North Santiam School District 29J (NSSD)

American Rescue Plan Elementary and Secondary School Emergency Relief Fund (ARP ESSER); OAR 581-022-0106 (State Operational Plan)

Safe Return to In-Person Instruction and Continuity of Services Plan District Information

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Para asistencia oral en español sobre este artículo, favor de llamar a Susy Saray al 503-769-9082.

Safe Return to In-Person Instruction and Continuity of Services Plan
Institution ID: 2143
Institution Name: North Santiam School District 29J

In order to best support students and families with the safest possible return to school for the 2021 school year, the Oregon Department of Education (ODE) has created an operational plan template to align guidance from the federal and state level in support of local decision-making and transparency of health and safety measures in the communities that school districts serve. The Safe Return to In-Person Instruction and Continuity of Services Plan serves the following purposes:

1) Replaces the Ready Schools, Safe Learners Operational Blueprint required under Executive Order 21-06; and 2)

Meets the requirements for:

> a. An operational plan is required under OAR 581-022-0106(4), while aligning the CDC Guidance on School Reopening with the Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year (RSSL Resiliency Framework);

> b. Section 2001(i)(1) of the ARP ESSER and the US Department of Education's Interim Final Requirements for Safe Return/Continuity of Services Plan; and

> c. Communicable Disease Plan and Isolation Plan under OAR 581-022-2220 (Division 22 requirements).

As districts plan and implement the recommendations in ODE's RSSL Resiliency Framework, they will need to consider a continuum of risk levels when all recommendations cannot be fully implemented. For example, universal correct wearing of face coverings between people is one of the most effective preventive measures. However, there will be times when this is not possible based on a specific interaction or a physical space limitation, such as during meal times. It will be necessary to consider and balance the mitigation strategies described to best protect health and safety while ensuring full time in person learning.

ODE remains committed to the guiding principles introduced in spring of 2020 to generate collective action and leadership for efforts to respond to COVID-19 across Oregon. These principles are updated to reflect the current context:

- **Ensure safety and wellness**. Prioritizing basic needs such as food, shelter, wellness, supportive relationships and support for mental, social, and emotional health of students and staff.

- **Center health and well-being**. Acknowledging the health and mental health impacts of this past year, commit to creating learning opportunities that foster creative expression, make space for reflection and connection, and center on the needs of the whole child rather than solely emphasizing academic achievement.
- **Cultivate connection and relationship**. Reconnecting with one another after a year of separation can occur through quality learning experiences and deep interpersonal relationships among families, students and staff.

● **Prioritize equity**. Recognize the disproportionate impact of COVID-19 on Black, American Indian/Alaska Native, and Latino/a/x, Pacific Islander communities; students experiencing disabilities; students living in rural areas; and students and families navigating poverty and houselessness. Apply an equity-informed, anti-racist, and anti-oppressive lens to promote culturally sustaining and revitalizing educational systems that support every child.

● **Innovate**. Returning to school is an opportunity to improve teaching and learning by iterating on new instructional strategies, rethinking learning environments, and investing in creative approaches to address unfinished learning.

Levels Of Implementation:

- Not at all
- Beginning to Implement
- Moderately Implemented
- Strongly Implemented
- Fully Implemented

North Santiam School District will update this plan as we expand, change or modify district practices and procedures to remain compliant with State Laws and or improve District implementation practices or procedures.

Links: [District Equity Policy](#)

