After coming in from outside*
 - Upon entering and leaving the child care facility*
 - If staff are moving between stable groups*
 - After cleaning (staff only)
 - After bagging, cleaning, and disinfecting linens, clothing, and other laundry items (staff only)
- Hand Sanitizer Notes:
 - Hand sanitizer should not be used on children under the age of two years.
 - Application of hand sanitizer on preschool-aged children should be supervised by an adult.
 - Hand sanitizer should be stored out of reach of children when not in use. All other individuals (parent, maintenance, etc.) coming into the program should be advised and encouraged to frequently wash hands or use hand sanitizer
- Respiratory Etiquette
 - Staff will cover their mouths when coughing or sneezing (even while wearing a face covering) and immediately wash hands afterwards
 - Staff will provide age appropriate education to children on respiratory etiquette

Classroom and Campus Modifications

- Medify Air filters will be added to each of our classrooms ([test results](#))
- [Boski Air Towers with UV-C technology](#) will be added to each of our classrooms
- Copper Buddy Hygienic and [Removable Door Handle Covers](#) will be added on all of our door handles and push bars

Section B: COVID-19 Specific Exclusion Criteria

An infographic with a teal and yellow color scheme. On the left, a stylized illustration of a person coughing into their elbow. The text is arranged in a structured layout with bold headings and bullet points. A CDC logo is visible in the bottom left of the infographic area.

CORONAVIRUS DISEASE 2019
(COVID-19)

Patients with COVID-19 have reportedly had mild to severe respiratory illness. Symptoms can include

- Fever
- Cough
- Shortness of breath

***Symptoms may appear 2-14 days after exposure.**

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

cdc.gov/COVID19-symptoms

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Monitoring and Enforcing

Child care providers should attempt to verify vaccination status in order to apply any exclusion protocols that are specific to vaccinated individuals. If a provider is not aware of an individual's vaccination status, the provider should assume the individual is unvaccinated and follow general exclusion protocols.

- Exclude from the program any child or staff member, regardless of vaccination status, if they exhibit COVID-19 symptoms including new loss of taste or smell, fever, new cough, or shortness of breath in the last 10 days.
 - New cough means out of the ordinary for this person – e.g., not typical asthma, allergies
 - Fever means 100.4 degrees Fahrenheit or more, without the use of fever-reducing medication
 - Exclusion from the program should be for 10 days after onset of symptoms and 24 hours after both fever and cough resolve, without the use of a fever reducing medication. Programs should consult with the Local Public Health Authority for additional guidance

- The 10-day exclusion period can be shortened: a) If an individual with symptoms of COVID-19 tests negative at any time during the 10-day period. They can return to the child care program 24 hours after resolution of cough and fever without the use of fever-reducing medication. b) If an individual's only symptom is fever and is advised by a medical professional they can return to the child care program. c) Documentation from the medical professional is recommended. The person should be fever-free for at least 24 hours
- A child who has received routine childhood vaccinations in the last 48 hours can return to care at the direction of a medical professional once they are fever-free. Documentation of vaccination from the medical professional is recommended.
- Monitor for symptoms anyone who comes into the program who is known to have had a household member with symptoms of COVID-19. The ill household member should be strongly encouraged to get tested. An unvaccinated staff member or child who is a close contact of an individual with presumptive or confirmed COVID-19 may be required to be excluded in accordance with Oregon Health Authority rules
- Follow these recommendations for individuals who are experiencing COVID-19 symptoms but who have received their COVID-19 vaccine within the past three days
 - If the individual has symptoms of fatigue, chills, muscle ache, joint pain, or redness – these are likely vaccine side effects. If no fever is present, the individual may work or attend the program if they feel well enough to work. If fever is present, staff members should stay home until 24 hours fever-free
 - If the individual's only symptom is fever, the individual should stay home until 24 hours fever-free. If the fever does not improve in two days, the individual should see a health care provider and consider getting tested for COVID-19 as they may have been exposed prior to vaccination
 - If the individual has symptoms that include cough, shortness of breath, or loss of taste or smell, they should be excluded consistent with the recommendations above
- Exclude from the program any child or staff member who tests positive for COVID-19, regardless of vaccination status
- Exclude from the program any child or staff member who is susceptible and who is exposed to COVID-19, for the time period specified in the rules adopted by the Oregon Health Authority, in accordance with the rules adopted by the Authority
- Inform all families, staff, and individuals who enter the child care program that they should not enter if they are unvaccinated and have been exposed to a COVID-19 case
- Notify the local public health authority immediately if anyone who has been on the premises of the program is diagnosed with COVID-19

- Communicate, in coordination with local public health authority, with all families and other individuals who have been on the premises of the program in the past 14 days about a confirmed case of COVID-19

Section C: Physical Distancing, Stable Cohorts and Staggered Schedules

Best Practices for Stable Groups

Note: Although stable group restrictions have been lifted, it is important to remember that if a COVID-19 positive case occurs, everyone that had exposure should quarantine. This is why it is so important to minimize contact as much as possible.