Planning Mental Health Supports

ARP ESSER & OAR 581-022-0106 Component	Extent to which district has adopted policies, protocols, or procedures and description of policies, protocols, or procedures adopted to ensure continuity of services	How do the district's policies, protocols, and procedures center on equity?
Devote time for students and staff to connect and build relationships	Level of Implementation: Strongly Implemented NSSD implemented a 5-week summer school program devoted to accelerated learning opportunities and care and connection. NSSD recognizes as we return to full-time in-person school this fall, students, families and school staff may be feeling excitement, anxiety, uncertainty, and nervousness. The District has supported schools to devote the first week to be devoted to Care and Connection. This included activities that: ● Promote a sense of care, connection and community ● Build excitement for the school year that aligns with safety messaging ● Gives school leadership permission and support to devote the first full week of the school year to welcome students, families, and staff back to school, and to building relationships and community ● Connect strongly to mental health/health promotion, prevention and service strategies that are strengths-based, equity-centered, and trauma and social-emotional learning informed (see ODE's Mental Health Toolkit) ● Renew relationships and cultivate care, connection and community North Santiam is fortunate to also have delayed start Mondays to allow staff time to implement instructional improvement activities. The month of September was available for buildings to focus on Staff Care and Connection activities. NSSD will leverage the District adopted systemic approach to Social Emotional Learning (SEL) called RULER, and the Oregon Department of Education Care and Connection Toolkit as resources to guide activities.	Creating a culture of equity requires monitoring, encouragement, resources, data, and opportunity. Using and having an equity lens approach confirms the importance of recognizing school and district any systemic barriers and discriminatory practices that limit student access to quality education. NSSD Recognizes that COVID-19 has had a disproportionate impact on students, families, and staff in our communities. Summer school programs targeted students that were most impacted during the 2021-22 school year. Activities in this area will include ALL students and staff.

Ample class time, and private time if needed, for creative opportunities that allow students and staff to explore and process their experiences	Level of Implementation: Strongly Implemented **K-8:** K-8 Schools have devoted time during the instructional day to implement the District's approach to learn the principles of emotional intelligence using the RULER approach. RULER systematic approach to Social Emotional Learning (SEL) that teaches the five skills of emotional intelligence **R**ecognizing, **U**nderstanding, **L**abeling, **E**xpressing, **R**egulating. Developing these skills rely on using four core tools in our schools; the Charter, Mood Meter, Meta-Moment and Blueprint. Through these tools, staff and students have ample opportunities to explore and process their experiences on a daily basis. **9-12:** Stayton High School (SHS) has 20 student leaders (Link leaders) who have agreed to 2 days of training to facilitate our Link Day, which is Sept 7, the first day of school. This day is for freshmen only and involves relationship building, building familiarity with the campus, and a lot of fun and upbeat activities. SHS will also be hosting a Frosh/Soph Parent Night on Sept 23. During this time we introduce them to supports and systems to help ease the transition and address any questions after their experience the first 3 weeks. **Staffing:** Staffing Available to Support Student Individual Needs: ● Stayton High School:3 Counselors (1 additional this year), 3 admin, 1 intervention coach ● Stayton Intermediate/Middle School: 1 Counselor, 1 Behavior Specialist (.5 added this year), 2 admin ● Stayton Elementary: 1 Behavior Specialist (.5 added this year, 1 admin, .5 Dean of Students ● Sublimity: 1 admin, 1 Dean of Students, .25 Behavior Specialist ● Mari-Linn: 1 admin, .25 Behavior Specialist	All students have access to school-wide classroom-based programs NSSD will be conducting voluntary listening sessions to focus on our focal group populations during the 2021-22 school year.

ARP ESSER & OAR 581-022-0106 Component	Extent to which district has adopted policies, protocols, or procedures and description of policies, protocols, or procedures adopted to ensure continuity of services	How do the district's policies, protocols, and procedures center on equity?
Link staff, students and families with culturally relevant health and mental health services and supports	Level of Implementation: Moderate Implementation In addition to our district staff and internal support processes, NSSD utilizes the following agencies to support student and family needs: ● Trillium Family Services (on-site support) ● Marion County Youth and Family Crisis Services ● Mid-Valley Resources Susy Saray: Homeless School/Community Liaison & Interpreter (503-769-9082) and Daniel Curiel: Community Liaison SHS	All students have access to school-wide classroom-based programs. Additional funding has been allocated to support
Foster peer/student lead initiatives on wellbeing and mental health	Level of Implementation: Strongly Implemented Grades K-8: Grades 6-8 offer athletic opportunities for all students to participate in. Grades 9-12: NSSD has many existing clubs and programs that encourage peer-to-peer interactions. **Transition to High School** Stayton High School (SHS) has 20 student leaders (Link leaders) who have agreed to 2 days of training to facilitate our Link Day, which was Sept 7, the first day of school. This day is for freshmen only and involves relationship building, building familiarity with the campus, and a lot of fun and upbeat activities. SHS also hosted a Frosh/Soph Parent Night on Sept 23. During this time we introduced them to supports and systems to help ease the transition and address any questions after their experience the first 3 weeks.	NSSD supports all student access to co-curricular and extra-curricular activities by waiving all fees associated with participation. Using the schoolwide implementation of the RULER approach in grades K-8 will provide all students access to wellbeing and mental health support. Listening sessions were conducted in the Fall in grades 6-12 with focal group students to better understand their experiences with the school closure and COVID-19.

Communicable Disease Management Plan

Please provide a link to the district's **communicable disease management plan** that describes measures put in place to limit the spread of COVID-19 within school settings. (OAR 581-022-2220). The advised components of the plan and additional information are found in the Communicable Disease Management Plan section of the RSSL Resiliency Framework and meet the ESSER process requirements of "coordination with local public health authorities."

Link: NSSD Comprehensive Communicable Disease Management Plan

ARP ESSER Component	Extent to which district has adopted policies, protocols, or procedures and description of policies, protocols, or procedures to ensure continuity of services	How do the district's policies, protocols, and procedures center on equity?
Coordination with local public health authority(ies) including Tribal health departments	Level of Implementation: Fully Implemented NSSD Comprehensive Communicable Disease Management Plan We will continue to collaborate with Marion and Linn County Health Department regarding best practices for operations as well as contact tracing, isolation and exclusion for outbreak or suspected COVID-19 spread.	We are ensuring the safety and wellness of all our students and staff by continuing to engage with our local health resources.

Isolation Plan

Please provide a link to the district's plan to **maintain health care and space** that is appropriately supervised and adequately equipped for providing first aid, and **isolates** the sick or injured child. (OAR 581-022-2220). If planning for this space is in your communicable disease management plan for COVID-19, please provide the page number. Additional information about the Isolation Plan can be found in the Isolation & Quarantine Protocols section of the RSSL Resiliency Framework.

Link: Page 56:
https://www.nsantiam.k12.or.us/cms/lib/OR02210612/Centricity/Domain/480/NSSD%20Comprehensive%20Communicable%20Disease%20Preventio
n%20Plan%2011.10.20.pd

Health and Safety Strategies

School administrators are required to **exclude staff or students from school** whom they have reason to suspect have been exposed to COVID-19. (OAR 333-019-0010)

Please complete the table below to include the extent to which the district has adopted policies and the description of each policy for each health and safety strategy. In developing the response, please review and consider the CDC guidance and the RSSL Resiliency Framework for each health and safety strategy. Additional documents to support district and school planning are available on the ODE Ready Schools, Safe Learners website.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
COVID-19 vaccinations to educators, other staff, and students if eligible	Level of Implementation: Fully Implemented The local Hospital currently is offering Monday-Friday walk-in availability for vaccinations from 2-5 pm. The local community pharmacies also offer vaccinations to all. Contact Safeway, Bi-Mart, Stayton Pharmacie for times and availability. Follow this link to identify vaccine locations nearby, OHA Get vaccinated Oregon. Periodic communications have been sent to inform students, parents, and staff on locations to receive vaccinations.	We share all information in the language of our students and their families.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Universal and correct wearing of face coverings	Level of Implementation: Fully Implemented **Face Coverings (until March 12, 2022)** Face coverings are required for all students in grades kindergarten and above along with all staff. Students have been provided education in safe wearing of face coverings. If a student removes a face covering, or demonstrates a need to remove the face covering for a short period of time, the school/team will: • Provide space away from peers while the face covering is removed; students will not be left alone or unsupervised. • Provide additional instructional supports to effectively wear a face covering. • Provide students adequate support to re-engage in safely wearing a face covering School staff will assure that protections and procedures are in place for students covered under ADA, IDEA and Child Find using the following supplemental guidance: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Face%20Covering%20Supplemental%20Guidance.pdf **Face Coverings (after March 11, 2022)** Face coverings will be optional for all students, staff, visitors, and volunteers. The District recommends and fully supports individuals who are not up to date with vaccinations to continue to utilize masks in all indoor settings. If a student chooses to wear a face mask and demonstrates a need to remove the face covering for a short period of time, the school/team will provide space away from peers while the face covering is removed; students will not be left alone or unsupervised.	The district has elected to allow all families to make an individual choice on the wearing of masks. Masks will continue to be available at all school facilities.