- Keep adults and children in the same groups as much as possible
- Staff and children from different groups should practice physical distancing
- Interaction with individuals from other groups should be minimized
- Consider having contracted services and family engagement activities outdoors.

Tracing / Pick-Up & Drop-Off Procedures

Child care providers are required to, for contact tracing purposes, log the following, in accordance with rules adopted by the Oregon Health Authority

- Adult name(s) completing drop-off and pick-up
- Child names, arrival and departure date and times
- Name of any staff or person coming in contact with child care children, arrival and departure date and times
- If transportation is provided by the program: names of all riders and their contact information.

Air Flow in Communal Spaces

- Increase circulation of outdoor air as much as possible by opening windows and doors, using fans and employing other methods. See OHA Indoor air considerations for COVID-19 for smaller spaces and CDC ventilation recommendations
- Exhausting air from indoors to the outdoors

- Cleaning the air that is recirculated indoors by using effective filtration methods (e.g., HEPA filters) to remove virus-containing particles from the air
- As applicable, ensure that ventilation systems (e.g., HVAC) operate properly
- Medify Air filters will be added to each of our classrooms ([test results](#))
- [Boski Air Towers with UV-C technology](#) will be added to each of our classrooms

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
 - Samantha Hensley - EC 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

- Having a method to train staff and inform families regarding COVID-19 safety precautions, and information on recognizing signs and symptoms of COVID-19
- Providing training to staff when updates to safety precautions are made, and for new staff prior to first day of work or during employee orientation

Personal Protective Equipment

- Indoors, all adults should wear a face covering, specifically a KN/N-95 face mask/resperator
- Indoors, children who are in grades kindergarten and up should wear a face covering unless:
 - They have a verified medical condition or disability that prevents them from safely wearing a face covering
 - They are unable to remove the face covering independently
 - They are sleeping, eating, or drinking
 - They are participating in distance learning and are physically distanced from others.
- If a child removes a face covering, or demonstrates a need to remove the face covering for a short period of time:
 - Supervise the child to maintain physical distancing while the face covering is removed
 - Show the child how to effectively wear a face covering
 - Guide the child to re-engage in safely wearing a face covering
 - Don't discipline for the inability to wear a face covering
 - Always ensure children younger than two years do not wear a face covering
 - Face coverings should be washed daily or a new one worn daily. If a face shield is used, it should be wiped down with disinfectant at the end of the day after use. Disposable face coverings or face shields should be worn only once.

General Principles of PPE/ Standard and Universal Precautions

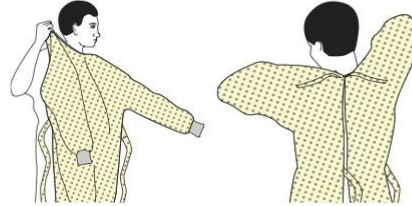
1. IF... it's wet (it's infectious). THEN... wear gloves, wash hands before and after gloves.
2. IF... it could splash in your face, THEN... wear a face shield.
3. IF... it's spread through the air THEN... mask yourself and the student.
4. IF... it could splash on your clothes THEN... wear a gown.
5. 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.

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



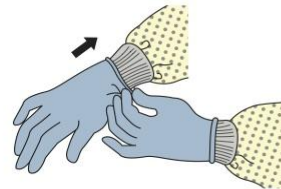
3. GOGGLES OR FACE SHIELD

- 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



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Section E: Operational Protocols and Shared Item Sanitation

Food Service

- Eliminate the practice of children serving themselves from communal platters in the manner of family-style meals. Have one staff member serve everyone from communal dishes
- Closely supervise all meal times, including infant feeding and toddler meals, to prevent children from sharing and/or touching each other's food
- Discontinue use of drinking fountains except for filling other containers such as water bottles
- Directly supervise activities or lessons that involve food handling to minimize contamination. Shared materials should be limited and sanitized between uses.