[Physical distancing and cohorting](#)	Level of Implementation: Strongly Implemented **Physical Distancing (Social Distancing/Spatial Distancing)** Physical distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. Schools will implement physical distancing in all daily activities and instruction, striving for at least 3 feet between students to the extent possible. **Potential Modified Layouts** ● Remove excess furniture from the classroom to promote increased spacing ● Space seating/desks at least 3 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 apart as appropriate. ● Create distance between children on school buses (g., seat children one child per row, skip rows) when possible. **Potential Physical Barriers and Guides** ● Consider the Install of physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 3 feet apart (e.g., reception desks). ● Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 3 feet apart in lines and at other times (e.g. guides for creating "one-way routes" in hallways, if feasible). **Communal Spaces and Gatherings** ● Communal and shared spaces (such as cafeteria and playgrounds) will be used in staggered groups, with limited numbers of students to allow for distancing to the maximum extent possible. ● Cafeteria tables will be disinfected between each group. ● Common staff space (such as staff lunchrooms) will be modified to assure for social distancing with appropriate visual reminders and signage. ●All school activities such as assemblies will be designed to limit interaction between students attending. Virtual out outside activities should be considered as a viable alternative when interactions cannot be limited.	As the district makes decisions about how to utilize our existing spaces to meet physical distancing and cohorting best practices. We take great care to consider how those decisions will best serve all of our students and will use positive reinforcement to help all students adapt to the changes in school facilities while maintaining health and safety.

	Cohorting
	Cohorting Cohorting Cohorts help manage risks in the potential spread of COVID-19. In particular, the size of the cohort matters for risk management. Student cohorting: • limits the number of exposed people when a COVID-19 case is identified in the school • quickly identifies exposed individuals when a COVID-19 case is identified, • minimizes school-wide disruptions in student learning. Student cohorting not only helps to quickly identify exposed people, it also minimizes disruptions to learning, because only the cohort members would be affected by the exposure. Maintaining small, stable cohorts can decrease the risk of closure to in-person instruction. Cohorts will be established with minimum numbers where feasible, understanding that the fewer encounters and smaller number per cohort lend to reduced transmission of infectious disease. It is important to note that Cohorting will be more important in elementary settings where physical distancing is less likely to be maintained and students are unvaccinated. The District intends to have schools operate as normal as possible to pre-pandemic levels with attention to cohorting. If a school or the community experience an outbreak, the District will consider decreasing cohort size to protect student and staff safety. (For example: restricting cohorts to areas on the playground)	

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?

| Ventilation and air flow | Level of Implementation: Fully Implemented

Ventilation
● All ventilation systems will be inspected daily to ensure they operate properly. All circulation systems will increase outdoor air as much as possible, for example by opening windows and doors. Schools will not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.
● In cases where open doors and windows impact the operational settings of the ventilation system, facilities management will be consulted.
● Schools with HVAC systems will evaluate the system to minimize indoor air recirculation, thus maximizing fresh outdoor air. Systems will be set up to 30% outside air volume and be utilizing merv 10-13 filers. This will turn over classroom air approximately 3 times every hour. This will be evaluated every quarter to maximize safety and comfort in all buildings.

Schools that do not have mechanical ventilation systems will, to the extent possible, increase natural ventilation by opening windows and doors before students arrive and after students leave, and while students are present.
● Ventilation systems will be changing the filters more frequently as necessary to maintain the best environment possible.
● Schools will not use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. Schools will consult with maintenance staff will consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window, and indoor air out of the classroom via another window if air volume is not sufficient. Fans will not be used in rooms with closed windows and doors, as this does not allow for fresh air to circulate. | As the district makes decisions about how to improve our ventilation and air flow we are prioritizing our improvements based on how to maintain the health and safety for each of our staff and students. |

Handwashing and respiratory etiquette	Level of Implementation: Fully Implemented	Information is shared in the language of our students and their families. Graphics are used when possible to facilitate communication.
	Handwashing	
	Effective handwashing is one of the most effective ways to prevent the transmission of many communicable diseases. Handwashing is particularly important in the school setting where a large number of children and adults are together. Effective handwashing will be taught, role-modeled, and practiced all levels using the following curriculum as a resource, focusing on when and how to wash your hands:	
	Grades K-3: https://www.health.state.mn.us/people/handhygiene/curricula/curriculumyoung.pdf	
	Grades 4-8: https://www.health.state.mn.us/people/handhygiene/curricula/curriculumsos.pdf	
	Grades 9-12: https://www.health.state.mn.us/people/handhygiene/curricula/curriculumadult.pdf	
	Custodians will assure that all sinks have adequate soap and paper towels and that students can reach these items is critical in maintaining effective hand hygiene.	
	Age-appropriate handwashing curriculum will be used by staff. Building staff will reinforce handwashing, including posters, videos and reminder prompts to increase effectiveness should be used when teaching children about the need to wash hands and how to do so properly.	
	School will follow CDC guidance and all, students and staff should wash their hands: • After arriving at school. • After coughing or blowing nose. • After playing with/handling/feeding animals. • After using the toilet. • After handling garbage.	

	• After playing outdoors. • Before making or eating food. **Respiratory Etiquette:** Teaching and reinforcing respiratory hygiene/cough etiquette for students and staff is critical to decreasing and preventing illnesses that are respiratory in their transmission mode. All Schools will post developmentally appropriate instruction with the posting of visual reminders for; • Covering your mouth and nose with a tissue when coughing or sneezing. • Use the nearest waste receptacle to dispose of the tissue after use, waste receptacles that are no touch are preferred. • Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials. • Sneeze or cough into an elbow when hand hygiene is not immediately accessible. All classrooms will have tissues in adequate supply and easily accessible in a variety of locations in each room. Students with persistent coughing need to be evaluated to determine if they meet exclusion guidelines and need to be sent home. Schools may need to Isolate or separate students who are present with respiratory illness to minimize the risk to others, while waiting for their ride home.	

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Free, on-site COVID-19 diagnostic testing	Level of Implementation: Fully Implemented Diagnostic testing is the testing of students or staff who develop symptoms at school or are exposed to COVID-19 at school. Diagnostic testing will be offered at school. **General Exposure Testing:** General exposure testing applies to all types of exposures—those which occurred in K12 settings, during extracurriculars, in the community or in the household. Testing of students and staff who have been exposed to cases of COVID-19 may occur at any time within 10 days of their exposure. This testing is most likely to identify additional cases 5 days following exposure. All staff and students can test in their local school site. **Enhanced Exposure Testing:** The District has made at home and school testing available to all families. Families visit or contact their local school to have testing kits sent home with their child(ren).	Santiam Hospital, in partnership with Oregon Health Authority (OHA) will be offering free COVID-19 Testing. OHA will cover all costs. This is available 7 days per week.