Shared Objects & Building Maintenance

1. WASH
2. RINSE
3. SANITIZE or DISINFECT

Cleaning is first used to remove dirt and debris from surfaces using a detergent or soap and water prior to sanitizing or disinfecting

Sanitizing is used to reduce germs from surfaces but not totally get rid of them. Sanitizing solutions reduce the germs from surfaces to levels that are considered safe. The sanitizing 3-Step Method is most often used for food surfaces, kitchens, and classrooms

Disinfecting is used to destroy or inactivate germs and prevent them from growing. Disinfecting solutions are regulated by the U.S. Environmental Protection Agency (EPA). The disinfecting 3-Step Method is most often used for body fluids and bathrooms/diapering areas.

- Use products approved by the EPA for use against SARS-CoV-2 for household disinfectant: <https://www.epa.gov/pesticide-registration/listn-disinfectants-use-against-sars-cov-2-covid-19>. Diluted household bleach solutions may also be used for some surfaces. If using bleach, make a fresh bleach dilution daily; label the bottle with contents and the date mixed
- For children or adults with asthma: use bleach products sparingly or when children are not present. Use wipes or apply product directly to a dampened towel, rather than using spray
- Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Run ventilation systems continuously and change the filters more frequently. Do not use fans if they pose a safety or

health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. For example, do not use fans if doors and windows are closed and the fans are recirculating the air

- Toys should be sanitized as they become dirty and at least weekly. Water tables should be cleaned in between each use by a group. Toys may be cleaned using hot water and soap/detergent in a washing machine, dishwasher, or by hand. Dry toys completely in a hot dryer when possible. Do not wash toys with dirty dishes, utensils, etc.

Washing Toys

Step 1: Wash and scrub toys thoroughly with soap or detergent and warm water to remove most of the dirt, grime, and saliva. It is important to clean toys before sanitizing them because the sanitizer kills germs better on clean surfaces

Step 2: Rinse toys with water to remove the dirt, soap residue, and germs to help make a clean surface.

Step 3: Sanitize toys. Sanitizing reduces the germs from surfaces to levels that are considered safe. Dip the toys in a sanitizing solution, or cover the toys sufficiently with spray. Protect your skin by wearing household rubber gloves. Allow toys to dry completely (i.e. overnight) or allow 2 minutes before wiping toys dry with a paper towel. When using a bleach solution for sanitizing, chlorine from the sanitizing bleach solution evaporates off the toys so no residue remains, and further rinsing is not necessary

- Thermometers, pacifiers, teething toys, and similar objects should be cleaned and reusable parts sanitized between uses. Pacifiers should not be shared
- Vacuum carpeted floor and rugs every other day, and as they become dirty, when children are not present. If contaminated, disinfect with appropriate cleaners indicated for use on these surfaces
- High touch surfaces, such as doorknobs, light switches, non-food countertops, handles, desks, phones, keyboards, and toilets, should be disinfected at least daily, including at the end of the day
- Toilet and diapering areas including but not limited to handwashing sinks, counters, toilets, toilet handles, floors, diaper trash cans, and bathroom floors must be disinfected daily, with the exception of changing tables which should be disinfected after each use.
- Tables and high chair trays should be cleaned and sanitized before and after each use.
- Food preparation surfaces, counter tops, eating utensils and dishes and food preparation sinks should be cleaned and sanitized after each use. Counter tops should also be sanitized at the end of the day
- Kitchen floors should be sanitized daily. Refrigerators should be cleaned and sanitized monthly
- Bedding, linens and clothing should be sanitized in a washing machine using hot water and machine dried at least weekly, and in between use by another child. Wear disposable gloves when handling dirty laundry from a person who is sick. Bag all items that go in the laundry before removing from the area. Do not shake dirty laundry. Dirty laundry from an ill person can be washed with other people's items
- Use cleanable covers on electronics, such as tablets, touch screens, keyboards, and remote controls

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 42 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 42 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 them 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 42 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 able to work in our school, or complete other volunteer activities that require in person interaction at this time, on the condition that they have met the eligibility criteria outlined by the Oregon health Authority Public Health Division Chapter 33, Division 19 333-019-1030 COVID-19 Vaccination Requirements for Teachers and School Staff, which also applies to school volunteers.

Gatherings and Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 3 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.