[COVID-19 screening testing](#)	Level of Implementation: Fully Implemented	We provide all information in languages and formats accessible to the school community.
	Oregon Health Authority (OHA) offers separate screening testing programs for students and staff. NSSD will be offering participation in both programs. Participation will be voluntary, and schools and families can opt-in or opt-out at any time.	Accessing testing can be done electronically or in paper form. Paper forms are available in 11 languages.
	Screening testing is intended to identify infected people without symptoms (or before the development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. The intent is to use the screening testing results to determine who may return to in-person school or work and the protective measures that will be taken, and to identify and isolate positive persons to prevent spread.	Any family needing support to complete the application or any requirements of this program will receive individual support by contacting any school office or Susy Sarah at 503-769-6924.
	Screening Testing for Teachers/Staff/Students Screening testing is testing for individuals without symptoms of COVID-19 or exposure to COVID-19. Oregon Health Authority (OHA) offers free COVID-19 screening testing to all K-12 teachers and staff to help reduce the spread of COVID-19 in schools. This program offers free at-home weekly screening testing by mail to any K-12 teacher or staff member, including volunteers. Participation is voluntary, and participants can opt-out at any time.	
	If you register for this program, a COVID-19 test kit will be mailed directly to your home each week. The at-home COVID-19 test is performed by gently swabbing just inside the nose. The swab is then returned to the laboratory by mail and results are returned to participants within days. Participation in the program and all results are confidential, however, positive COVID-19 results must be reported to the local public health authority for case investigation and contact tracing.	
	Staff will be provided information and assistance during in-service week. Staff can sign up for the program through this [link](#).	

| | **Screening Testing for K-12 Students**
All students under 18 will need parent consent to participate. Screening testing is testing for individuals without symptoms of COVID-19 or exposure to COVID-19. Oregon Health Authority (OHA) will offer free screening testing for COVID-19 to all Oregon K-12 students during the 2021- 2022 academic year. Schools will not verify vaccination status. Participation will be voluntary, and schools and families can opt-out at any time.

If you register for this program, a COVID-19 test kit (one month) will be supplied to you at school and returned weekly to be sent to the lab. Results are sent directly to families within 24hours.

Participation in the program and all results are confidential, however, positive COVID-19 results must be reported to the local public health authority for case investigation and contact tracing.

Families will be provided information and assistance enrolling at back to school open houses/registration events or by contacting the school offices. Any family may contact the school offices for assistance in registering. | |

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Public health communication	Level of Implementation: Fully Implemented **Communication** Communication during COVID-19 is very important. Communication needs to be accurate, timely and concise. Arrangement for translation of communication must occur at the time of all District communication. Privacy laws do not allow for the disclosure of individual COVID-19 cases. All communication about positive or suspect COVID cases will be at the direction of the LPHA. Plans need to be in place to communicate about a shift to distance learning for small groups, schools or District-wide. **Communication Regarding Confirmed Cases** Communication of confirmed or presumptive cases identified in the school setting will be determined by on a case by case basis depending on multiple circumstances: • Current incident of community transmission. • Prior cases in the same cohort. • Number of identified cases (single or multiple) • Extent of exposure in the school setting • Number of cohorts exposed • Disposition of individual infected The Planning for COVID-19 Scenarios in Schools supplement will be used as an overview and collaboration with the LPHA will occur for each report. For a complete overview of communication and response of confirmed cases, refer to Communication & Response Algorithm. In the event of a confirmed case, staff who are made aware should not share information with other staff or families. All measures should be taken to provide confidentiality in communication. Specific communication will be made based on exposure risk, incidence, and necessary interventions, including the potential for short-term school closure or exclusion of specific cohorts. These specific practices will be made in collaboration with public health and communicated by specific point persons.	We provide all information in languages and formats accessible to the school community.

	The District Nurse, Local Public Health Authority and District Administration will collaborate to determine appropriate measures and messaging in the event that cohorts need to be excluded and to inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms. As well, this group will collaborate to determine messaging on short-term closures related to confirmed cases or clusters. Communication – School ● Health promotion material will be provided in a variety of formats prior to the reopening of school with the specifics to COVID-19 ● Exclusion criteria will be communicated on web pages and in newsletters. Families will be advised on policies and criteria on when to stay home sick. ● Families and staff will have communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed ● The District Nurse (or individuals designated by the District Nurse) will be responsible for obtaining needed clinical information from families. Communication – Staff Staff will report illness and the need for a substitute teacher through the standard procedures.	
Isolation: Health care and a designated space that is appropriately supervised and adequately equipped for providing first aid and isolating the sick or injured child are required by OAR 581-022-2220.	Level of Implementation: Fully Implemented NSSD Comprehensive Communicable Disease Management Plan When students are identified with restrictable diseases or excludable symptoms, they will be separated from the well-population, in an appropriate space until they can be dismissed to home. This isolation space will be separated from the healthcare area used to assess and treat injured and non-symptomatic children or to provide medication management and care of chronic healthcare conditions. CDC provides guidance on an isolation plan if someone arrives or becomes ill at school. The definition of isolation "separates sick people with a contagious disease from people who are not sick" (CDC, 2017). This plan will be individualized to address the specific space in each building and other unique	This policy applies to all staff and students and is guided by Oregon Administrative Rule. All efforts will be made to ensure that this information is communicated to staff, students and their families in a language and modality that is accessible.

considerations in each building.

Schools are not expected to screen students or staff to identify cases of COVID19. Families of ill students will be directed to contact their health care provider for guidance. If a school has cases of COVID-19, local health officials will help identify those individuals and will follow up on the next steps.

Isolation Space - each building will have designated, identified space
• A room that provides at least 35 square feet of space, with doors that close, when possible.
• Furnished with a cot or other furniture that allows a student to rest and is made of surfaces that are cleanable.
• A shelf, counter or wall mounting for storage of PPE immediately adjacent to the room.
• The building will develop a plan for supervision and monitoring of students in the isolation space.
• Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited
• If the isolation space is large enough to allow for multiple students at the same time they will maintain a distance of 6 feet or greater from each other. If the space is not large enough and two students need to be isolated at the same time, a second location that is separated from others needs to be identified.

Physical Distancing
• Maintain 6 feet or more between cots, chairs, or isolated individuals.

Isolation Room Supplies
• PPE o Gloves - small, medium and large (non-latex) o Disposable Surgical Masks o Gowns - washable gowns or cover garments with disposable gowns as back up o Eye protection or face shield
• Trash Can
• Linen or Blankets, if any must be washed between each use and clean items stored outside the room.
• Clean/dirty sign for posting outside the room

Isolation Procedure
• Any individual suspected of COVID-19 needs to leave the building or be placed in the isolation space pending a ride home.
• Screening of students done per district guidance Documentation: Students' illness is documented in the Office/Health Activity Log, Student Illness Tracking Log and in the individual student record.

Face covering or mask
• If able to do so safely, symptomatic individuals should wear a face covering.
• Staff in close contact with symptomatic individuals should wear a medical-grade face mask. Other PPE may be needed depending on symptoms, such as gloves, gown, eye protection/face shield, etc.
• Any PPE used during care of a symptomatic individual should be properly removed prior to exiting the care space, and hands washed after removing PPE. • PPE is either disposed of or placed in designated dirty PPE containers for sanitizing.
• Staff using PPE to care for sick individuals or clean isolation rooms shall be trained in correct use of PPE.

Hand hygiene
• Care providers should wash hands/sanitize hands frequently and thoroughly before and after providing care.
• If hand sanitizer is used, ensure it is 60% alcohol and will be district-provided.

Ventilation
• Designated isolation space will have adequate ventilation to the maximum extent feasible.
• If possible designated space should have open windows and/or ventilation fans
• Ensure fans do not feed into re-circulated air supply.

Student safety and well-being
• For students in respiratory distress, call EMS.

• Provide explanations and reassurances to students in an age-appropriate manner.
• To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including the use of PPE and handwashing.
• Designated staff will supervise/monitor the student while they are in an isolation room waiting for a ride home.

Cleaning and sanitizing
• Ensure surfaces in the designated isolation space can be properly sanitized and disinfected
• Limit the use of cloth or other permeable materials unless items are removed and washed between individuals.
• The furniture used by the ill student will be disinfected once they leave.
• Use EPA-approved products in accordance with the manufacturer's instructions for effective disinfection.

Health and Safety Strategy	Extent to which district has adopted policies, protocols, or procedures and description thereof	How do the district's policies, protocols, and procedures center on equity?
Exclusion: School administrators are required to exclude staff and students from school whom they have reason to suspect have been exposed to certain communicable diseases.	Level of Implementation: Fully Implemented The District has made contact with the LPHA to establish communication channels. Our current NSSD Comprehensive Communicable Disease Management Plan identifies an emergency response framework and the reporting of novel viruses to a district nurse. The District has established a Response to Outbreak flowchart to efficiently respond to an outbreak. A District nurse will be responsible for reporting any cases to the LPHA and the District COVID Team (Superintendent, Human Resource, Associate Superintendent, Nurses, Safety and Security) will work collaboratively to respond to any guidance/direction of the LPHA and communicate the condition for return to school.	This policy applies to all staff and students and is guided by Oregon Administrative Rule. All efforts will be made to ensure that this information is communicated to staff, students and their families in a language and modality that is accessible.

(OAR 333-019-0010)	The District will follow ODE and OHA guidance on when it is safe to renter in-person learning.	

Accommodations for Children with Disabilities

Please describe the extent to which the district has adopted policies related to appropriate accommodation for children with disabilities with respect to health and safety protocols. Please describe any such policies.

- The District has outstanding programs to support high-risk populations and students with disabilities. Case managers will be working closely with the building principals, Special Education Director and nurses to support these students' individual needs.
- The District has accounted for all students who have health conditions that require additional nursing services. Building Special Education Case Managers and SIT teams will collaborate with District Nurses to review the individual medical needs of students and make appropriate plans to support their accessing their education prior instruction for the 2021-22 school year.

Individualized COVID-19 Recovery Services

The Individualized COVID Recovery Services rule became permanent in December 2021. ESSER III requires at least 20% of funding to be spent on unfinished learning which can include recovery services to students experiencing disability (and prioritizes students in underserved or disproportionately impacted communities, including students who experience disability). Recovery services are special education services designed to meet the needs of eligible students in special education who were adversely impacted by the educational limitations caused by COVID 19. ODE has developed a guide for Planning for Individualized COVID Recovery Services to support school districts in understanding and developing a process to implement this rule.

OAR 581-015-2228 Requirement	For each of the below areas, describe the district's policies, protocols, or procedures that will be followed to ensure appropriate consideration of Individualized COVID-19 Recovery Services for each eligible student.	For each of the below areas, describe how the district's policies, protocols, and procedures center equity.
The IEP team for each eligible student shall consider the need for Individualized COVID-19 Recovery Services at least at each initial IEP meeting and each regularly scheduled annual review meeting.	The district will develop and provide support to all special education staff regarding the Individualized COVID Recovery Services rule. All IEP forms will be updated to include documentation of the determination of COVID Recovery Services. COVID-19 Recovery Services will be discussed and determined at each initial IEP and every annual review meeting. All resources provided by ODE in the Planning for Individualized COVID-19 Recovery Services Guide will be utilized to enhance discussions in the IEP meetings.	All staff coordinate with families' meeting times and modes based on their individual needs and schedules.
Each school district or program shall provide written notice to the parents of each eligible student regarding the opportunity for the IEP team to meet to consider Individualized COVID 19 Recovery Services.	The district has developed and sent electronically a Parent Letter notification regarding Individualized COVID-19 Recovery Services utilizing the template from ODE. Parents will have the option to request an IEP meeting to discuss recovery services or wait for further information on their child's progress during their annual review meeting.	This policy applies to all staff and students and is guided by Oregon Administrative Rule. All efforts will be made to ensure that this information is communicated to staff, students and their families in a language and modality that is accessible.

After each determination is made, the school district or program shall provide written notice to the parent and/or adult student with a disability regarding the determination of need for Individualized COVID-19 Recovery Services.	Following each determination, the case manager will complete a Special Education Action Form indicating the determination of need for Individualized Recovery Services. Meeting minutes will reflect these decisions. The IEP form will include the determination of services.	All efforts will be made to ensure that this information is communicated to staff, students and their families in a language and modality that is accessible.

Updates to this Plan

To remain in compliance with ARP ESSER requirements, school districts must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review, and as appropriate, revise its Safe Return to In Person Instruction and Continuity of Services Plan.

Date Last Updated: March 30, 2022